



Healing in the Shadows:

Holistic Support for Survivors of Sexual Violence and Reproductive Health Rights in Uganda's Refugee Settlements

Written by:
Dr. Boniface Ojok and Dr. Pius D. Ojara

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A Situational Analysis Conducted by Refugee Law Project in the Refugee Settlements of Kiryandongo, Adjumani, Lamwo including the Urban Host Location of Kampala, November 2025



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Map



A map of Uganda showing areas of the research: Photo Credit: RLP

Executive Summary

Refugees in Uganda are disproportionately affected by sexual violence, a pervasive issue exacerbated by displacement, poverty, and lack of access to resources. The breakdown of social structures, economic instability, and limited access to essential services create an environment where survivors of sexual violence are often left without recourse, perpetuating cycles of trauma and exploitation.

Sexual violence is often intertwined with broader issues of gender inequality, cultural norms, and power dynamics, leading to widespread underreporting and stigma. Survivors face significant barriers in accessing justice, healthcare, and psychosocial support, including limited availability of specialized services, fear of retaliation, and societal stigma.

The intersection of sexual violence and reproductive health is particularly concerning, as survivors may face increased risks of unintended pregnancies, sexually transmitted infections, and reproductive health complications due to inadequate access to timely and quality care. Furthermore, restrictive policies and lack of awareness about Sexual and Reproductive Health Rights (SRHR) hinder survivors' ability to access essential services, including emergency contraception, post-exposure prophylaxis, and safe abortion care.

Addressing these issues requires a comprehensive approach that prioritizes the needs and rights of survivors, promotes gender equality, and strengthens access to justice, healthcare, and support services.

Opportunities and Recommendations

Addressing sexual violence and SRHR among refugees in Uganda requires a comprehensive approach that recognizes the intricate relationships between socio-cultural norms, power dynamics, and access to services. The following strategies aim to enhance SRHR support, acknowledging the interconnectedness of these issues and engaging with the ideas of refugees and their host communities:

1. Integrate Mental Health Support and Provide Holistic Care: Survivors of sexual violence, including refugees and host community members, often experience trauma, which can impact their SRHR. A trauma-informed care approach can address stigma, discrimination, and access barriers, promoting holistic care that acknowledges the syndemic nature of mental health, SRHR, and Sexual Violence. By integrating mental health services into SRHR programs, we can better support survivors and promote their overall well-being, while also addressing the unique needs of refugees and host communities.

2. Enhance Youth-Friendly Services and Create Safe Spaces: Adolescent girls and young women, including refugees and host community members, are disproportionately affected by sexual violence, which can impact their SRHR. Context-specific, youth-led initiatives can promote SRHR literacy, challenge harmful social norms, and provide accessible services, empowering young women to advocate for their rights and promoting social cohesion between refugee and host communities.

3. Address Barriers for Women with Disabilities: Women with disabilities, including refugees and host community members, face unique challenges in accessing SRHR services, exacerbating their vulnerability to sexual violence. A rights-based approach can prioritize removing structural barriers, promoting education and economic empowerment, and ensuring inclusive SRHR services that cater to the needs of women with disabilities in both refugee and host communities.

4. Develop Inclusive SRH Policies: SRH policies must address the intersections of disability, gender, and SRHR, ensuring services meet the unique needs of women with disabilities and promoting accountability mechanisms. This can help reduce the risk of sexual violence and promote SRHR for all, including refugees and host communities, by ensuring that policies are inclusive and responsive to their needs.

5. Foster Community Engagement and Challenge Cultural Norms: Community-led initiatives can challenge dominant narratives and power structures that perpetuate sexual violence and restrict SRHR access, promoting social cohesion and understanding between refugees and host communities. By

promoting critical consciousness and community engagement, we can work towards creating a culture that prioritizes SRHR and challenges harmful norms.

6. Engage Men and Boys in Sexual Violence Prevention: Engaging men and boys, including refugees and host community members, as allies and agents of change can help prevent SGBV and promote SRHR. Evidence-based, gender-transformative interventions can promote healthy masculinities, challenge patriarchal norms, and support a comprehensive approach to SRHR and SGBV support.

7. Strengthen Referral Pathways and Partnerships: Strengthening partnerships between healthcare providers, community organizations, and policymakers is crucial in addressing sexual violence and promoting SRHR among refugees and host communities. Establishing and maintaining effective referral pathways can ensure comprehensive support for survivors, facilitate access to SRHR services, and promote a coordinated response to SGBV that is responsive to the needs of both refugees and host communities.



South Sudanese school going children heading to school at a trading centre in Maaji III, Adjumani: Photo Credit: RLP

By adopting a nuanced and intersectional approach that acknowledges the complex interplay between socio-cultural norms, power dynamics, and access to services, these recommendations aim to contribute to a more comprehensive and sustainable response to the SRHR needs of refugees and their host communities in Uganda.

1.0 Background

Uganda, a country in East Africa, is hosting approximately 1.8 million refugees, making it the largest refugee-hosting country in Africa. The majority of these refugees come from South Sudan (54%), the Democratic Republic of the Congo (32%), and Sudan. Uganda's open-door policy has been a cornerstone of its response to the global refugee crisis, providing a safe haven for hundreds of thousands of individuals fleeing conflict and persecution in neighboring countries.

However, the influx of refugees poses significant challenges to the country's resources and infrastructure, straining public services and local economies. The recurring nature of the refugee crisis, driven by ongoing conflicts in countries such as South Sudan, the Democratic Republic of Congo, and Burundi, means that Uganda's refugee burden will continue to grow. The recent arrival of 60,000 Sudanese refugees between January and June alone exemplifies the persistent strain on the country's resources.

The total number of refugees, currently at 1.8 million, includes a disproportionate number of women and children, who face heightened risks of sexual violence, exploitation, and abuse. In refugee settings, sexual violence is pervasive, and survivors often encounter significant barriers in accessing essential services, including healthcare, psychosocial support, and justice. The intersection of sexual violence and reproductive health is particularly concerning, as survivors face increased risks of unintended pregnancies, sexually transmitted infections, and reproductive health complications. Restrictive policies and lack of awareness about Sexual and Reproductive Health Rights (SRHR) further exacerbate these challenges, hindering survivors' access to essential services.

Uganda's history of hosting refugees is a testament to its commitment to providing a safe haven, but the sheer scale of the crisis demands sustained support and solutions to address the complex needs of refugees and host communities alike.

The refugee population is diverse, with over 1 million refugees from South Sudan, 226,200 from the Democratic Republic of Congo, and smaller but significant populations from Burundi (38,200) and Somalia (25,000), underscoring the enormity of the challenge facing Uganda. The country's position as one of the top refugee-hosting countries worldwide highlights the need for sustained international support to ensure the viability of its open-door policy. Despite these challenges, Uganda's approach has been widely praised for its generosity and commitment to protecting the rights of refugees. The open-door policy has enabled refugees to integrate into Ugandan society, access education and healthcare, and engage in economic activities. This integration has not only promoted the dignity and well-being of refugees but also enabled them to contribute to the local economy.

The success of Uganda's open-door policy hinges on addressing the specific needs of survivors, especially those that relate to sexual violence and SRHR. A comprehensive approach is required, one that acknowledges the intricate relationships between socio-cultural norms, power dynamics, and access to services. Prioritizing the needs and rights of refugees, particularly those affected by sexual violence, is crucial to ensuring the long-term viability of Uganda's open-door policy and promoting the dignity, well-being, and economic self-sufficiency of refugees. By doing so, Uganda can continue to provide a safe haven for those fleeing conflict and persecution, while also upholding the rights and dignity of all individuals, regardless of their refugee status.

1.1 The Need for the Situational Analysis

The issue of sexual violence and SRHR in refugee settings is a critical concern that warrants urgent attention. Recent studies have highlighted the pervasive nature of sexual violence in refugee settings, with survivors often facing significant barriers in accessing essential services, including healthcare, psychosocial support, and justice (UNHCR, 2022). The intersection of sexual violence and reproductive health is particularly concerning, as survivors may face increased risks of unintended pregnancies, sexually transmitted infections, and reproductive health complications (WHO, 2020).

Given the current context of refugees in Uganda facing significant challenges related to sexual violence,

limited access to sexual and SRHR services, and the perpetuation of sexual violence linked to poverty and social norms, Refugee Law Project (RLP) has identified SRHR as a critical intervention area. RLP has been working to address the needs of refugees in the districts of Lamwo, Adjumani, Kiryandongo, and Kampala, and has observed alarming prevalence of sexual violence and SRHR challenges.

To better understand these issues and inform effective responses, RLP conducted a situational analysis focused specifically on the SRHR of refugees in these districts. This analysis aims to contribute to a deeper understanding of the complexities of SRHR in Uganda's refugee-hosting districts and inform programming and policy decisions that prioritize the SRHR needs of refugees. By examining the intersecting challenges of sexual violence, mental health trauma, and limited access to SRHR services, this research seeks to promote the dignity, well-being, and resilience of refugees in Uganda.

The situational analysis will provide critical insights into the unique needs of refugees in this area, enabling RLP and other stakeholders to develop targeted interventions that address the root causes of these challenges. Ultimately, this research aims to support the development of effective responses that promote the SRHR of refugees, and contribute to the realization of their rights and dignity.

Research Aims and Significance

This study investigates the Sexual and Reproductive Health and Rights (SRHR) of refugees in Uganda, focusing on challenges and barriers to accessing SRHR services, particularly in the context of sexual violence, and mental health trauma. The research aims to:

- Identify the current state of SRHR services and access
- Explore the experiences and perspectives of refugees and stakeholders
- Develop evidence-based recommendations to address SRHR needs, promote dignity and well-being, and support resilience in Lamwo, Adjumani, Kiryandongo, and Kampala.

This research is significant as it provides a critical examination of SRHR challenges faced by refugees in Uganda, highlighting intersections of sexual violence, sexual violence, and mental health trauma. The study informs policymakers, humanitarian organizations, and stakeholders on prioritizing SRHR in refugee programming and policy development, addressing a critical gap in understanding SRHR needs.

The findings will inform targeted interventions, contributing to the global understanding of SRHR in refugee settings. The research supports Uganda's national SRHR policy implementation and commitment to comprehensive SRHR services, promoting dignity, well-being, and resilience of refugees. It contributes to achieving SDGs 3, 5, and 10, ultimately informing evidence-based interventions.

1.2 Research Methodology and Sampling Process

This research employed a qualitative approach, utilizing a multifaceted methodology to gather rich and nuanced data on the challenges faced by refugees in Uganda. The study combined Focus Group Discussions (FGDs), key informant interviews (KIIs), context analysis, observation, and literature review to provide a comprehensive understanding of the refugee experience.

FGDs were conducted with refugee groups, including men, women, and youth, and institutional partners, while KIIs were held with stakeholders, including refugee leaders, community leaders, humanitarian workers, and government officials. The research design was informed by a context analysis, and observation was used to gather information on living conditions and daily experiences. Data analysis was conducted using a thematic approach, with FGD and KII data transcribed and coded to identify key themes and patterns. NVIVO software aided in generating themes, which were then analyzed into findings.

The sampling process employed a purposive approach, selecting specific locations (Kiryandongo, Lamwo, Adjumani, and Kampala) and populations based on relevance to the research objectives. RLP's existing presence, Kampala's urban refugee population, and funding considerations guided the selection. While this approach allowed for in-depth exploration, it may introduce limitations, such as

potential biases and limited generalizability.

The methodology and sampling process were carefully designed to capture the complexities of refugee life, providing valuable insights into the challenges faced by refugees in Uganda.

Ethics: Safeguarding Participants and Upholding Research Integrity

The research was conducted with the highest regard for participants' rights and dignity, prioritizing their well-being, safety, and autonomy throughout the process. Informed consent was obtained from



Sudanese refugee new arrivals waiting for registration at a Registration Point in Kiryandongo: Photo Credit: Alhaji Ahmed/KVA

participants, who were fully informed about the research purpose, potential benefits, and risks. Confidentiality and anonymity were ensured, with participant data and identities protected and kept confidential.

The research received approval from the Office of the Prime Minister, Commissioner for Refugees, Uganda, and was conducted in accordance with national regulations and guidelines. RLP's affiliation with Makerere University School of Law lends credibility to the research and underscores the organization's commitment to quality, academically sound knowledge.

By prioritizing participants' well-being and adhering to established ethical guidelines, the research demonstrates a strong commitment to responsible and respectful research practices, ensuring reliable and ethically sound findings.

Research Constraints and Mitigation Strategies

The study acknowledges limitations, including a purposive sampling approach that introduced bias and limits generalizability to broader refugee populations in Uganda. The selection of specific locations (Kiryandongo, Kampala, Lamwo, and Adjumani) may not represent refugee experiences in other parts of the country.

To mitigate these limitations, efforts were made to:

- Involve multiple actors in data collection
- Limit RLP researchers' involvement in data collection
- Ensure participation of non-RLP clients and beneficiaries

Despite limitations, the study provides valuable insights into refugee challenges, highlighting the importance of context-specific research and nuanced understanding. The research contributes to a deeper understanding of refugee issues, emphasizing the need for inclusive policies and programs to support refugee well-being and resilience.



Police and RWC leaders mediating a domestic conflict in Maaji II, Adjumani: Photo Credit: RLP

2.0 Introduction

Sexual violence is a pervasive and insidious issue that disproportionately affects refugees, particularly women and girls, in humanitarian settings (Stark & Ager, 2011). The connection between sexual violence and sexual and reproductive health and rights (SRHR) is critical, as these issues are inextricably linked and have significant implications for the health, safety, and well-being of refugees (UNHCR, 2017). The World Health Organization (WHO) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work (WHO, 2002). SRHR, as defined by the United Nations, encompasses the right to make decisions about one's own body, health, and well-being, including the right to access sexual and reproductive health services, free from coercion, discrimination, and violence (UN, 1994).

In refugee settings of Lamwo, Adjumani, Kiryandongo, and Kampala where this study was done, sexual violence was reported to have led to severe physical and psychological consequences, including Sexually Transmitted Infections (STIs), unwanted pregnancies, and long-term mental health issues like PTSD, among others. Both women and girls, as well as boys and men, experience sexual violence, necessitating inclusive support services. Despite the availability of support services, including medical and psychological care, safety and protection, legal and justice support, and community engagement and awareness, significant gaps remain in providing effective support to survivors.

This study explores the complex issues surrounding sexual violence and reproductive health in four refugee settings, examining key challenges, needs, and the situational overview. Drawing on the case of the RLP, this study demonstrates the value of an integrative model in providing holistic measures to support survivors. As argued by Stark and Ager (2011), holistic approaches consider the multifaceted impacts of sexual violence on survivors' physical, psychological, social, and economic well-being. Integrative interventions addressing these multiple dimensions can enhance survivors' recovery, empowerment, and reintegration into their communities.

As remarked by one female survivor, "We are not just survivors, we are mothers, daughters, and sisters. We deserve to live with dignity and have access to the care and support we need to heal and rebuild our lives"¹. This underscores the importance of dignity, care, and support for survivors of sexual violence in refugee settings, aligning with human rights-based approaches to addressing sexual violence in humanitarian settings (UNHCR, 2017).

This working paper examines the perspectives of stakeholders, including humanitarian agencies, NGOs, local leaders, medical professionals, and refugees themselves, to understand critical components of a response prioritizing refugees' and hosts' needs and rights. Through critical analysis, this study contributes to a deeper understanding of intersections between sexual violence, reproductive health, and poverty in the four refugee settings, informing policies and programs promoting dignity, safety, and well-being of refugees, particularly women, girls, men, and boys.

1 FDG with femal refugee leaders in Old Kampala, June 04, 2025, Kampala.

2.1 The Link between Sexual Violence and Sexual Reproductive Health and Rights in the Refugee Settlements

Highlighting the importance of holistic healthcare, a female refugee survivor of sexual violence stated:²

As people who have come from war, we really need medical care and healthcare services that take the time to understand the difficulties and challenges we are going through. Many women have been abused [sexually] and this is painful. It's not enough to just give us treatment for our physical bodies and the illnesses we might have. We also need help and support for our mental health, like dealing with stress, sadness, or worries. Plus, we need support in our everyday lives to help us cope with things like finding food, having a safe place to live, getting along with others, and figuring out how to move forward in a positive way. We need healthcare that looks at all parts of our lives and helps us in a complete way, so we can feel better overall and live more happily and healthily.

In the statement above, the survivor highlights the need for healthcare services that go beyond physical treatment, embracing a holistic approach that acknowledges the interplay between physical, emotional, and social well-being. This is particularly crucial for survivors of sexual violence, who often grapple with profound psychological and emotional trauma (Stark, 2011). The survivor's testimony emphasizes the importance of healthcare services that "take the time to understand the difficulties and challenges we are going through," resonating with patient-centered care and human rights-based approaches to healthcare (UNHCR, 2017).



UPDF officers undergo a training on Sexual and Gender Based Violence organised by RLP in Kampala: Photo Credit: RLP

The pervasive nature of sexual violence in refugee settings is starkly illustrated by the mention of sexual abuse and its painful consequences (WHO, 2002). A mental health worker at Lamwo hospital notes that "SGBV affects women and girls disproportionately, impacting their SRHR and overall well-

² Interview with 36 year old survivor, Kawempe, June 5, 2025, Kampala.

being,³ underscoring the need for healthcare services attuned to the specific needs of sexual violence survivors (Stark, 2011).

In one of the FGDs with institutional partners in Adjumani highlights the challenges faced by survivors, including stigma and limited access to care, stating that “Sexual violence is a major concern in refugee settings... survivors often face stigma and limited access to care.”⁴ This is echoed in the survivor’s testimony, emphasizing the importance of comprehensive healthcare that addresses physical, emotional, and social needs.

The findings emphasize the need for healthcare services to prioritize a holistic approach, acknowledging the complex interplay between physical, emotional, and social well-being. This requires training healthcare providers in sexual violence-sensitive care and ensuring services are accessible, acceptable, and available to all survivors, regardless of background or circumstances (WHO, 2002). Integrated services addressing SRHR, mental health, and sexual violence can provide comprehensive care, addressing physical, psychological, and social needs. Efforts to address stigma and improve access to care can mitigate long-term consequences on SRHR and mental health, enabling humanitarian actors to better support survivors in refugee settings.

2.2 Prevalence and the Pervasive Threat of Poverty and Sexual Violence: A Refugees’ Plight

The complexities of addressing sexual violence in refugee settings are underscored by the pervasive threats of poverty and sexual violence, which perpetuate cycles of vulnerability, particularly for women and girls. Narratives from participants during the course of the study reveal the harsh realities of life in settlements, where poverty and sexual violence are intertwined, and cultural customs often mask insidious forms of violence.



Urban refugee youth get contraceptives and condoms at Bondeko Centre during a medical camp in Kampala: Photo Credit: RLP

3 Interview with Mental Health Assistant, TPO Uganda, May 11, 2025, Palabek, Lamwo.

4 FGD with partners working on SGBV and SRHR in Adjumani, May 07, 2025, Adjumani

An NGO staff member in Kiryandongo noted⁵,

We have seen cases of forced marriage, where girls are married off to older men in secret, normally in the neighbouring country of origin, perhaps for purposes of wealth, food or money. The girls return or come here when they are already in marriage. What do you do? I see this as a custom, but it's also a form of survival, and also a form of violence.

The above testimony highlights the tension between respecting cultural customs and protecting human rights, as forced marriages exemplify the insidious nature of sexual violence. In the settlements, we found that refugee girls, unlike their host community counterparts, continue to be married off to older men in secret, driven by poverty and survival needs.

Cultural customs and survival strategies often intersect with human rights violations, perpetuating various forms of sexual violence, including rape, defilement, and transactional sex. In some cases, cultural traditions normalize or tolerate certain forms of sexual violence, leading to underreporting and perpetuation of violence.

A South Sudanese refugee in Kiryandongo shared a harrowing experience of being raped by a group of boys on her way to the water point, which we discovered was close by the OPM premises. This incident highlights the risks women and girls. The incident was shared with a friend, who promised to keep it confidential due to the stigma she would likely face in her community. The lack of security and inadequate cultural protections exacerbate these risks, underscoring the need for improved safety measures and support systems to protect women and girls in refugee settings.

The research reveals a stark reality: accurate numbers on sexual violence in refugee settings are elusive, but one thing is clear – fear prevails, silencing survivors and perpetuating the problem. Despite awareness of the issue, reporting remains woefully low, particularly among refugee communities, where cultural condonation and fear of repercussions create a culture of silence.

This silence is further underscored by evidence from interactions with various stakeholders, including women, Local Councils (LCs), Refugee Welfare Committees (RWCs), health workers, and NGO staff. These stakeholders highlight challenges such as fear of stigma, victim-blaming attitudes, and mistrust in the justice system, which prevent survivors from reporting incidents of rape and sexual assault. This pervasive silence is a hallmark of sexual violence, and our findings confirm that even in peacetime, barriers to reporting are exacerbated in conflict settings. The consequences of this silence are stark: the situation is widespread and pervasive in refugee settlements, disproportionately affecting vulnerable populations. The scarcity of accurate data on sexual violence in refugee settings is a stark reminder of the need for improved collaboration among actors working in these sectors.

The following narratives from Adjumani highlight the devastating impact of poverty and financial stress on vulnerable populations, particularly women and girls. Financial stress contributes to domestic violence and potentially other forms of sexual violence, as Andrug Felix observes, “When people are starting to receive cash... the problem will come...”⁶ Women separated from their partners may resort to transactional sex or relationships for survival, as Andrug Felix notes, “Most of the women here, they left their husband’s behind in South Sudan... The other one will fall in love with that person. And then that is the problem now.....”⁷.

The interplay between poverty and sexual violence is clear: financial stress, lack of support, and limited access to resources create a vicious cycle of violence and exploitation. Desperation and hopelessness can lead to suicidal thoughts, particularly among women struggling with debt and financial stress, as Andrug Felix highlights, “The reason is, you know, in the settlement, other people go to the money lenders... And when the moneylender is tough on that woman, the woman will decide now to commit

5 Interview with Nankya Sharifah, REPSSI, May 05, 2025, Kiryandongo.

6 Interview with Andrug Felix, RWC III of Maajji III, May 08, 2025, Adjumani.

7 Interview with Andrug Felix, RWC III of Maajji III, May 08, 2025, Adjumani.

suicide.”⁸ These narratives underscores the need to address the root causes of sexual violence, including poverty and financial insecurity, to break the cycle of violence and exploitation in refugee settings.

The study reveals that transactional sex for favors like food, land, or tenancy is a concerning reality among vulnerable refugees and their host communities. In Kiryandongo and parts of Kampala, such as Kawempe and Kabalagala, women whose men have stayed behind are often involved in transactional sex, sometimes exploited by local leaders. This practice is linked to survival strategies driven by socio-economic vulnerabilities, exacerbated by gender inequality and limited access to resources.

Transactional sex in these settings can be underpinned by complex power dynamics, where individuals with limited agency and resources are forced to negotiate their bodies and sexuality to meet basic needs. This phenomenon is rooted in structural issues such as poverty, patriarchy, and unequal



An Urban refugee client undergoing HIV testing at Bondeko Centre in Kampala: Photo Credit: RLP

distribution of resources, which perpetuate gender-based violence and exploitation. The lack of access to education, economic opportunities, and social support further entrenches these vulnerabilities, making it challenging for individuals to break free from these cycles of exploitation.

Evidence suggests that women without male support in these areas are more vulnerable to transactional sex, highlighting the need for comprehensive support that addresses their safety, dignity, and access to necessities. This complex issue requires a multifaceted approach to tackle the underlying challenges and ensure the well-being of affected individuals.

These challenges are part of a broader web of cascading consequences stemming from sexual and gender-based violence, which has devastating impacts on the SRHR of refugees.

2.3 The Cascading Consequences of Sexual Violence and SRHR

The pervasive threat of poverty and sexual violence in the four refugee settlements has led to a multitude of issues, including mental trauma, stigma, culture of condoning, persecution by the community, and lack of access to services, all of which can have had some long-lasting effects on the SRHR of survivors. The current struggles to gain necessary support and dwindling support in refugee settlements have exacerbated these issues, making it even more challenging for survivors to access the help they need.

2.3.1 Mental Trauma: A Lasting Impact

The experiences of refugees, particularly women and girls, are marked by trauma and psychological distress. This trauma can be a lasting and debilitating experience for survivors, affecting every aspect of their lives. As one survivor in Adjumani poignantly expressed, "I am still haunted by the memories of what happened. I have nightmares, and I am always on edge. It's like I am living in a constant state of fear⁹. This trauma can permeate every aspect of their lives, affecting relationships, daily function and overall wellbeing.

Research in refugee settings has consistently shown that survivors of sexual violence are at a higher risk of developing mental health problems, including anxiety, depression and PTSD. The study in Kampala and Lamwo have found that refugees who experienced sexual violence reported symptoms of PTSD, depression, and feelings of shame, guilt, and self-blame exacerbating their psychological trauma. The impact of this trauma can be far-reaching, leading to social isolation, strained relationships, and a diminished sense of self-worth. As one survivor in Adjumani noted, "I feel like I am alone in this. I don't know how to talk to my family or friends about what happened..."¹⁰ highlighting the need for supportive interventions that address the complex needs of survivors and facilitate their recovery.

A critical yet often overlooked issue in refugee settings is the impact of sexual abuse on men and boys, who face unique challenges that significantly affect their mental health. According to KIIs with UNHCR and RLP staff, cultural and societal views on masculinity play a crucial role in shaping their experiences. Societal norms around masculinity can lead to men being perceived differently than women when they experience sexual abuse, resulting in distinct mental trauma impacts.

Since 2020, RLP has initiated work with support groups for male survivors of sexual violence in refugee settings, providing a platform for them to share their challenges and begin breaking the silence surrounding their experiences. However, these efforts are often hindered by societal norms that make it harder for men to acknowledge or discuss their experiences, exacerbating their suffering. The combination of these factors often leads to men suffering silently, preventing them from seeking help and support, and potentially leading to long-term mental health impacts.

2.3.2 Stigma: A Barrier to Seeking Help

The stigma surrounding sexual violence is a significant barrier that prevents survivors from seeking

9 Interview with 28 year old female survivor of SGBV, Adjumani Health Centre, May 08, 2025 Adjumani.

10 Interview with 28 year old female survivor of SGBV, Adjumani Health Centre, May 08, 2025 Adjumani.

help and disclosing their experiences. As Andrug Felix, RWC III of Maajji III, notes, "Women who have been victims of transactional sex or relationships may be stigmatized by their communities, making it difficult for them to access support services."¹¹ This stigma is particularly challenging to overcome in refugee settlements, where resources are limited and support services are often inadequate.

A survivor in Kampala expressed the emotional toll of this stigma, saying, "I am ashamed of what happened. I don't want anyone to know...I am afraid of being judged or ostracized by my community."¹² This fear of judgment and rejection is overwhelming, causing many survivors to conceal their experiences and forgo essential support. A humanitarian partner from a UN agency emphasized the gravity of this issue, stating, "The stigma surrounding sexual violence is a major barrier to seeking help. Many survivors don't come forward because they're afraid of being blamed or shamed..."¹³.

Research in refugee settings has consistently shown that stigma and silence have devastating consequences, including delayed or foregone medical care, psychological support, and legal recourse. In Lamwo, survivors of sexual violence reported feeling isolated and alone, partly due to associated stigma. In Adjumani, community members often blamed survivors for the violence they experienced, exacerbating their trauma. In Kiryandongo, humanitarian workers observed that cultural attitudes and societal norms perpetuate stigma, further hindering survivors from seeking help.

The study's findings have significant implications for SRHR. Survivors of sexual violence often experience reproductive health issues, such as unwanted pregnancies, sexually transmitted infections, and gynecological problems. However, the fear of being judged or blamed prevents them from seeking timely and adequate care, exacerbating their physical and emotional suffering.

2.3.3 Culture of Condoning: A Cycle of Violence

An OPM staff in Lamwo noted¹⁴,

In some communities, especially among the South Sudanese violence against women, especially sexual violence is seen as a normal part of life. It's like it's acceptable to treat women and girls in this way

The quote from the RWC II leader in Lamwo highlights a concerning perception about the normalization of sexual violence against women and girls in some South Sudanese communities. This demonstrates a potential lack of understanding or a distorted perception of human rights standards regarding sexual violence in refugees' cultural contexts. Insights from academic suggest that normalization of violence can stem from deeply ingrained cultural or traditional practices intertwined with patriarchal structures (Merry, 2006). Such normalization can have significant implications for how refugees are treated or dealt with by humanitarian actors, local authorities, and their own communities.

The statement underscores a tension between cultural relativism and universal human rights standards. While no culture condones sexual violence ideally, harmful practices may be normalized in some contexts due to cultural or traditional beliefs (Hajjar, 2004). This perception can lead to inadequate responses to sexual violence, underreporting, and insufficient support for survivors. Addressing sexual violence in refugee settings requires balancing cultural sensitivity with adherence to human rights standards. Humanitarian responses must promote protection and accountability while engaging communities to challenge harmful norms (UNHCR, 2017). Scholarly literature emphasizes the importance of context-specific interventions that challenge norms normalizing violence against women and girls (Levitt & Merry, 2009).

This culture of condoning sexual violence perpetuates the cycle of violence. Observations indicate that financial stress and substance abuse contribute to domestic violence, and the lack of support to households exacerbates the problem. In some communities, sexual violence is viewed as an acceptable

11 Interview with Andrug Felix, RWC III of Maajji III, May 08, 2025, Adjumani.

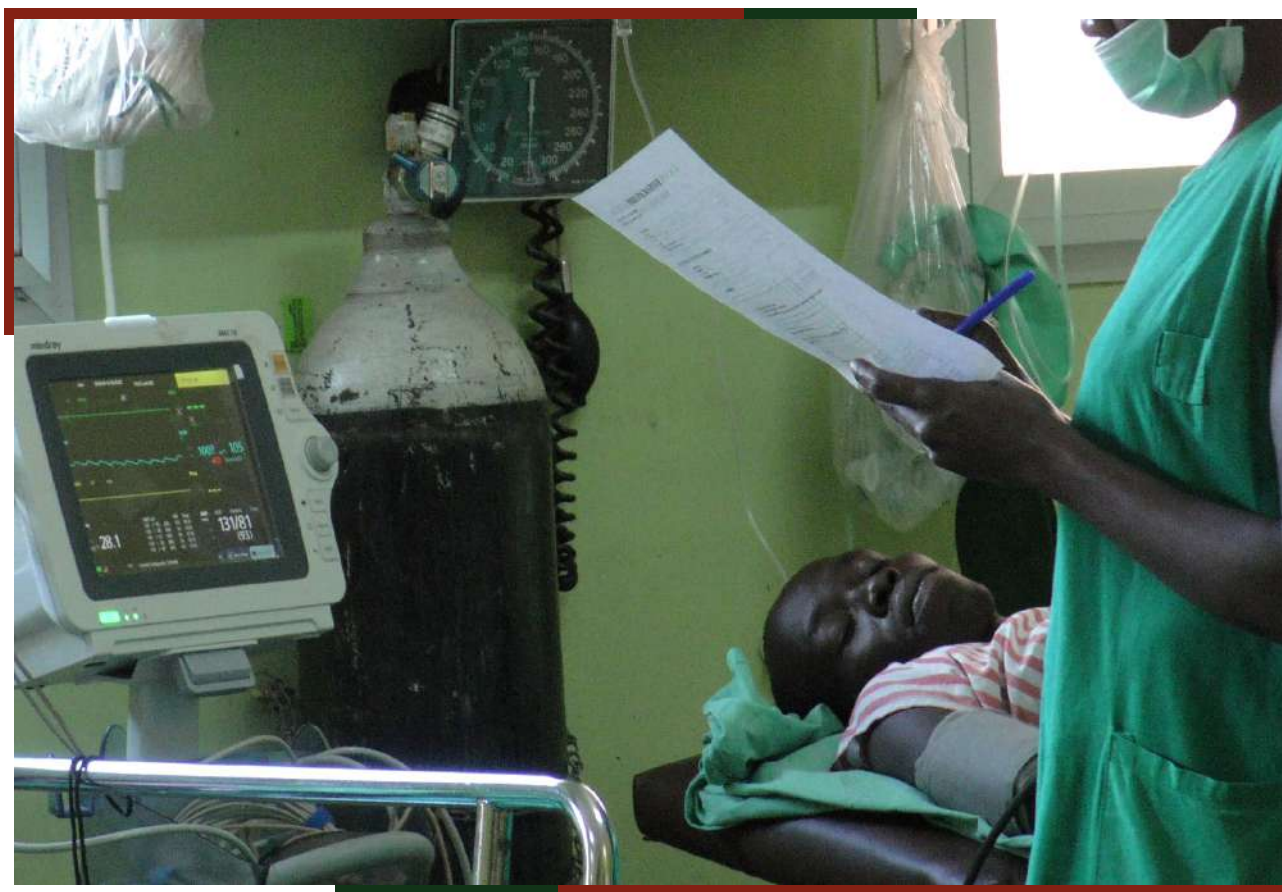
12 Interview with 36 year old female survivor of sexual violence, Old Kampala, June 04, 2025, Kampala.

13 Interview with Roland Amanyire, Protection Assistant at UNHCR, May 01, 2025, Kiryandongo.

14 Interview with Akullo Fivi, Office of the Prime Minister (OPM) Refugee Desk Officer, May 11, 2025, Lamwo

or normal part of life, perpetuating a culture of impunity that allows perpetrators to act with little to no accountability. As noted by a local leader in Lamwo, “In some communities, violence against women, especially sexual violence is seen as a normal part of life. It’s like it’s acceptable to treat women and girls in this way.”¹⁵ This normalization can lead to a lack of support for survivors and a lack of accountability for perpetrators. An NGO staff member in Adjumani observed that perpetrators are sometimes not held accountable, perpetuating a cycle of violence¹⁶. Survivors may face persecution by their community, further exacerbating trauma, leading to social isolation and difficulty accessing support services in already resource-limited refugee settlements

Research in refugee settings has shown that community condoning of sexual violence can be perpetuated by cultural attitudes, societal norms, and a lack of effective justice systems. In Kampala, for example, survivors of sexual violence have reported feeling frustrated and disillusioned with the justice system, which often fails to hold perpetrators accountable. Similarly, in Kiryandongo, humanitarian workers have noted that community leaders often play a critical role in shaping attitudes towards sexual violence, and that working with these leaders to promote a culture of accountability can be an effective way to prevent sexual violence¹⁷. By understanding the complex dynamics of community condoning, we can develop more effective strategies to promote accountability and support survivors of sexual violence. As one humanitarian worker noted, “we need to work with communities to challenge these attitudes and promote a culture of respect and dignity for all individuals...”¹⁸



A RLP refugee client undergoing comprehensive medical care at Lacor Hospital after referral: Photo Credit: RLP

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- 15 Interview with Police Detective, Tifu Tokohama, Adjumani Police Station GBV Officer, May 10, 2025, Adjumani.
 - 16 Interview with Empowerment Office, THRIVE Uganda, May 14, 2025, Lamwo.
 - 17 Interview with Roland Amanyire, UNHCR Protection Assistant, Apr 30, 2025 Kiryandongo
 - 18 FGD with partners in Kiryandongo, May 05, 2025.

2.3.4 Lack of Access to Services: A Critical Gap

A medical personnel in Kiryandongo noted¹⁹,

We don't have enough resources to provide adequate medical care and psychosocial support to survivors of sexual violence.

The lack of access to services, including healthcare, counseling, and legal support, prevents survivors from receiving the help they need. The Police Detective in charge of Gender Based Violence (GBV) at Adjumani Police Station, notes the high rates of teenage pregnancies and child marriages, especially in refugee settlements, highlighting the need for increased access to sexual reproductive health services²⁰. Poverty and lack of support can further compound this lack of access, making it difficult for survivors to receive the help they need.

Shortage of resources can lead to delayed or inadequate treatment, exacerbating the physical and emotional trauma caused by sexual violence. Furthermore, humanitarian partners have highlighted the importance of legal aid in supporting survivors of sexual violence, with one international NGO partner noting that "the lack of access to legal aid is a major challenge for survivors of sexual violence. Many can't afford to pursue justice..."²¹ This can lead to a lack of accountability for perpetrators and a sense of injustice for survivors.

Research in refugee settings has consistently shown that access to essential services is critical to supporting survivors of sexual violence and promoting their recovery. In Kampala, for example, survivors of sexual violence have reported feeling frustrated and disillusioned with the lack of support services available to them. Similarly, in Lamwo, humanitarian workers have noted that the lack of access to medical care and psychosocial support can have long-term consequences for survivors of sexual violence, including ongoing mental health problems and decreased well-being. In Adjumani, local leaders have emphasized the need for increased investment in services for survivors of sexual violence, including medical care, psychosocial support, and legal aid. By addressing these gaps in services, we can better support survivors of sexual violence and promote their recovery and well-being.

2.3.5 Limited Access to Reproductive Health Services and Support for Sexual Violence: A Recipe for Disaster

An Ethiopian refugee in Kampala noted²²,

We don't have access to family planning services, and many women are forced to rely on traditional methods that don't work. This leads to unwanted pregnancies and unsafe abortions

The lack of access to essential reproductive health services, including family planning, maternal healthcare, and post-abortion care is a critical issue affecting refugees, particularly women and girls. This often leads to increased risks of maternal mortality, unwanted pregnancies, and STIs. As one Ethiopian refugee in Kampala expressed, "we don't have access to family planning services, and many women are forced to rely on traditional methods that don't work. This leads to unwanted pregnancies and unsafe abortions."²³ This sentiment is echoed by the District Health Officer of Lamwo, who note that "the maternal healthcare services in the camp are inadequate. Women are forced to give birth in unsanitary conditions, and there are no facilities for post-abortion care."²⁴

19 Interview with Tiondi Francis, a PCO at Panyadoli HC IV, May 02, 2025, Kiryandongo.

20 Interview with Police Detective, Tifu Tokohama, Adjumani Police Station GBV Officer, May 10, 2025, Adjumani.

21 Interview with Milly Tiabay, Legal Assitant LWF, May 09, 2025, Adjumani

22 Interview with female Ethiopian leader of Refugee Support Group, Kawempe, June 03, 2025, Kampala

23 Interview with female Ethiopian leader of Refugee Support Group, Kawempe, June 03, 2025, Kampala

24 Interview with Omoya Denis Ocula, District Health Officer, May 10, 2025, Palabek, Lamwo

The consequences of limited access to reproductive health services can be devastating, including increased risks of maternal mortality, unwanted pregnancies, and STIs. Furthermore, survivors of sexual violence often lack access to crucial support services, including medical care, counseling, and legal support.

Humanitarian partners and NGOs have emphasized the need for increased investment in comprehensive services including reproductive health services (family planning, maternal healthcare, and post-abortion care) and support to those who encounter sexual violence. Food insecurity and poverty drive vulnerability, forcing refugees to engage in transactional sex and early marriage. A Somali refugee in Kampala noted that “we are forced to engage in transactional sex to survive. It’s not something we want to do, but we have no other choice.”²⁵ RLP staff in Kiryandongo observed that “food insecurity is a major problem in the camp. Many families are forced to rely on food aid, which is often insufficient. This leads to malnutrition and other health problems.”²⁶ The intersection of limited access to services and food insecurity and poverty creates a perfect storm of vulnerability for refugees, particularly women and girls. To address these issues, humanitarian agencies, NGOs, and governments must work together to provide safe spaces and support services, economic empowerment opportunities, access to reproductive health services, and awareness and education on sexual violence prevention and reproductive health. As one humanitarian worker noted, “every refugee deserves access to the care and support they need to rebuild their lives with dignity.”²⁷



Urdan refugees attending a community dialogue at RLP offices in Kampala: Photo Credit: RLP

25 Interview with female Somali refugee, Kabalagala, May 05, 2025, Kampala.

26 Interview with Gender and SRHR Officer, RLP, May 04, 2025, Kiryandongo.

27 Interview with Atim Sarah, LWF Child Protection Officer, May 15, 2025, Lamwo

2.3.6 Food Insecurity and Poverty: A Driver of Vulnerability

In Adjumani²⁸ and Kiryandongo²⁹ respondents respectively noted,

We are forced to engage in transactional sex to survive. It's not something we want to do, but we have no other choice.

Food insecurity is a major problem in the camp. Many families are forced to rely on food aid, which is often insufficient. This leads to malnutrition and other health problems.

Food insecurity and poverty are pervasive issues that significantly increase the vulnerability of refugees, particularly young women and girls, to sexual violence and poor reproductive health outcomes. This is consistent with existing literature, which highlights the complex interplay between poverty, food insecurity, and increased risk of sexual violence and poor health outcomes (Levy et al., 2017; Wirtz et al., 2018). Humanitarian partners and NGOs note that these challenges drive young people to engage in survival sex, increasing their risk of sexual violence and poor reproductive health outcomes.

The intersection of these issues creates a cycle of vulnerability, where refugees, particularly women and girls, are forced to make impossible choices between their safety, dignity, and survival. Observations in the settlements reveal that lack of access to sufficient food and resources leads to negative coping mechanisms, including transactional sex, early marriage, and sex work, as well as alcohol and substance abuse. A local refugee leader in Lamwo noted, "When families don't have enough food, they may resort to selling their daughters or forcing them into early marriage."³⁰ This is consistent with research highlighting the link between food insecurity and increased risk of sexual violence (Hoddinott & Yohannes, 2009).

The consequences of food insecurity and poverty are far-reaching, leading to increased risk of sexual violence, poor reproductive health outcomes, and decreased educational and economic opportunities. A medical personnel in Adjumani hospital reported cases of malnutrition and other health problems related to food insecurity, particularly among young children and pregnant women.

Given the significant challenges posed by food security and poverty, it is essential to examine the existing services that support the well-being of refugees, particularly women and girls. Despite these challenges, various organisations and humanitarian agencies are working to provide essential services to address sexual violence and promote SRHR.

2.4 Existing SRHR and SGBV Support in Refugee Settings

In refugee settings like Lamwo, Adjumani, Kiryandongo, and Kampala, respondents have highlighted the critical importance of SRHR and support for survivors of sexual violence for the well-being of women and girls. While our assessment is not exhaustive and acknowledges the dynamic nature of these settlements, the following services were identified during our mapping exercise. We recognize that the situation may have evolved since our assessment and that other interventions may exist beyond those listed here, or those listed here may have since been disbanded due to funding or other factors.

SRHR and sexual violence support services are provided by various organizations in the refugee settlements. Medical care is available at Kiryandongo Hospital, Lamwo Hospital, and Adjumani Hospital, which provide comprehensive medical care, including treatment for injuries, infections, and post-exposure prophylaxis (PEP) to prevent HIV infection. RLP has supported these efforts through the recruitment and training of backup para-medics and language translators to bridge communication gaps. Additionally, RLP has provided medical repair for war harms related injuries, including corrective surgeries and fistula repair, in collaboration with medical facilities, covering costs such as medical bills, surgeries, and accommodation.

28 Somali refugee, Adjumani.

29 Interview with Gender and SRHR Officer, RLP, May 04, 2025, Kiryandongo.

30 Interview with local female refugee leader, Shalon, May 12, 2025, Lamwo



A refugee youth awaits to be served a traditional cooked Sudanese dish in Kiryandongo: Photo Credit: Alhaji Ahmed/KVA

RLP has also distributed informational materials on reproductive health issues such as sexual violence, prevention of early pregnancies, and STIs. Psychosocial support is provided by organizations like the International Rescue Committee (IRC) and UNHCR, which offer individual and group counseling and peer support groups. A psychosocial support worker in Kampala highlighted that these support groups provide a safe space for survivors to share their experiences and connect with others who have gone through similar trauma. Furthermore, organizations like RLP and the Danish Refugee Council (DRC) offer legal aid, including assistance with accessing justice and holding perpetrators accountable.

SRHR support services are provided by organizations such as UNFPA, Reproductive Health Uganda (RHU), and IRC, and include prenatal care, family planning, and prevention of STIs. Healthcare workers in Lamwo and Adjumani Hospitals provide medical care for reproductive health issues, further underscoring the importance of SRHR support in these areas.

The refugee settlements have also benefited from location-specific interventions. In Adjumani, organizations like UNFPA, RLP, AFOD Uganda, SHARE Project, Nexus Initiative, EMESCO, and Lutheran World Federation are working to address SRHR and sexual violence challenges. In Lamwo, the District Health Office and partners like Reproductive Health Uganda provide SRHR services. In Kiryandongo, organizations like UNFPA, IRC, and Panyadoli Health Centre IV provide support. In Kampala, RHU and SRHR Alliance Uganda are working on youth-friendly SRHR services.

Community-led initiatives are vital in tackling sexual and gender-based violence. Examples include SRHR Alliance Uganda's community-led redress for sexual violence, African Women and Youth Action for Development (AWYAD)'s protection programming, and Reproductive Health Uganda's community-based champions. These services aim to address the critical health needs of women and girls in refugee contexts and promote their overall well-being and dignity.

Despite these efforts, significant challenges persist.

2.5 Gaps in Services and Barriers to Seeking Sexual Violence and SRHR Services

In refugee settings, survivors of sexual violence often face significant challenges in accessing SRHR services due to the gaps in service provision and various barriers to seeking help, which include the following:

2.5.1 Cultural Issues and Impediments in SGBV and SRHR

Cultural and social norms pose significant challenges to addressing sexual violence and SRHR, particularly in accessing services for young people and survivors of sexual violence. These norms perpetuate silence and stigma around sexual violence, hindering survivors from coming forward to seek essential services and support.

Silence and Stigma

Cultural and social norms perpetuate silence and stigma around sexual violence, making survivors hesitant to seek services. The silence and stigma surrounding sexual violence in refugee settings, fueled by cultural and social norms, significantly hinder survivors' willingness to seek essential services. This phenomenon is consistent with scholarly literature highlighting the pervasive impact of stigma on help-seeking behaviors among survivors of sexual violence. For instance, research by Ellsberg et al. (2015) emphasizes that stigma, shame, and fear of negative repercussions are major barriers to reporting sexual violence and accessing care in humanitarian settings. Such findings underscore the need for interventions that address these cultural and social norms to facilitate a more supportive environment for survivors.

Limited Access for Young People

Limited access to SRH services for young people in refugee settings is a significant concern, as highlighted by the RLP staff member. This issue is echoed in academic literature, which shows that adolescents and youth in humanitarian settings often face substantial barriers to accessing SRH services, including lack of information, stigma, and limited availability of youth-friendly services. For example, studies by Casey et al. (2019) indicate that young people in humanitarian contexts experience heightened vulnerabilities related to SRH, emphasizing the need for targeted interventions to improve access to comprehensive and youth-friendly SRH services.

2.5.2 Challenge of Integrating and coordination of services

In refugee settlements like those in Lamwo, Adjumani, Kiryandongo, and urban settings like Kampala, integrating services for mental health, SRHR, and sexual violence has proven challenging. A doctor in Kiryandongo noted in a KII that ³¹,

coordination between health services and psychosocial support is often limited with only a few partners working closely with us, for example RLP, people want to work on their own, making it hard to provide holistic care.

FGD with partners in these locations highlighted that ³²,

limited resources and stigma hinder effective integration of mental health, SRHR, and SGBV services, and then sometimes you find NGOs going to access clients and own them, saying this is my client, and yet it is important to manage them collectively.

A school headteacher also emphasized his displeasure with different actors targetting the student in

31 Interview with Medical doctor at Panyadoli HC IV, May 05, 2025, Kiryandongo.

32 FGD with partners working on SGBV and SRHR in Adjumani, May 07, 2025, Adjumani

his school at Panyadoli, sometimes making it difficult to track the interventions³³. He called for the need for more integrated approaches to support students affected by sexual violence and other traumas.

Despite the importance of holistic support for survivors and vulnerable populations, services often face obstacles such as limited resources, stigma, distance to healthcare facilities, and difficulties in ensuring protection and safety for sexual violence survivors. These challenges can lead to fragmented care, where mental health, SRHR, and sexual violence support services are not adequately coordinated, potentially worsening outcomes for survivors. In these locations, refugees often face challenges in accessing healthcare, including SRHR services and mental health support. Community engagement and participation are key to successful implementation of integrated services, yet ensuring this engagement and addressing stigma around sexual violence, mental health, and SRHR remain significant hurdles. In Lamwo, for example, initiatives like cultural galas have been used to foster peace and unity among refugee and host communities, indirectly supporting mental health and reducing tensions that could lead to sexual violence. Scholarship supports the need for integrated approaches in humanitarian settings to address the interconnectedness of mental health, SRHR, and sexual violence (Spiegel et al., 2019).

The Case of Medical Rehabilitation – Refugee Law Project

The RLP has taken some considerable steps to address these integration challenges in the four locations using medical rehabilitation as an entry point to engagement. RLP's model aims to provide comprehensive and integrated services that address mental health, SRHR, and sexual violence needs in a coordinated manner. By using medical rehabilitation for victims with war harms injuries, including sexual violence, as a starting point, RLP seeks to engage survivors and vulnerable populations in holistic care approaches, enhancing service delivery and promoting accessibility and cultural sensitivity of services. With support from the Royal Kingdom of the Netherlands Embassy in Uganda, RLP has been pioneering a holistic approach to addressing the challenges of sexual violence and sexual reproductive health and rights in refugee settlements and the host communities. Their comprehensive model includes medical rehabilitation, referral processes, capacity building of survivors' groups and health workers, production of Information, Education, and Communication materials (IECs) on SRHR issues, follow-up and documentation of the recovery journey, and legal representation, showing promising results.

According to one RLP staff, "our holistic approach has enabled us to provide survivors with the medical, psychosocial, and legal support they need to rebuild their lives..."³⁴ A medical personnel supported by RLP to provide treatment to refugees who have suffered war harms in Adjumani hospital has noted that "the medical rehabilitation component has been critical in providing survivors with the medical care they need to recover from their experiences."³⁵ Clients who have benefited from the services have expressed gratitude for the support they received. One survivor noted that "I was able to get the medical care I needed, and the legal support helped me to get justice. I feel empowered and able to move forward with my life."³⁶

The project's capacity building of survivors' groups or support groups has also been instrumental in promoting peer support and empowerment. As one survivor leader noted³⁷,

the training and mentorship support our people have received from RLP has enabled us to support other survivors and advocate for their rights...

The training of the health workers on addressing and disclosure for war harms and refugee rights and protection has been very beneficial in enlightening the health workers on the plight of refugees and the need to respond to their complex war related issues that need immediate medical care. The project's

33 Interview with head teacher, Panyadoli PS, May 06, 2025, Kiryandongo.

34 Interview with MHPSS Officer, RLP, June 04, 2025, Kampala.

35 Interview with Dr. Aromorach, Adjumani Hospital, May 8th 2025, Adjumani.

36 Interview with RLP male survivor / client of SGBV, May 04, 2025, Kiryandongo.

37 Interview with Dominic, Chairman Sudanese Refugee-led Organisation, May 14, 2025, Palabek, Lamwo.

legal representation component has also been critical in ensuring that survivors have access to justice. A lawyer working with the project noted that³⁸,

we have been able to provide survivors with legal representation and support them through the court process, which has been instrumental in addressing the harms that survivors experience, and holding some perpetrators accountable.

Despite these successes, gaps remain. Very little is being done to provide essential packages to support young people in accessing SRH services. As one RLP staff member noted³⁹,

we need to do more to support young people in accessing SRH services, including providing them with accurate information and supporting them to make informed choices about their health.

Cultural and social norms also pose a significant challenge to accessing these services. As one medical personnel noted, "many survivors are hesitant to come forward for services due to cultural and social norms that perpetuate silence and stigma around sexual violence."⁴⁰

RLP's holistic approach to addressing the effects of sexual violence and SRHR in refugee settings has demonstrated promising results, providing comprehensive care through medical rehabilitation, psychosocial support, and legal aid. Their model, which integrates these services, has empowered survivors to rebuild their lives and promoted peer support and empowerment. However, gaps remain, including limited access to SRH services for young people and the persistence of cultural and social norms that perpetuate silence and stigma around sexual violence. RLP's work underscores the need for continued investment in comprehensive and integrated services that address the complex needs of survivors, as well as efforts to address the social and cultural norms that perpetuate sexual violence and SRHR challenges in refugee settings. Ultimately, RLP's experience highlights the importance of a survivor-centered approach that prioritizes dignity, empowerment, and access to justice for all survivors of sexual violence.

2.6 Recommendations and Strategies for Improving SGBV and SRHR Support among Refugees

2.6.1 Enhancing SRHR Services for Adolescents and Women with Disabilities in Uganda

Integrate Mental Health Support: Incorporate mental health considerations into SRHR services for young people, addressing stigma, discrimination, and access barriers. This idea has been underscored by a health worker at Panyadoli HC in Kiryandongo who mentioned, "Incorporating mental health considerations into SRHR services is crucial for addressing the holistic needs of young people"⁴¹. This underscores the importance of ensuring comprehensive care for young people, addressing both their physical and psychological well-being in a cohesive manner.

Enhance Youth-Friendly Services: Increase community engagement and provision of youth-friendly health services to improve access to SRHR information and reduce risks of STIs, early pregnancies, and gender-based violence.

Address Barriers for Women with Disabilities: Implement strategies to overcome obstacles like stigma, limited awareness, physical inaccessibility, and inadequate healthcare professional training.

Promote Education and Financial Independence: Support education and economic empowerment for women with disabilities to enhance their ability to assert SRH rights.

Develop Inclusive SRH Policies: Revise and implement SRH policies that effectively address the specific

38 Interview with RLP Legal Officer, May 05, 2025, Kiryandongo.

39 Interview with RLP Gender and SRHR Assistant, May 12, 2025, Lamwo.

40 Interview with Dr. Aromorach, Adjumani Hospital, May 08, 2025, Adjumani.

41 Interview with refugee health worker Wotali Ahdijah, Panyadoli Health Center, May 06, 2025, Kiryandongo.

needs of women with disabilities, reducing disparities in SRH and family planning services.

2.6.2 Initiatives for Inclusion

Through field engagement with refugees, health workers, and NGOs like RLP and RHU, the need for inclusive approaches to SRHR has become evident. As a RLP staff member noted, “our work is critical in promoting the rights and dignity of survivors, and we must continue to innovate and adapt our approach to meet the evolving needs of our clients.”⁴² Some of the initiatives that were advanced includes:

Create Safe Spaces: Establishing initiatives that create safe spaces for adolescent girls and young women with disabilities is crucial for improving SHRH outcomes in refugee settings. These safe spaces enable adolescent girls and young women with disabilities to share their experiences, access tailored SRHR information, and build advocacy skills. By creating such environments, these initiatives empower vulnerable groups to discuss challenges, make informed decisions about their health, and develop skills to advocate for their SRHR needs.



Sudanese refugees on a market day in Kiryandongo: Photo Credit: Alhajji Ahmed/KVA

Foster Community Engagement: Fostering community engagement is a vital strategy for increasing access to SRHR information among adolescents and young people in refugee settings. By promoting community engagement, this approach helps mitigate risks of STIs, early pregnancies, and gender-based violence by ensuring young people have accurate information and are connected to supportive services, ultimately enhancing their SRHR outcomes.

2.6.3 Engagement with men and boys

The study reveals that the importance of including men and boys in SGBV interventions and SRHR support is increasingly recognized. Engaging men and boys can help challenge harmful traditional practices and promote positive gender relations. This is exemplified by programs like EngenderHealth’s Essential SGBV Prevention and Services Project in Malawi, which trained male champions to raise

42 Interview with Gender and SRHR Officer, RLP, May 11, 2025, Palabek, Lamwo.

awareness about sexual violence among other males.

Men and boys also experience sexual violence, and tailored for male survivors. Intentionally engaging men and boys in sexual violence prevention and response efforts can challenge negative notions of masculinity and promote healthy relationships.

To address these issues, the following recommendations are proposed:

Engage men in sexual violence and SRHR interventions to promote positive gender relations.

Provide tailored support for male survivors of sexual violence, acknowledging the barriers they face in disclosing their experiences.

Include men and boys in sexual violence programming to challenge negative notions of masculinity and promote healthy relationships.

Train community members, service providers, and healthcare workers to recognize and respond to sexual violence against men and boys.

Undertake research into the experiences of men and boys as victims of sexual violence to inform effective interventions.

Expand initiatives that engage male survivors, such as support groups, to other areas beyond current implementations.

2.6.4 Implementing Integrated Services for Mental Health, SRHR, and Sexual Violence

In the three refugee settlements studied and the urban settings of Kampala, implementing integrated services for mental health, SRHR, and sexual violence is crucial for holistic support of survivors and vulnerable populations. Strategies for integration include:

Holistic Care Approaches: Providing care that addresses mental health, SRHR, and SGBV needs in a coordinated manner can improve outcomes for survivors.

Training for Healthcare Providers: Training healthcare providers to recognize and respond to mental health needs, SRHR challenges, and sexual violence in an integrated way enhances service delivery.

Community-Based Interventions: Engaging community members and leaders in addressing sexual violence, promoting SRHR, and supporting mental health can increase accessibility and cultural sensitivity of services.

Reducing Stigma: Efforts to reduce stigma around sexual violence, mental health, and SRHR can encourage more survivors to seek help.

2.6.5 Addressing Cultural and Social Norms

Addressing cultural and social norms is critical for successfully tackling issues of sexual violence and SRHR. Cultural and social norms can often impede efforts to address these sensitive issues, making it essential to understand and navigate these norms effectively. As highlighted in FGDs with elders and cultural leaders in Lamwo, particularly within the Palabek Refugee Settlement, addressing cultural and social norms is crucial for fostering unity and peace among refugee and host communities⁴³. A Mental Health and Social Support Officer at LWF, Oyoti Moses, noted that “the cultural gala was designed to foster peace and unity among the host and refugee communities”⁴⁴. By addressing cultural and social norms that may perpetuate silence, stigma, or harmful practices around sexual violence and SRHR, interventions can be more effective in promoting the rights and dignity of all individuals in these settings. Specifically addressing cultural and social norms could be done in the following ways:

43 FGD with cultural and religious leaders, May 11, 2025, Palabek, Lamwo

44 Interview with Oyoti Moses, Mental Health and Social Support Officer at LWF, May 12, 2025, Palabek, Lamwo

Challenge Cultural and Social Norms: Work to challenge cultural and social norms that perpetuate silence and stigma around sexual violence to ensure all survivors access services and support with dignity.

Promote Awareness and Education: Promote awareness and education about sexual violence and SRHR to reduce stigma.

Cultural Sensitivity Training: Provide training for service providers, healthcare workers, and community members to navigate cultural sensitivities while addressing sexual violence against men.

Innovate and Adapt Approaches: Continue to innovate and adapt approaches to meet the evolving needs of clients, promoting the rights and dignity of survivors. As a RLP staff member noted, “our work is critical in promoting the rights and dignity of survivors, and we must continue to innovate and adapt our approach to meet the evolving needs of our clients.”

Promoting awareness and education about sexual violence and SRHR to reduce stigma.

Engaging community members, including men and boys, in challenging harmful norms.

Ensuring services are accessible and survivor-centered, considering the impact of cultural norms on help-seeking behavior.

3.0 Conclusion

The situational analysis reveals a complex web of challenges in refugee settlements, where sexual violence, poverty, and limited access to resources intersect, perpetuating cycles of vulnerability and silence. The findings underscore the need for a paradigm shift in addressing sexual violence, one that prioritizes inclusivity, accessibility, and holistic support. As the study highlights, sexual violence affects individuals of all genders, ages, and abilities, yet often remains shrouded in stigma and shame.

The way forward demands a multifaceted approach that not only provides critical services but also challenges entrenched cultural and social norms. It requires intentional engagement with men and boys, empowerment of survivors, and amplification of marginalized voices, including those with disabilities. RLP's holistic model offers valuable insights into the transformative potential of integrated support, where medical care, psychosocial support, legal aid, and economic empowerment converge.

Ultimately, the goal is clear: a world where refugees can live free from fear of sexual violence, and where survivors receive the care and support they need to heal, recover, and rebuild their lives with dignity. It's a vision that demands sustained and collective efforts from humanitarian agencies, governments, local communities, and individuals. By working together, we can create a ripple effect of change, one that fosters a culture of respect, empathy, and inclusivity, and ultimately, a brighter future for all.

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P.O. Box 33903, Tel: +256 414 343 556, Email: info@refugeelawproject.org
www.refugeelawproject.org