

Lived Experiences Of GBV Survivors, As They Try Seeking For Help In Emergency Communities, Kyaka II Refugee Settlement, Southwestern Uganda

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Abstract

Introduction

Gender-Based Violence (GBV) has been recognised as a global phenomenon. In emergencies, the situation is even worse.

Purpose

This study sought to understand the lived experiences of GBV survivors in Kyaka II refugee settlement, South Western Uganda.

Methods

This qualitative study used key informant interviews to collect primary data from 36 respondents; female GBV survivors (n = 18) and local leaders (n = 9).

Findings

Of the interviewed survivors; a) they have experienced multiple forms of GBV (physical, psychological, sexual and economic), b) majority of the GBV incidences happened after reaching Uganda, c) majority were perpetrated by non-partners, d) GBV negatively affected them (stress & depression, imposed psychological torture on their children, stigma & discrimination, physical harm, medical problems and suicidal thoughts, e) some GBV incidences have gone unreported, f) survivors require help (Economic support, Counselling, re-allocation & medical support), g) majority of the perpetrators are never prosecuted, h) the survivors wish their perpetrators to; mainly be educated on GBV, imprisoned and sometimes killed.

Recommendation/Value

This study is insightful to funders, policymakers and organisations that are involved in addressing GBV in refugee communities. Therefore, more funding to prevent and respond to GBV in the Kyaka II refugee Settlement is recommended by this study.

1.0 Introduction

Generally, violence is the intentional use of physical force or power, threatened or actual, against one's self, another person, or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (Gonzalez, Cecilia, & Torres, 2018)

. Gender-based violence (GBV) is any act perpetrated against a person's will and is based on gender norms and unequal power relationships that inflict harm on women, girls, men and boys and is a severe violation of several human rights (UNHCR, 2021).

Even though global legislation and policies against GBV exists, most of these policies and legislations overlook the risk GBV possess to women (UN WOMEN, 2021). Globally, at least 1 in every 5 displaced women have experienced GBV (John N. , Casey, Giselle, & McGovern, 2020). The most cause of GBV is the power imbalance between men and women (Gill, 2018; UNICEF, 2021) and bad traditional gender roles (Joshi, 2020). In emergencies, drastic changes in social conditions, during the displacement cycle, including separation from one's family and community, etc imposes a greater risk of GBV, on females (Kawaguci, 2020) . Women experience different forms of violence (Sinko, Schaitkin, & Denis, 2021). In emergencies, the most common forms of GBV are; economic, physical, sexual, and psychological or emotional (Fatemi, et al., 2020; Kawaguci, 2020).

Unquestionably, GBV is costly on people in emergencies (Kawaguci, 2020). GBV survivors are faced with mental health (Fatemi, et al., 2020; Sinko, Schaitkin, & Denis, 2021; UNICEF, 2021), physical (UNICEF, 2021), societal (Fatemi, et al., 2020; Gill, 2018; Joshi, 2020) and health problems (Fatemi, et al., 2020) Therefore, there is need to support them (Kawaguci, 2020; UNICEF, 2021)

1.1 Problem statement

GBV is a global phenomenon (Joshi, 2020) . Globally GBV is a shocking horror (Zafar, 2020) . 1 in 3 women worldwide have experienced **GBV** in their lifetime (Fatemi, et al., 2020; Sinko, Schaitkin, & Denis, 2021; Zafar, 2020); During pregnancy **1 in 4 women, worldwide** experience physical and/or sexual **violence (Zafar, 2020)**. Around **137 women, globally are killed by their partner** or a family member **per day (Zafar, 2020)** . Over **700 million women** alive today, were married as children **(Zafar, 2020)** .In emergencies, the story is similar. GBV is extremely high (UNICEF, 2021). At least 1 in every 5 displaced women have experienced GBV (John N. , Casey, Giselle, & McGovern, 2020). The situation is similar to Ugandan refugee camps. However, not enough research exists on this. This study, therefore, sought to find out the lived experiences of GBV survivors in the Kyaka II refugee settlement, as they try accessing help.

2.0 Literature Review

2.1 Overview of GBV

Even though violence is broadly and subjectively defined (Peixoto, Avila, Dias, & Rocha, 2018), this study defines violence as the intentional use of physical force or power, threatened or actual, against one's self, another person, or against a group or community, resulting into or highly likely resulting into injury, death, psychological harm, maldevelopment, or deprivation (Gonzalez, Cecilia, & Torres, 2018) . Similarly, Gender-based violence (GBV) is any act that is perpetrated against a person's will, based on gender,

norms and unequal power relationships that inflict harm on women, girls, men and boys and severely violates human rights (UNHCR, 2021). Although men are also victims and survivors of GBV, this study only concentrated on women and girls as GBV survivors.

GBV needs to urgently be ended (Zafar, 2020). Zafar (2020) still shares Globally: **38% of women are murdered by male partners; 150 million girls** are sexually violated **each year**; GBV fuels **HIV infections** amongst **females**; **Women of 15-44 years** are at a higher risk of **rape and domestic violence** than **cancer, car accidents, malaria or being injured in war**. Further, **GBV is the commonest human rights violation**, (Kawaguci, 2020; UNICEF, 2021), **even in emergencies** (Kawaguci, 2020) and **can be experienced by anybody** (UNICEF, 2021).

2.2 Overview of GBV in emergencies

GBV is a weighty challenge which can occur at any stage of the displacement cycle (Kawaguci, 2020). As violence intensifies during crisis times (International Labour Organisation, 2020). Globally, at least 1 in every 5 displaced women have experienced GBV (John N. , Casey, Giselle, & McGovern, 2020). In emergencies, persons of concern are at high risk of GBV, as a society's ability to protect females is weakened (UNICEF, 2021). **Therefore, the recovery of such individuals and their society are crippled (Kawaguci, 2020)**. Then, women end up enduring multiple violations (John N. , Casey, Giselle, & McGovern, 2020). In such communities, females are forced to trade sex for food, money and other survival resources (UNICEF, 2021). Therefore, crises and emergencies increase the vulnerabilities of females (John N. , Casey, Giselle, & McGovern, 2020)

2.3 Local and international legislation on GBV

Although, most national legal systems and policies often overlook the risk of violence against women (UN WOMEN, 2021), some international and local legislation on GBV exist. The first international labour standards against GBV are traced in the International Labour Organisation (ILO)'s, Convention No. 190 and Recommendation No. 206. Art. 1(1)(a)) (*International Labour Organisation, 2019*). Also, the Uganda Refugee Act, 2006 condemns GBV. In addition, the National Policy on the elimination of Gender-Based Violence in Uganda, is against GBV (Ministry of Gender Labour and Social Development, 2016).

2.4 GBV causes

Power imbalances between men and women is the main GBV cause (Gill, 2018; UNICEF, 2021). It's further fueled by negative social norms, (UNICEF, 2021), alcoholism and bad traditional gender segregations (Joshi, 2020). In emergencies, drastic changes in social conditions, during the displacement cycle, including family and community separations, difficulties in obtaining food, firewood and water, and sheltering in unsecured dwellings, fuel GBV (Kawaguci, 2020). Further, GBV is caused by limited access sexual and reproductive health services (SHR) (John N. , Casey, Giselle, & McGovern, 2020). Also limited access to information on how society members can protect themselves from GBV, during Covid-19's

quarantines and lockdowns sky-rocketed GBV in emergencies (John N. , Casey, Giselle, & McGovern, 2020).

2.5 GBV Forms

Women experience various violations (Sinko, Schaitkin, & Denis, 2021). In emergencies the commonest GBV forms are; rapes, demands for sex for services and materials, sexual slavery, early and forced marriages, forced recruitment and child abuse, and high Intimate-Partner violence (IPV) (Kawaguci, 2020).

2.6 Challenges faced by GBV survivors

GBV is costly to people in emergencies (Kawaguci, 2020). Survivors are faced with mental health issues (Fatemi, et al., 2020; Sinko, Schaitkin, & Denis, 2021; UNICEF, 2021). These range from depression to anxiety, Post-Traumatic stress disorder (PTSD), suicidal thoughts (UNICEF, 2021) and substance use (Fatemi, et al., 2020) . **Also**, GBV causes physical injuries (UNICEF, 2021). Further, the survivors' social relationships and quality of life are negatively affected (Sinko, Schaitkin, & Denis, 2021). Further, survivors are left with health problems; **chronic pain syndrome, memory problems, segmental, muscular-skeletal, dermatological, eye, ear and respiratory complications, forced abortions, cervical cancer and sexually transmitted infections** (Fatemi, et al., 2020) and **unwanted pregnancies** (UNICEF, 2021) .

2.7 How to address GBV

Survivors need support and GBV's reoccurrence stopped (Kawaguci, 2020). Further, survivors need to be availed with medical support, psychosocial support, economic support, care and protection (UNICEF, 2021). Furthermore, survivors need legal aid (John N. , Casey, Giselle, & McGovern, 2020). Similarly, to ensuring effective communication (Magezi, Abaho, & Kakooza, 2021), there is need to ensure that survivors have access to critical information concerning their risks (UNICEF, 2021) and health. This through awareness creation (John N. , Casey, Giselle, & McGovern, 2020). Conclusively, GBV needs to be incorporated into all other programmes, like cash transfers (John N. , Casey, Giselle, & McGovern, 2020) and all others.

3.0 Study Methodology

3.1 Research Design

Snowball sampling was used in this qualitative study, due to its suitability for studying respondents with; rare characteristics, hard to find and may only be got using the referral system (Goodman, 1961). GBV survivors were located using the referral system.

3.2 Sturdy population

Key informant interviews were used to collect primary data from; GBV survivors (n = 18), local leaders/RWCs (n = 9). Further, equal representation of the majority of the villages in the settlement was

ensured. Key informant interviews were used because they allowed the researcher to get deeper information and understanding of what the target respondents know, why they behave like that, and the reasons behind their behaviors and attitudes (Kumar, 1989). This agrees with the objectives of this study. Also, the local leaders were selected because GBV incidences are usually reported to them.

3.3 Data collection

Data was collected in December 2021 and January 2022 by a trained psychologist. Key informant interviews were recorded on audio media. They focused on the areas of ;

1. Prevailing forms of GBV
2. The stage of displacement when the GBV happened
3. The survivor’s relationship with the perpetrator.
4. How GBV affected the survivor.
5. The prevailing reporting statuses of GBV
6. Help suggested by the survivors.
7. What happens to the perpetrators
8. What survivors wish for the perpetrators

3.4 Data analysis

The interviews were transcribed following verbatim and translated into English. Data were coded, categorized and themes developed. This was done with the help of Microsoft excel while following a thematic approach. A thematic approach was used as it allowed analysis of the qualitative data, by pattern identification and reporting of the identified patterns (Braun, Clarke, Hayfield, & Terry, 2018).

3.5 Validity and reliability

Data from the first 5 key informants was first analyzed. The questions were refined. Saturation was ensured, by conducting more and more Key informant interviews. Saturation was ensured by interviewing more and more respondents, till no new data was being collected. Saturation was ensured to guide when sufficient data has been collected (Glaser & Strauss, 1967).

4.0 Study Findings And Discussions

4.1 Prevailing forms of GBV

The study respondents were found to have experienced different forms of GBV as discussed below

Table 1. Forms of GBV

Forms of GBV					Alcoholism as the main cause of GBV
Physical	Psychological	Sexual	Economic	More than one form of GBV	
75%	75%	56%	56%	87%	43%
Whereby, % = percentage of how often , a response was shared					

Source: Primary data 2022

4.1.1 Majority experienced more than one form of GBV.

Example, **Survivor16:** *...when we were in Congo I was married and we had three children, when the rebels came, the three children ran away, they left me and my husband in the house, then those rebels they tied us and started beating us. They beat us even one my ears does not work well, It has some dirty things it keeps bringing. They tied my husband and then they started using me. Then my husband said instead of using me Infront of him. Let them kill him. Then they killed him, they had pangas and they started cut, cutting him..*

This is backed by the works of (European Institute of Gender Equality, u.d.) which share that some women experience multiple and interlocking forms of GBV. In the same tone, women in emergencies are faced with multiple and compounding forms of violence (John N. , Casey, Carino, & McGovern, 2020). The Shortfall with this prior wok is the lack a focus on the emergency communities of Uganda.

Physical violence GBV, was experienced by three-quarters of this study's survivors. For instance, **survivor11***...even one day he (the abusive partner) put me like here and my child. And he was like, I slap my child and then my child also slaps me back. And my child refused. When she refused, my husband started beating her. And that is why my child left to get married, because of these issues. My husband used put all of us into the house, he closes the and starts beating all of us. And he chased away the elder child, he said this child should not be in my house....*

Similarly, (Kwiringira, et al., 2018) share physical violence as another form of GBV. However, this prior study is just a content-thematic analysis.

Psychological violence GBV, was experienced by three-quarters of the study's survivors.

E.g. **survivor 9:** *.... When my ned man heard how I was raped, he started beating me and abusing me..*

Psychological violence is also recognised by (Kwiringira, et al., 2018) as GBV in emergencies. This is the use of verbal threats on women (Emusu, et al., 2009), name-calling, bullying etc (Evens, et al., 2019).

Sexual violence GBV form, was shared by half of the study's survivors.

Like survivor **2**; *..then they(other family members) had gone to the garden., then those men, they got my man, they tied him and started cut-cutting him, then after cutting him, they took me to the forest and started using for a whole week....*

The research of (Kwiringira, et al., 2018), also shares, sexual violence as a GBV form in Ugandan refugee camps. Also, the works of (Muluneh, Stulz , Francis , & Agho, 2020) put forward sexual violence as one of the most prevailing forms of GBV in sub-Saharan Africa. However, the works of Muluneh, Stulz , Francis and Agho (2020) are not focused on Uganda

Economic violence GBV, was experienced by half of this study's survivors.

Such as **survivor14** ... *The problem with me and my husband is money, when we don't have money he goes. Then, I am in this group of savings, I go there and borrow some money. Then, I get some workers, then we dig. Then, when my husband sees that I have some maybe maize or everything you see, then he comes back, he sells off everything. Then he divides the money, then he takes some money to another wife in Mukondo. Then, with another remaining money he goes to Bukere he gets some lady to sleep with. Then he comes back with nothing. Then when I ask him, he starts beating me...*

This gets its striking from the works of (Evens, et al., 2019) who found out that economic GBV is one the commonest forms of GBV. However, their works was conducted in the USA and not on refugees.

Alcoholism as a cause of GBV was shared by a quarter of this study's survivors.

The study discovered that men resort to alcohol to forget their problems.

Eg, **Survivor 8**: *...he gets the problem when he takes alcohol. When is sober he does not beat me..*

This is backed by the works of (Watcher, et al., 2018), whose findings indicate that men's substance abuse, triggers GBV in emergencies. Although, their research was conducted in Kenya and South Sudan.

The above findings and discussion, imply that different GBV survivors in the settlement, have experienced several forms of GBV. However, It should be noted that these forms negatively affects their lives (Rapanyane, 2021).

4.2 When the GBV incidence happened

Table 2. When the GBV happened

When the GBV happened		
Country of origin	From Uganda	Before and from Uganda
56%	81%	37%
Whereby, % = percentage of how often the responded was shared		

Source: Primary data 2022

The majority shared to have experienced GBV after reaching Uganda.

Survivor5: *..yeah we came from Congo with my husband. But when we reached this side, he married another second wife. He keeps at the second wife's. ...but he always comes back and beats me..*

Half experienced GBV from their countries of origin.

Example **Survivor9:** *..when were in Congo, I was raped by 4 men, they even tied my legs with ropes I think you have seen. The scars even on the arms you can see. Then later the legs swell....*

Few of the respondents shared to have experienced GBV both from their country of origin and after reaching the host nation.

Eg as narrated by **survivor 1:** *when I was in Congo... they kidnapped my husband. then, they gang-raped me. that is when I decided to run away, from Congo and came to Uganda...I met their with a man. Unfortunately, the man I met there was not good. He was beating me, he was stealing the money I was getting....*

The above findings are backed by the works of (Leibling, Barret, & Artz, 2020), who put forward that some reugee GBV survivors in Uganda, faced GBV incidences from their country of origin and some after reaching Uganda. This there implies that GBV in emergencies in the host and countries of origin.

4.2 Relationship with the perpetrator.

Table 3. Relationship with the perpetrator

Relationship with the perpetrator		
Partner		Non-Partner
Stayed with him	Separated from him	
31%	68%	
43%		56%
Whereby, % = percentage of how often a response was shared		

Source: Primary data 2022

The majority of the study's survivors were perpetrated by non-partners Whereas, a few by their partners.

Eamgine **Survivor15:** *...when were in Congo some rebels came, 5 of them. They tied my husband, they tied some clothes on his head not see, even on my children. Then They started raping me. Then when my child wanted to shout, they cut him. up to now, he does not have some part. Then after using me, they pierced again me with some knives on both sides of the stomach...*

This finding disagrees with the (Ministry of Gender Labour and Social Developement, 2016) which reports, about 59% of women are perpetrated by their sexual partners. This finding, however, disagrees with (Muluneh, Stulz , Francis , & Agho, 2020), whose findings show that non-intimate partner violence (non-IPV) is rarely found in sub-Saharan Africa. Although, as earlier shared, were conducted outside Uganda.

The majority of the study's survivors, separated from their partners after the violence.

Eg **survivor 9:** *..one day I separated from him. We separated from the chairman...*

However, this finding disagrees with the study of (Whiting, 2016) who puts forward that those abused women tend to stay in abusive relationships citing; distorted thoughts, damaged self-worth, fear, love for their children, family expectations and experiences, financial constraints and isolation.

4. 3 Effect of GBV on survivors

Table 4. Effects GBV to survivors

Effects caused the GBV incidences					
Mental illness		Physical harm	Stigma & discrimination	Medical side effects	Imposed psychological torture on the children
Stress and distress	Suicidal				
100%	37%	81%	81%	81%	100%
Whereby, % = percentage number a response was shared by study respondents					

Source: Primary data 2022

Mental health issues, mainly Stress and distress, as effects of GBV incidences were shared by all the study's survivors.

Eg **survivor 2:** *...I have a lot of thoughts. Even sometimes I be there and start seeing those men who killed my husband and rapped me for a whole week. I sometimes see them coming to rape me again.* Such could result into more complicated mental health issues and disorders like post-traumatic stress (PTSD) (Liang, et al., 2020).

This particular finding is backed by (Smith, et al., 2018) who report, GBV is associated with chronic psychological problems. However, their report conducted in USA and outside emergencies. Also, the study of (Muluneh, Stulz , Francis , & Agho, 2020) found depressive symptoms predominant among female GBV survivors in sub-Saharan Africa. Their works are also were not done in emergencies.

Imposed psychological torture on children, from secondary/indirect exposure or witnessing GBV in their families, was shared by all the survivors in this study.

For example, **survivor 11** responds: *...And now you see these things of fighting, they also affect the children. My children tell me that if they go to school, they cannot concentrate...* Such torture can grow into complex mental health issues like suicidal attempts (Oberg, et al., 2021) by such children.

This is backed up by the works of (SOTO, LEONHARDT, ALONSO, & SERRANO, 2019) who put forward those children are victims of GBV, especially, when the violence is on their mothers, even though, the children are not physically/ or directly abused, Children of victims are still victims of such torture.

Suicidal thoughts, due to GBV, was mentioned by more than a quarter of the study's survivors.

For instance, **Survivor17**: *..because of these problems of my man, sometimes I feel like swallowing all my HIV drugs at once, so that I can die..*

The study by (Kosgei, Mageto, & Wagoro, 2021) also revealed the existence of suicidal thoughts as a result of GBV in women. Although, their study was conducted in Kenya and outside refugee settings.

Physical harm was shared by the majority of the study's survivors.

Eg **Survivor12**: *....beating me! that one I got used to the beatings. He beat me heavily with pole and broke my hand. He beat me and broke my hand. He also beat on the chest and I started breathing rapidly....*

Physical injuries negatively affect one's quality of life (Schoene, et al., 2019).

This result is supported by the publication of (Falschung, 2018), which puts forward that GBV physically harms survivors.

Stigma or and discrimination, after the GBV incidence, was shared by the majority of the this study's respondents.

For instance **Survivor13**: *..the neighbors when they get to hear that we are fighting. For them, they laugh at us. But I just being strong like that.* However, stigma and discrimination due to GBV, forces some GBV survivors to keep silent and not seek help (Leibling, Barret, & Artz, 2020).

This finding also, gets it striking from the works of (Kosgei, Mageto, & Wagoro, 2021), whose research found stigma to be an outcome of GBV. Although their research was conducted in Kenya and outside emergencies.

Medical side effects, due to GBV, was shared by most of the study's survivors.

Eg **survivor 2** *They (rapists) took me to the forest and started using for a whole week ... I got pregnant...*

This is backed by the research of (Beyene, Chojenta, & Loxton, 2021) whose findings show that females get several health complications; swelling of the genitalia, unusual vaginal discharge, injury around the genitalia, etc, out of GBV. However, their study was conducted in Ethiopia and outside emergencies.

The above findings and discussions, therefore, imply that GBV negatively affected survivors in the settlement. This negatively affects their lives (Rapanyane, 2021).

4.5 Reporting mechanisms of GBV.

Table 5. Reporting mechanism of GBV

Reported			
Yes		No (silence on GBV)	
Helped after reporting		Reason for silence	
Yes	No	Fear of intensifying the violence	Advice from people
56%	87%	31%	6%
63%		37%	
Whereby, % = percentage of how often a response was shared			

Source: Primary data 2022

4.5.1 The reporting of GBV incidences, was shared by more than half of the the study's survivors.

E.g. **Survivor 13:** *...the repotting I report to the chairmen...*

However, the majority of survivors claim to have not been helped even after reporting.

This is backed by the finding of (Muluneh, Stulz , Francis , & Agho, 2020) who share that some victims are hesitant to report due to lack of law enforcement actions, bye those whom they report to. The works of (Beyene, Chojenta, & Loxton, 2021) also bring forward that GBV victims keep silent, as they fear their perpetrators. However, all these prior studies were conducted outside Uganda and emergency communities.

4.5.2 Silence of the GBV incidences was, shared by less than half of the study's survivors. Eg **Survivor 5:** *I have a church.. and sometimes they teach us that whenever we get problems, we don't need to tell everyone. Like some problems in the home, we need to solve them by ourselves like we keep them secrets with ourselves..* The silence was largely attributed to, fear of making the perpetrators more violent or revenging, whereas, the silence was found to have been minimally fuelled by the advice from fellow friends. However, it should be noted that silence fuels GBV and should be broken (Salceda, Vidu, Aubert, & Roca, 2020).

This is back-up by the works of (Muluneh, Stulz , Francis , & Agho, 2020), whose findings are that women in sub-Saharan Africa, don't report violence due to: fear of stigma and shame: fear of revenge by the

perpetrator and attitude surrounding GBV. Although this prior research lacks a focus on Ugandan emergencies.

Help suggested by GBV survivors

Table 6. . Help suggested by survivors

Counselling	Economic support	Medical support	Reallocation and separation from perpetrators
37%	56%	31%	37%
Whereby, % = percentage of how often the response was shared			

Source: Primary data 2022

Economic support was mentioned by the majority of the study's respondents. This was mainly for feeding and school fees.

E.g. **Suvivor12:** ... *the help I really need, is like getting school fees of the children. Because when they spend the whole day without food and then the go to sleep on empty stomachs. I don't sleep. I stay wake all night...*

Simillar research in Ugandan refugee camps puts forward that GBV is curtailed by poverty and ensuing availability of household basics needs is one of the preventative ways (Kwiringira, et al., 2018). This prior research is, however, a sematic review.

The need for counselling was shared by a quarter of the study's respondents.

E.g. **survivor 11:** ... *me I think counselling can help. Because i think when we are counselled. At least we pick something from it...*

This is backed by the works of (Leibling, Barret, & Artz, 2020) who put forward that, GBV survivors in the refugee settlements need emotional support of counselling. The shortfall with this is that it focused on only refugees in Northern Uganda, ignoring South Western Uganda.

Being re-allocated and being separated from their perpetrators, was suggested by quatre of the study's survivors.

E.g. **Survivor 9:** *me the help I need maybe they can take me abroad, maybe I can rest with my children.* No prior research was found on this specific finding.

The need for medical support was the least mentioned by the survivors in our study.

Eg as responded by **survivor16:** *...because of what I am going through, I think is better maybe if I get treatment. And I think it is better if they remove the uterus because I think I will not give birth again. So since like to remain like this, suffering like this, for me to remain like this, I think they should remove it. That is what I think they should do for me to at least to get some peace.* It should be noted that good healthcare systems are very important in the sense that they provide supportive care to GBV survivors (Moreno, et al., 2015).

This finding is backed up by the study of (Strasser, Kim , Studzinsky, & Taing, 2015) who present that one of the reasons why the GBV survivors spoke up and went to court was, seeking physical and mental healing. The shortfall with their study is that it was conducted in Cambodia.

What happened to perpetrators?

Table 7. What was done to perpetrators

Arrested and persecuted	Arrested but let free	Never arrested
6%	37%	81%
Where by, % = percentage of how often a response was shared		

Source: Primary data 2022

4.7.1 Perpetrators not being arrested, was shared by the majority of the study's survivors.

E.g. *...they ran and only one person, came this side...* Leaving the perpetrators to walk away, forces some of the GBV victims to keep silent (Muluneh, Stulz , Francis , & Agho, 2020).

This is backed by the works of (Muluneh, Stulz , Francis , & Agho, 2020) who shared, there is a lack of law enforcement action by the responsible authority unto whom the GBV is reported (Muluneh, Stulz , Francis , & Agho, 2020).

Perpetrators being arrested but let free, was shared by a quarter of the survivors in our study.

E.g. **Survivor 1:** ... *I have heard that those people (perpetrators) some of them have been put in prison, but a few moments pass, they are seen again in the communities..*

This is supported by the works of (Mutegeki, 2022) who put forward that sometimes in Uganda, the police collude and are bribed by the perpetrators resulting in just releasing the perpetrators.

Perpetrators being arrested and charged was least mentioned.

E.g. **survivor 9** ... *they were four one was arrested and killed. Then other three they ran..*

The study of (Leibling, Barret, & Artz, 2020) shares that the criminal justice systems, in the Ugandan settlements have failed to provide adequate justice systems to the GBV survivors. Although research was not in southwestern.

The above findings and discussions, therefore, mean that even if there is an effort, to arrest and charge the perpetrators, some perpetrators are left to go freely in the settlement.

Survivors' wish for perpetrators

Table 8. Survivors' wish for perpetrators.

Arrest and imprisonment	Killed	Forgiven	Education and warning about the dangers of GBV
43%	18%	0%	50%
Whereby, % = percentage of how often a response was shared by study respondents			

Source: Primary data 2022

4.8.1 Educating and warning the perpetrators about the dangers of GBV, was mentioned by half of the survivors in this study.

E.g. **Survivor10**: *..what you see, most of the time, you see that there are no teachings in our village. To say that sometimes they can listed to. In case they(perpetrators) can be educated, then. Such things can reduce..* This helps to change the violent behaviours of the perpetrators (Belay, 2013).

This gets its striking from the works of (Mogotsi, et al., 2015) who put forward that not all the survivors, who report want the perpetrators arrested, instead most want him to be warned about the dangers of GBV. However, this prior research was conducted in Namibia.

4.8.3 Arresting and imprisonment of the perpetrators, was mentioned by a quarter of the survivors in this study.

For Example, as talked by **survivor 1**: *..those people (perpetrators) should be punished and even imprisoned....* No prior research was found on this.

4.8.4 Killing of the perpetrators, was said by less than a quarter of the survivors in this study.

E.g. **Survivor2**. *...I think they should be arrested or killed. Me I feel they need to be killed...* No prior research was found out in this.

4.8.4 Forgiving perpetrators free, was not mentioned by any of the survivors of this study. No prior research was found out on this..

The above particular findings imply that situation needs to change. Although, the situation will not change until the GBV survivors and victims are helped (Mutegeki, 2022).

5.0 Conclusion

GBV has been classified as global phenomena, the situation in refugee communities is rather worse. Yet, for the case of Kyaka Refugee Settlement, there is lack of sufficient research on the lived experiences of GBV survivors. Even though legislation and polices, to curb GBV, are in place, GBV is still a predominantly prevailing issue. Different forms of GBV, are very much present in the emergency communities. From the interviewed survivors, this study found out; a) they have experienced multiple forms of GBV (physical, phycological sexual and economic), b) majority of the GBV incidences happened after reaching Uganda, c) majority were perpetrated by non-partners, d) GBV negatively affected them (stress & depression, imposed psychological torture on their children, stigma & discrimination, physical harm, medical problems and suicidal thoughts, e) some GBV incidences have gone unreported, f) survivors need help

(Economic support, Counselling, re-allocation & medical support), g) majority of the perpetrators are never prosecuted, h) perpetrators need to be mainly, educated on GBV, imprisoned and sometimes killed. Therefore, this study recommends more funding to prevent and respond to GBV in the Kyaka II Refugee Settlement.

Declarations

6.1 Ethical statement

This study was permitted to take place. In addition, informed consents were obtained from all the respondents. Further, confidentiality and anonymization of all the data were ensured throughout the entire study.

6.2 Consent to publication

All study respondents consented to have their information anonymized and could be used for publication

6.3 Availability of data

All transcriptions can be accessed by a request to the corresponding author.

6.4 Funding

This Study did not receive any funding.

6.5 Authors' contribution

Alex Magezi carried out the study design whereas Lydia Nalukwago offered the technical review and guidance.

6.5 Acknowledgments

Not Applicable

6.6 Conflict of interest

The author expresses no conflict of interest. Also, this study are views of the authors, not their institutions of affiliations.

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