Critical Roles of Refugee Leaders and Service Providers in the Gender-based Violence (GBV) Help-Seeking of Refugee Survivors

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Abstract
Gender-based violence (GBV) is a complicated challenge embedded in displaced people’s lived experiences throughout the conflict displacement cycle. Despite the awareness of existing institutionalised help-seeking referral pathways, these do not necessarily translate to the full utilisation of such services. This paper examines the critical role of refugee leaders and service providers in potentially enabling and realising a GBV survivor’s help-seeking. By adapting a meso-level analysis, it attempts to explain how social networks built within conflict and displacement contribute to responding to GBV. Based on the review of collected interviews in 2019 from refugee leaders and service providers working with South Sudanese refugees in selected settlements in Uganda, the paper reflects on the importance of network, norms and trust in effectively responding to GBV in conditions of conflict-affected displacement.

Keywords: South Sudanese refugees; GBV help-seeking; social capital; refugee leaders; service providers

Introduction
Gender-based violence (GBV) comes in many forms and is present in different contexts. It serves as the umbrella term for any harmful act perpetrated against a person’s will and is based on socially ascribed (gender) differences between men and women (Inter-Agency Standing Committee, 2005: 7). While it is used interchangeably with sexual violence and violence against women, GBV highlights the gender dimension of these types of acts; in other words, the relationship between women’s subordinate status in society and their increased vulnerability to violence (UNHCR, 2003). GBV is a complicated challenge embedded in displaced people’s lived experiences throughout the conflict displacement cycle. Violence reinforcing gender inequalities is rooted in pre-conflict conditions, increases during hostilities and becomes an accepted practice during conflict and post-conflict phases (Bouta et al., 2005: 33). Unfortunately, GBV is a prominent feature of the daily experience of displaced women (and, as is increasingly being recognised, men); and even with the notion of rape as a ‘weapon of war’, women are commonly at greater risk of sexual assault from within their community (Ager, 2014: 436). Stark et al.’s (2010) study of women in camps for internally displaced people (IDPs) in Northern Uganda shows a comparatively higher incidence of intimate partner violence (IPV) and marital rape in camps than rape outside marriage. The reality that the displacement process is not linear, leading more people to be trapped in protracted displacement without any clear end in sight, exacerbates the threat of GBV to women, children, and even men.1

The displacement confronted by millions of South Sudanese refugees illustrates one of the inevitable consequences of colonialisation (i.e. refugee-generating process) (Piguet, 2018). The anti-colonial struggle for independence in the 1950s to the conflict between 1962 and 1965 generated internal mass displacement and large numbers of refugees who fled to neighbouring countries.
(Kibreab, 2014). The country’s historical transformation and the unceasing conflict and violence have redefined the lives of about 1.4 million IDPs and the 2.25 million refugees and asylum seekers who had moved from South Sudan by 2020.

Uganda, in particular, is currently hosting the highest number of South Sudanese refugees and asylum seekers, with about 95 per cent of the new refugees entering Uganda being women and children (Mogga, 2017; UNHCR, 2016b). The large proportion of displaced women and children at risk of violence and abuse resulted in the prevalence of sexual and gender-based violence embedded in the complex experiences of mass displacement. This concern has been recognised, and GBV response features are integrated into the public health needs of displaced people. International frameworks attempt to provide appropriate help-seeking support services, such as the *Guidelines for Prevention and Response* (UNHCR, 2003) and the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings* (Inter-Agency Standing Committee, 2005). In Uganda, the National Referral Pathway Guideline affords primary duty bearers and actors with information on responding to GBV cases and guiding victims/survivors on where to seek assistance and what services are available at different referral points. These efforts provide operational pathways to successfully fulfill help-seeking tailored to the GBV refugee survivor’s specific context.

Despite the high global prevalence of violence against women, most of the survivors around the world do not seek to respond to or escape violence, and more than a third never tell anyone about their experience (McCleary-Sills *et al.*, 2016: 225). A 2018 study on health and justice service responses in Northern Uganda confirmed that South Sudanese refugee survivors of sexual and gender-based violence and torture knew of the reporting system but at times questioned the effectiveness of the process (Liebling *et al.*, 2020). Similarly, the Japan International Cooperation Agency Research Institute’s (JICA-RI) research on the role of aid in the GBV help-seeking and recovery process for victims confirmed that despite the recognition of identified key individuals and institutions that provide specific support and services for GBV, and the knowledge of the help-seeking pathway by South Sudanese refugees in Uganda, the services had not been fully utilised (Kawaguchi, 2019). Both reports consistently highlighted that *refugee survivors* remain hesitant to take advantage of such support mechanisms.

Physical and social costs contribute to the indecisiveness in seeking help from gender-specific violence and persecution. These costs are weighed against and are influenced by the individuals and institutions with whom the survivors engage and interact while in displacement. The diaspora engagements, in different spheres, support survival, coping and even prosperity under conflict conditions (Van Hear, 2014: 183). And in the specific need to respond to GBV, these engagements have the potential to actualise an effective pathway to help-seeking. Based on this, the paper examines the critical role of refugee leaders and service providers in the access and denial of GBV help-seeking by providing a timely example of how the social networks built within the context of conflict and displacement matter in taking action on gendered violence.

### Harnessing Auxiliary Voices

Before moving further, it is necessary to establish the importance of presenting and understanding the perspectives of those supporting GBV survivors. Ager and Strang (2008) acknowledged the fundamental role of social connections in driving local refugees’ integration and facilitating access to services. The GBV refugee survivor’s relation with diverse actors can translate to a vital capital that can enable help-seeking to prosper. For one, the various actors present in the lives of refugees are part of the pathway to realising help-seeking. These individuals from within the settlement and outside have practical roles in accomplishing GBV help-seeking. Their interpretation and understanding of violence and the urgency to respond can encourage a GBV survivor to advance help-seeking. Hence, it is worth comprehending the surrounding actors’ viewpoints on GBV and the value of help-seeking.

This paper builds on the interviews with refugee leaders and service providers engaged in GBV help-seeking for refugees in Uganda. In January 2019, JICA-RI, with War Child Canada (WCC) as the implementing partner, conducted field interviews with 48 (22 women and 26 men) service providers and 24 (7 women and 17 men) South Sudanese refugee leaders in the Adjumani, Arua, Kampa, Kiryandongo, Moyo and Yumbe settlements in Uganda. These field interviews were part of the JICA-RI project on ‘Conflict and Gender-based Violence: The Role of Aid in the Help-Seeking and Recovery Process for Victims’. Upon completing the initial data collection from South Sudanese refugees, lead researcher Dr Chigumi Kawaguchi saw the need to collect supplementary data to account for the voices and perspectives of refugee leaders and service providers engaged in realising the GBV help-seeking process. This aims to paint a clear picture of both the refugees and those providing GBV-related support and assistance. To accomplish all the data gathering in Uganda, War Child Canada was selected as the research consultant implementing the field research based on their research.
team’s experience in mobilising community members for GBV awareness in the identified research sites. Their all-Ugandan research team conducted all pertinent data-gathering observing the ethical consideration in researching violence. The author is part of the project as one of the research assistants based in Japan, who supported the preparation of the semi-structured questionnaires for the study and the organisation of the final project field report. Thus, she has been provided with the permission to access and use the interview data to develop an analysis of the importance of refugee GBV survivors’ network in help-seeking.

This paper explores the GBV survivors’ help-seeking network and how they contribute to enabling or hindering help-seeking. It will be based on the review of semi-structured interviews with refugee leaders and service providers from the 2019 JICA-RI field survey, complemented with literature on social capital, help-seeking and GBV. Applying the author’s background knowledge on social capital and disaster-related displacement, she attempts to understand and present the critical roles of the different social actors in a GBV refugee survivor’s network in attaining help. She will theorise the value of social connections in the success or failure of the GBV refugee survivor’s search for help, adapting the social capital framework. This is followed by a discussion on the influence of networks, norms and trust, substantiated by excerpts from the interviews with refugee leaders and service providers. Finally, it reemphasises recognising and investing in the displaced people’s networks for GBV help-seeking.

Theorising Social Connections in Displacement and GBV Help-Seeking

Conflict magnifies the weakening of the community’s social fabric, and to an extent, it damages a community’s norms, values and social relations, thereby affecting sustainable peace, stability and prosperity (Colletta and Cullen, 2000; Jacoby, 2012). In conflict-affected settings, ties with diverse social actors are valuable assets to access and use (often) scarce resources. The engagements and interactions built during the stay in the refugee settlement contribute to the formation of the refugees’ lived experiences influencing their survival, coping and accumulation while in displacement. However, as Johnston et al. (2019: 3) emphasise, the humanitarian community rarely analyses the impact of social networks on refugees’ ability to realise their rights. This oversight on the importance of social connections for refugees demands revisiting.

Describing diaspora groups and their function in the help-seeking process can be structurally depicted in terms of social capital. Bourdieu (1985) defined social capital as the aggregate resource linked to institutionalised relationships of mutual acquaintance and recognition. For Coleman (1988), it is a resource for action following a particular structure of obligations and expectations, information channels and social norms, while Putnam (2000) weaves together social networks, norms of reciprocity and trustworthiness as the connections built by people’s social capital. In some instances, the shared experience of conflict becomes a source for stronger social relationships while in displacement. Unfortunately, ‘it can also be perverted to hasten social fragmentation and the onslaught of violent conflict’ (Colletta and Cullen, 2000: 6). Elliott and Yusuf (2014: 104) illustrate how women with a refugee background are more likely to form groups than men but are still less likely to access government services than male refugees. Thus, despite solid connections among women refugees, their weak ties with protection agents may result in limited (if not failed) access to support and services.

The threat of sexual and gender-based violence heightens the vulnerability of women and children while in displacement. Throughout such ordeal, and in search of medical (i.e. medical treatment and support) and judicial (i.e. filing of criminal charges) responses, the refugee survivor is engaged with various social actors to fulfil their help-seeking. Below is an example of a refugee woman’s narrative of how seeking help works out in their settlement, revealing the presence of different social actors, including those from the settlement and from outside, in advancing the GBV help-seeking response:

A man was always violent towards his wife and would beat her up often. He sells off their [food products] so that he could get money to drink alcohol. The RWCs [refugee welfare councils] have tried to solve the issue, but he has refused to (cooperate and) report, so the GBV community workers got involved. Then later, the case was taken to the OPM [Office of the Prime Minister] after the man beat his wife badly and chopped off her hand with a panga [machete]. Then the OPM separated them. She was given the ration card so she can be the one to claim food ration. After getting the food, she takes the ration for one person to her husband. The woman currently stays with her parents and her children. OPM has a plan to allocate a plot for her in a different location. (Refugee Woman in Moyo) 10

In vulnerable urban settings, social capital is a critical element that can be a valuable tool in localising humanitarian response (Mpanje et al., 2018). Interactions and exchanges with select social actors can potentially connect vulnerable populations to much-needed services and assistance. A GBV refugee survivor’s
knowledge of the informal and formal support channels determines the direction and feasibility of accessing help-seeking services and support. However, social capital relies not only on the existence of relationships but on the quality of those relationships, which can only be assessed in context (Spellerberg, 2001, cited in Elliott and Yusuf, 2014). This need for the combined ‘form and substance’ of social capital is captured in Putnam’s (1993) definition of social capital as features of social life – networks, norms and trust – enabling people to act together more effectively to pursue shared goals and objectives. Against this, Portes (1998) emphasised that social interaction can also result in a ‘social liability’, in this case, a GBV help-seeking barrier. This shows that while social capital is anticipated to enable GBV help-seeking, there are certain circumstances where the same connections hinder the survivors from realising the appropriate help.

For refugees, social capital translates to the networks that form coping strategies to improve their access to resources and build new connections while in exile. It is particularly important for displaced people, especially the assistance from their co-national networks already in place when they first arrive at their destination (Jacobsen, 2014). Women refugees used this valuable asset of social connection to respond to gendered challenges that furthered women’s vulnerability and marginalisation in an already complex condition of conflict-induced displacement. For example, South Sudanese women refugees in Cairo and Nairobi developed social networks at three levels among themselves, with the host community and internationally (Wanga-Odhiambo, 2014: 135). These levels parallel the social bonds, bridges and linkages found in describing social capital, which they constructively used to improve their situation despite their displaced condition.

On the other hand, Holly Porter’s (2016) work about the aftermath of rape and the Acholi women in Uganda reflects upon the role of three prominent actors in the aftermath of rape: relatives, non-governmental organisations (NGOs) and churches, and why so many women never took advantage of the available services. According to her, specific connections influence the path to help-seeking, taking into consideration the extended family structures, perceived moral authority in the group and the importance of social harmony (Porter, 2016: 14). These polarising impacts establish that the various social actors connected to a GBV refugee survivor matter in the help-seeking process. The gap between the GBV survivor and the access to immediate and socially just support can potentially be filled by people from all spheres of engagement. Thus, the author puts forward this need to discuss the significance of social actors in the help-seeking process by asking how GBV refugee survivors’ social ties and engagements enable or impede the help-seeking process? Figure 1 illustrates that between the GBV survivor and the success of help-seeking is the refugee’s social capital embedded in their different engagements and interactions while in displacement. The figure frames social capital’s features, such as networks, norms and trust, in discussing the refugee leaders and service providers in enabling or impeding the help-seeking of the GBV refugee survivors.

**Discussions**

For refugees, social capital is the essential resource at their disposal to help them navigate and manage the experience of protracted displacement, and more could be done with this by all actors (Uzelac et al., 2018: 2). Given the occurrences of DV, gender-based assaults, and the rise of conflict rooted in gender differences among people in the settlement, varied actors are engaged and involved in responding to these. To understand these various connections as intangible assets in GBV help-seeking, it would best to examine them using social capital’s features of networks, norms and trust.

**Networks and the Help-Seeking Process**

Social capital can be described by the type of network established between entities. There are social bonds that include networks that reinforce exclusive identities among a homogenous group, bridging social capital composed of heterogeneous connections across social groups (Ferlander, 2007: 119), and linking social capital based on the trusting relationships across vertical explicit, formal or institutionalised power or authority gradients in society (Szreter and Woolcock, 2004). These categories of networks mirror the spheres of diaspora engagement in conflict settings combining the public and private groups, such as the household/extended family sphere, the known community sphere and the imagined community (Van Hear, 2014: 181). In the refugee setting, social bonds include ties between people sharing common qualities – family connections and people from the same ethnic community with similar cultural practices and settlement experiences (Elliott and Yusuf, 2014: 102). The familial and neighbourhood representations in GBV help-seeking stems from ‘refugee leaders’, with locally acknowledged influence over other refugees in the settlement, including South Sudanese church leaders, bloc leaders, opinion, RWC members, and community elders residing in the settlements. They act as the link between the community (settlement) and institutionalised service providers. Holding such a leadership role confers duties to represent others, and also provides opportunities for the leaders to develop connections at a personal level (Elliott and Yusuf, 2014: 107). These
refugee leaders’ interventions in the GBV case may not be formalised, yet they affect the subsequent action and the access to services outside the settlement. Often, the refugee leaders know how to and which services to access, as narrated below:

Q: What would my experience [a DV/IPV Survivor] be like when I arrived here?
A: I will first welcome you, provide you with shelter. Then I will go to your husband after listening to you. I will also listen to him. I am not alone. I will also bring your neighbours and others – two or three people from my side to sit, and we resolve your problem. If you have made a mistake, we direct on how [to fix it yourselves]. If your case involves injuries that I cannot solve, I will immediately refer you to the police because that is a capital offence. We, even as leaders, are not allowed to solve them. We are only allowed to solve minor misunderstandings within the community. (Male Refugee Leader in Adjumani, 28 December 2018)

The relationship between the GBV refugee survivor and the perpetrator significantly matters when the former seeks help. GBV refugee survivors determined to seek help would primarily reach out to their family, friends and relatives, which ultimately extends to the other people in the settlement, particularly the refugee leaders. Nonetheless, cases of DV imply a more proximate relation between the survivor and perpetrator (i.e. the husband inflicting violence on the wife); thus, the immediate links are bypassed, and help is further sought from the extended networks and connections. This pathway is not standardised but is practised as a conventional problem-solving strategy within the settlement before formal help is accessed from social linkages in displacement, including humanitarian workers and other service providers where the relationship’s nature is needs-/service-based.

South Sudanese refugees engage with humanitarian and other non-settlement actors as logical sources of assistance and support. These formal support channels (social linkages) are the GBV ‘service providers’. In this context, these are the non-refugee individuals affiliated with various institutions, either Ugandan or international organisations, that cater to the needs of GBV survivors, like protection assistants, community development officers, sexual and gender-based violence (SGBV) officers, medical officers, police and social workers. As part of the refugees’ living conditions in settlements, the various service providers are expected to deliver specific services not always exclusive to GBV support. For example, the police must process legal complaints and actualise delivering justice to the survivors. The local medical institutions (i.e. clinics and hospitals) provide treatment and psychological support to survivors since most reported GBV cases result in physical injuries. Similarly, NGOs also provide GBV-specific assistance and services within the settlement, like medical treatment, psychosocial counselling, legal aid, etc.

Within the refugee settlements, GBV help-seeking reaches formal channels through the acknowledged refugee leaders that provide guidance among the members of the settlement. However, the gender of these immediate networks (social bonds) for a survivor is equally crucial in accomplishing the help-seeking process. Women GBV survivors may find it more challenging to express their conditions for fear of further discrimination and harassment by more male refugee leaders, who are tasked to address the issue at the settlement level and direct it to the appropriate service provider. While seeking help from their social bonds (the leaders in their community/settlement) enables a faster GBV service delivery, there are instances where these existing connections inhibit the timely and appropriate delivery of help or support:

Q: Do you think survivors in this community can easily seek help?
A: Yes, they can. Sometimes they can’t. It’s fifty-fifty. And this is my reason. There are some parishes [perhaps referring to the refugee community] where duty bearers are very responsive and active. And there are some pockets of parishes where the leaders are like, ‘it’s nobody’s business’. They are crafty, corrupt and they connive with the perpetrators, and they keep files away. There are other pockets [parishes] where there are lots of acceptability, and there is some kind of coping mechanism where they keep the women [so they won’t] report and be quiet. Fifty-fifty, because some can access justice and others have failed to access justice from the different police stations, they don’t want to report. (Woman Service Provider in Kampala, 18 January 2019)

A refugee GBV survivor can optimise help-seeking by leveraging the combined resources available from these various forms of social connections available. These networks will only work as effective assets in help-seeking when sufficient women networks perform a genuine leadership role and active participation in the settlements that respond to and act upon their immediate concerns. However, the reality is that despite the notable progress, numerous operations highlight difficulties in ensuring that women play a meaningful role in leadership and management structures (UNHCR, 2016a: 5). Hence, the crisis is much more profound than the challenge in leadership opportunities for women refugees. There is also the need to pay attention to the existing norms and the surrounding understanding of violence in fulfilling help-seeking.

Help-Seeking and the Influence of Norms
Cornally and McCarthy (2011: 284) accurately described the decision to seek help to be very much dependent on motivational factors such as self-efficacy, past help-seeking experience, gender norms and failed self-management. While the severity of the injuries may be a significant factor, it can also be argued that the decision to seek help also rests firmly on the person’s social network. The ideal help-seeking involving both informal and formal service providers is not always realised to the fullest. The space between the anticipated and actual help-seeking is partially due to the survivor and their surrounding network’s definition of violence.

The recognition of GBV should not be limited to the survivor but necessitates a cohesive understanding among other people in the survivor’s network vis-à-vis the social approval to proceed with help-seeking. The impressions and views of people within one’s immediate social circle are well valued, and it justifies their decision to seek help or otherwise, as captured by a service provider in the Arua settlement, for example:

The issue of GBV in our community is real, and how people suffer silently. Despite the fact that we are making an effort for people to wake up [and] report these kinds of cases, such that appropriate action is taken. But still, very many people cannot report, its culture dictating all these things. (Woman Service Provider in Arua, 7 January 2019)

Effective norms can constitute powerful forms of social capital that can facilitate specific actions or constrain others (UNHCR, 2016b). And the recognition of violence is a pertinent yet subjective appraisal of the problem. This is confirmed by McCleary-Sills et al. (2016: 229) study of IPV help-seeking in Tanzanian communities and the normalisation of violence, wherein women may not define violence as a problem but as a ‘normal part of their relationship that prevents them from moving forward in the help-seeking process’. This is a universal predicament that exists even in non-conflict-affected scenarios. However, the forms of GBV and the domesticities surrounding a particular case affect the kind of help-seeking sought. A GBV survivor’s definition depends on how the violent encounters are perceived and interpreted, influencing the action afterwards:

Because of culture and the stereotyped behaviours of our people, and if you are my wife, and I battered you as sometimes culture demands, probably you need to call my brother, my parent, my people so that we sit and talk. But when you report me to the police, local council, and so on, they consider you to be a stubborn woman who does not want to respect the husband. And because of this, many people suffer quietly. (Woman Service Provider in Arua, 7 January 2019)

As mentioned at the beginning of the paper, help-seeking entails certain physical and social costs that can hinder the help-seeking process. The material cost comes from logistical concerns like knowledge of the services, monetary and transportation costs, access to the necessary services and time sought from formal service providers. In contrast, the social costs that GBV survivors incur once they decide to seek help and thereby make their situation public include the loss of privacy, stigmatisation, and threats on their lives made by the abusers (Liang et al., 2005: 78). Between the physical and social costs, the latter is well entrenched with certain social norms that prevent survivor’s from coming forward and reporting their cases. And this is especially difficult for women, where socio-cultural influences are harder to navigate as they are intertwined with a survivor’s social relations and existing social norms:

[On the survivor’s fear of stigma]
Like victims of rape, they will be with fear. At times, it will be very difficult for them to move because they think that people will be talking about them. And it is true; people will be talking about them. And you get to know that they were raped, maybe if the pregnancy comes out. It is when they will tell you that ‘I was raped by so and so, or
While GBV threatens both women and men, women and children experience more significant risks. As detailed by Porter (2016: 183), relatives, NGOs and churches have had significant impacts on the evolution of social norms. The surrounding network, including their community, shapes how GBV and violence are generally defined and interpreted. These social connections, both from within and outside the settlement, determine acceptable and unacceptable behaviour, thereby dictating the course of action in responding to GBV. However, the cultures with the idea that men have to dominate women to feel unambiguously male demonstrate that high violence against women remains prevalent.12

The initial decision to seek help occurs within the refugee community setting, and significant social connections impact the choices made when seeking assistance. Also, the socio-cultural landscape dictates certain norms that make women’s help-seeking easier (or more difficult). This confirms that the survivor’s social connection can make or break GBV help-seeking to happen.

Help-Seeking as an Indicator of Trust

From the review of interview transcripts, the refugee leaders and service providers detailed how the refugee GBV survivor’s help-seeking begins with reaching out to the people from within the settlement (their social bonds). They can either solve the issue themselves or become a part of the standardised referral system. This relay pathway would often not require any further explanation. However, the justification for this obvious route of help-seeking is the presence of trust built between the survivor and the help/aid provider:

[On handling a GBV survivor’s case]

Yes, it is difficult. Like sometimes, even getting the information from the survivor. Sometimes like the first time, she may refuse to tell you exactly what happened. But of course, you have to give her some time to relax her mind. And then talk from there, that is when she can open up and tell you what exactly happened, because before, she was traumatised. (Woman Service Provider in Adjumani, 30 December 2018)

Ager and Strang (2008: 179) describe the relationship between refugees and host communities as generally represented by issues relating to social harmony and references to refugee participation in the host society. Though, in terms of GBV help-seeking, the interviews did not highlight social bridges (referring to the host community’s relation) as the immediate source of help. South Sudanese refugees also maintain friendships and establish interactions with Ugandans and people. Most refugees in Uganda live in settlement camps, separate from the host community, but others are integrated into the host community, like in Kampala. The sensitivity of sharing GBV stories demands an established level of trust between the survivor and the network. Between people from the refugee settlement and the host community, the refugee survivor is more likely to seek help from the former based on the trust built by a common refugee experience developed over time. This is deepened by the fact that GBV in the form of humiliation and exploitation is perpetrated by non-refugee actors coming in and out of the settlement.

Trust is equally vital in reaching out to their social linkages. According to Porter (2016: 170) women were aware of their own human rights and felt they were entitled to have them recognised, but NGOs had largely not made their services accessible or communicated their services in ways that were obviously relevant to women’s challenges. This doubt on the relevance and competence of service providers to address their needs impacts the utilisation of services, even if available. The selection of GBV service providers includes the consideration for trust and accessibility – perhaps in such order of priorities. The established social relations contribute to the trust between the GBV survivor and their social network. In the refugee settlement, trust has been firmly built on the shared experience of living in displacement. People living in the same refugee settlement are an informal source of help-seeking for GBV cases. Despite this advantage, it is essential to acknowledge that the other refugees in the settlement may not have sufficient resources to realise help-seeking fully. For example, medical and psychosocial assistance to address DV or rape may not be readily available in every refugee settlement. Thus, reaching out to trusted external service providers is also imperative.

Conclusions

For people already suffering from the cascading challenges of (protracted) displacement, GBV remains a deep-rooted crisis. GBV survivors suffer the multidimensional ramifications of such perpetuated violence (including physical, psychological and economic violence) in the most personal way. Yet, certain conditions make help-seeking support difficult or inaccessible because of the surrounding actors. This makes GBV a personal crisis as it is a social dilemma. The refugee survivors’ networks from within the settlement and outside are the likely pathways to help-seeking; thus, their understanding of the violence and the crisis can have a pivotal influence on the help-seeking process.
Networks, norms and trust are the interrelated elements of social capital rooted in the interaction and engagement of the GBV survivor and their surrounding networks. The rich connection to local and external service providers, the socially recognised and accepted criminality of GBV, and established trust between the survivor and the help providers can enable progress in the help-seeking process. However, the same network can discourage further help-seeking, with certain accepted norms that normalise the violence and the absence of sufficient resources from accessible networks. The lack of trust may also create social barriers to future help-seeking. The absence of adequate women refugee settlement involved in GBV help-seeking. Therefore, it is also essential to emphasise that GBV for displaced people continues to be a more significant predicament for women refugees. Hence, it is necessary to consider solutions not just to aid women in getting help but also to provide equitable and safe channels to access this help. Beyond demanding more women in leadership roles in the community, there is also value in strengthening the help-seeking network among refugee women. Material resources are mainly depleted through frequent use, but social capital multiplies from increased interactions. And thus, the presence of more women refugees engaged in GBV awareness can encourage better help-seeking. By enriching the local knowledge on GBV and providing adequate help-seeking resources, it acknowledges the social actors in the settlement as active partners in realising the GBV help-seeking process. It also enhances the trust among the various actors in and out of the refugee settlement involved in GBV help-seeking.

Coleman (1988) pointed out the connection between human capital and social capital by stressing that social capital is less tangible, yet it exists in the relations among persons. Whether this social capital is from the settlement or the host community and humanitarian agencies, these established networks of trust do not just contribute to help-seeking but can eventually curtail violence in all forms. The paper closes with this interview excerpt on the value of collectively addressing GBV, especially in the context of displacement, involving social actors not just from different spheres of engagement but from all genders as well:

GBV is a very pertinent issue. It is not individual; it is a community problem that requires collective efforts. Where everybody is accountable, everybody wins. Men and boys’ encouragement will help us prevent the scourge of SGBV because they are the majority of the perpetrators. So let us involve men and boys to play key roles in homes and communities to reduce SGBV. (Woman Service Provider in Kampala, 15 January 2019)

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Notes

1 Studies confirmed that while GBV mostly happens to women, it also happens to men, even in conflict-affected settings. See Dolan (2014).

2 As of 31 December 2020, the Internal Displacement Monitoring Centre (IDMC) recorded 1,436,000 IDPs from conflict and violence (www.internal-displacement.org/countries/south-sudan (accessed 5 August 2021)). On the other hand, refugees and asylum seekers from South Sudan totalled 2,255,277 based on UNHCR Refugee Situations Operations Data Portal information (https://data2.unhcr.org/en/situations/southsudan (accessed 5 August 2021)).

3 Between July and October 2018, there was a 351,199 decrease in recorded refugees in Uganda. However, it has since escalated again and currently the country has 1,499,562 refugees (as of July 2021). South Sudanese refugees make up 924,835 of these, accounting for 61.7 per cent of the refugees and asylum seekers in the country (https://data2.unhcr.org/en/situations/southsudan, accessed 1 September 2021).
5 This paper consistently uses ‘GBV refugee survivors’ when referring to individuals or groups who have suffered sexual and gender-based violence in conflict-affected displacement. The author prefers ‘survivors’ to ‘victims’ to acknowledge individual or group strength and resilience (see UNCHR, 2003).
6 See UNHCR (2020).
8 The questionnaire was approved by JICA-RI for Ethical Consideration. In addition, interviewers underwent a proper briefing observing the ‘WHO Ethical and Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies’ (WHO, 2007).
9 The questionnaires explored the knowledge and experiences of providing GBV help-seekers assistance and support, along with the acknowledged barriers in the GBV help-seeking process held by the refugee leaders and service providers.
10 See Kawaguchi (2019).

**Works Cited**


