**Chapter 5**

**Vulnerability and Resilience of Refugee Women and Children**

**H. Mwenyango1 and G. Palattiyil2**

Abstract

*Although migration is often perceived as an immediate response to humanitarian crises, people affected by forced displacement face significant risks and vulnerability. Drawing on mixed-methods research findings from Uganda’s Nakivale Refugee Settlement, this chapter examines the conceptualisation of vulnerability in refugee spaces and provides possibilities for recovery through strengths and resilience perspectives. The findings illustrate the key physical threats, limited social networks and community support, economic difficulties and poverty, remoteness and isolation, and structural oppression. Although refugees adapt and live, their lives paint a complex picture of human rights violations, exclusion and discrimination. Refugee protection should therefore not stop at settling them in gazetted spaces. Instead, owing to social work’s commitment to social justice, human rights and empowerment, a strength-based and resilience perspective obliges that in addition to reducing risks, social work specialists must support vulnerable populations in sustainably managing emergent risks. Individual refugees and communities must be supported in building resilience by removing obstacles to personal development and access to resources. Increased access to safe spaces for recreation, psychosocial and vocational training might empower vulnerable groups and expand their social networks. We propose rights-based advocacy, community awareness and advocacy for structural reforms to reduce vulnerability, oppression and social exclusion.*

**Keywords**: Migration, Refugees, Vulnerability, Resilience, Strengths-based approaches, Social Work, Women and Children, Rights

1. **Introduction**

Migration has been described as a continual and influential feature in human history (Koser, 2007). Uganda has featured prominently in this continuum as conflict and violence in the bordering countries have caused an unrestrained exodus of refugees into the country. Migratory processes (relocation, settlement and integration) generate difficult periods of transition, adaptation and cultural transformation (Valtonen, 2008). Women and children face multiple risks and vulnerabilities during these processes (International Organisation for Migration, 2017). Research relates this to a lack of/no access to personal and social resources (families, communities, statutory provisions, specific services and relevant laws) (Fineman, 2017). Globally, studies have conceptualised vulnerability through the lens of gender-based discrimination and violence faced by female refugees and found experiences of extreme vulnerability with consequences ranging from mental disorders, reproductive health problems, unwanted pregnancies and sexually transmitted infections (Gallego et al, 2017; Karakosta & Riza, 2020). Available research in the area of refugee vulnerability in Uganda (Muhwezi, et al, 2011; Mulumba, 2011; Karunakara et al, 2004) is limited and it fails to capture the diversity and complexity of differential experiences of vulnerability among refugees. Describing vulnerability in the context of refugee settings is not only crucial for categorising situations wherein refugee women and children are vulnerable, but it also allows for early interventions and leads to effective protection (United Nations High Commissioner for Refugees (UNHCR) and IDC, 2016). This paper examines the physical, social, economic, structural and environmental vulnerabilities which continue to impact refugee women and children in settlements/camps. Firstly, we conceptualise forced migration and explore vulnerability theory. Then we present Uganda’s refugee policy and the research methods for this study. The third section presents the findings concerning the physical, social, economic, structural and environmental circumstances in the settlement[[1]](#footnote-1) which intensify the vulnerability of refugee women and children. The insights from these lead to reflections for future social work practice with refugees. We demonstrate a need for social workers to use a strength-based approach that enhances resilience in refugees that can enable them to manage or overcome these risks.

1. **Vulnerability, Resilience and Strengths in Spaces of Forced Migration**

The concept of vulnerability has diverse denotations depending on context. Papadopoulos (2010, p.25*)* describes it as:“the propensity to suffer damage or loss and to find it difficult to recover from it contingent on access to supportive and/or protective factors.” Humans are universally and constantly vulnerable due to continuous changes in physical, social and emotional well-being (Fineman, 2017). Understanding the dynamics that underlie vulnerability necessitates an examination of the social structures and institutions meant to offer resources for survival and thriving within society (Fineman, 2017). How does vulnerability theory capture the experiences of refugee women and children? Vulnerability during and after displacement centres on the loss of the original bonds and property, and distressing circumstances before the flight such as societal turmoil and interruption of formal services (Valtonen, 2008). Gallego et al, (2017) link refugee women’s vulnerability to physical violence, rape, economic exploitation, sexual harassment and poor health both during their journey and in refugee camps. Women and children are vulnerable due to severe deprivation of basic needs and income, gender-based sexual violence and compromised resilience and increased dependence on men for physical or economic security (Muhwezi, et al, 2011). Women particularly tend to prioritise their children; this intertwines with cultural barriers that restrict their ability to develop essential social networks or language skills and intermittent access to legal protection (Tastsoglou, et al, 2014; Koser, 2017). Likewise, migratory gender and generational tensions affect children such as increased violence against girls (Koser, 2017). Refugee children may also be vulnerable to stress and trauma due to the loss of familiar lifestyles.

Strengthening resilience decisively protects refugees against vulnerability (Fineman, 2011). The strengths-based approach that recognises people’s strengths to cope with difficulties is valued in refugee interventions. It nurtures individual strengths, capabilities and key developmental support and opportunities to positively transform lives (Jalala et al, 2020; Department of Health and Social Care, 2019). Resilience and strengths can also be accumulated through access to physical, human, social, environmental and existential resources. Physical resources improve welfare, human resources contribute to personal development, social resources provide belonging and community, environmental resources convey people’s positions relative to their social context and existential resources relate to faith (Fineman, 2017).

1. **Uganda’s Refugee Policy**

Unlike other countries that are punitive toward refugee claimants (Tastsoglou, et al, 2014), Uganda is considered favourable because of its open-door policy which also allows refugees to enjoy the rights of citizens (OPM, 2017). Currently hosting 1.4 million refugees and asylum seekers, the country has the largest population of refugees in Africa and the third-largest in the world after Turkey and Pakistan (Mwenyango and Palattiyil, 2019). The **refugees** come from neighbouring countries such as the Democratic Republic of Congo (DRC), South Sudan, Rwanda, Burundi, Ethiopia, Sudan, Eritrea, and Somalia and are settled in the West Nile, Northern, and Western regions (Mwenyango and Palattiyil, 2019). A majority (82 percent) of the refugee population are women and children (World Bank, 2019). Refugees are placed in demarcated locations including, Nakivale, Kyaka II, Oruchinga, Kyangwali, Kiryandongo, Paralonya, Rhino Camp, Imvepi, Madi Okolllo, Maaji and the integrated camps of Adjumani (Mwenyango and Palattiyil, 2019; OPM, 2015). The rights of refugees in Uganda are also protected under the Refugee Act (2006), which is an adaptation of the 1951 Convention. The specific rights of refugee children and women are covered under articles 32 and 33 of the same Act, respectively. For example, in addition to the protection of their economic, social, cultural, and civil rights, affirmative action is suggested to protect refugee women from gender discriminatory practices. Refugee children are accorded the same treatment as national children and are entitled to full rights and freedoms as defined in the Convention of the Rights of Children. The OPM coordinates refugee response and management activities under Schedule 3 of the Constitution of the Republic of Uganda. Under a tripartite agreement (UNHCR, IPs and OPs), the government’s Office of the Prime minister provides services to refugees.

1. **Methods**

This chapter is based on research carried out in Uganda’s Nakivale Refugee Settlement and forms part of a larger study on the health needs and services for refugee women and children in Uganda’s settlements. The study adopted a mixed-methods approach, and data collection fieldwork took place from August to December 2017. Although Uganda currently has several active refugee settlements, NRS provided an ideal study site as it provided a rich mix of the processes of people, programmes, interactions, and structures of interest (Marshall and Rossman, 2006). One of the oldest refugee settlements in Uganda and the 8th largest in the world, NRS covers 185 square kilometres. Therefore, compared to other refugee settlements in the country, this site has a good representation of the refugees (in terms of ethnicity) in the country which was important since this ensured participation from a diversity of respondents.

The study followed the normal ethical principles of informed consent, confidentiality, voluntary participation, and every effort was made to anonymise data. Before starting fieldwork, ethical approval was secured from the Ethics Committee of the University of Edinburgh’s School of Social and Political Science, Uganda’s Office of the Prime Minister Department for Refugees, Makerere University and the Uganda National Council for Science and Technology (UNCST). During data collection, women’s stories were difficult for them to narrate, because it meant retelling and revisiting their painful experiences. Although they were not obliged to answer questions that they felt uncomfortable about, there were a few occasions where refugee women felt completely overtaken by their emotions and became inconsolable. We frequently paused interviews and only restarted when the women felt that they would be able to continue. Debriefing was an integral part of the interviews and we made sure that those requiring follow-ups were referred to appropriate agencies for assistance at the end of the interviews.

***4.1 The Survey***

Between 1992 to 2017, 19,126 adult refugee women had sought refuge in Uganda, from whom a sample of refugee women was drawn. The sample was based on Krejcie and Morgan’s (1970), table for determining samples. Using a structured questionnaire and employing two trained research assistants, we surveyed 377(mean age= 33.9, standard deviation=11.6 years) refugee women. The sample had nearly the same number of residents from each zone. More than half of the participants comprised of refugee women from Congo (55.2%) whereas 41.4% were Rwandese and Burundians. Refugee women of other nationalities (Somalis, Tanzanians, and Eritreans) formed a small portion (3.5%). Most (61.2%) of the women were married, some (20.1%) **were** single and only (18.7%) were either separated or widowed. Moreover, 6.1% indicated not having ever given birth. A larger proportion (30.0%) of the women with children, had 6 or more children. Most women (58%) worked as peasants. The children's vulnerabilities were assessed from the point of view of women and men.

***4.2 In-depth Interviews***

We held in-depth interviews with 31 refugee women, 6 men and 32 key informants (N=69). Fifteen out of these key informants were **women**, and seventeen were **men**. The sample **size** for each category was **determined** by a process of theoretical saturation, that is, when no new qualitative data **was** emerging (Corbin and Strauss, 2008). Refugee women were purposively selected based on their descriptive characteristics from the survey. The **men** participants were located using convenience sampling. The key informants were decided based on awareness about the topic of refugees. They included staff from the Office of the Prime Minister (OPM), Implementing partners (IPs) and operating partners (OPs).

***4.3 Analysis***

Quantitative data was sorted, edited and coded, and entered for analysis using Statistical Package for the Social Sciences (SPSS Version 17.0). Qualitative data **was** analysed using a thematic approach and done in stages as proposed by Hycner (1985). It was transcribed verbatim and central themes were derived which were then contextualised to derive a deeper understanding of the phenomenon. The subsequent section presents the key themes from the data.

1. **Findings**

***5.1 Categorisation of vulnerability***

Based on the vulnerability framework adopted in this study, refugee women and children in NRS are vulnerable. However, some categories of women and children were more vulnerable than others. We found that widows, single mothers and children (unaccompanied, those born out of rape and children with disabilities) were extremely vulnerable. This is confirmed by a key informant statement: at the who said,

*They are so many women at risk, widows and single mothers. The children at risk are the child mothers and children born out of rape (Protection Officer/Counsellor, American Refugee Council (ARC).*

Single mothers managed both self-care and familial responsibilities which meant additional workload without men’s or external support. A significant percentage (44.0%) of women (n=341) stated that they were not living with their spouses. The women mentioned that their spouses had deserted them and married other women in the camp.

This reflects **a** vulnerability due to separation/divorce and short-term relationships among couples which also increased the burden of childcare for women. Women with children who entered new relationships found it challenging, for instance, most of these relationships failed to endure. Children faced an escalated risk of child neglect by their parents and abuse or exploitation by step-fathers. For example, one of the refugee women said:

*When I got married to this man, I had two children and then when I produced the third, this husband tried to kill one of them and gave him poison so when I realised that, I reported this case to Tutapona [organisation] and they tried to help but then after that, he persecuted me and wanted to have me killed. (Congolese woman, Juru).*

This reflects violence against women and children and it confirms the assertion that women’s issues directly impact children. Violence against women and children was also due to the absence of appropriate support and protection in the settlement. We will now review the factors that generally contribute to and maintain vulnerability among refugee women and children.

*5.1.1 Physical aspects*

Physical factors in this study denote resources that determine people’s present and future wellbeing such as housing, food and transportation. Qualitative findings indicate that reaching NRS usually brings about a deep sense of relief, especially from war and gunfire. While the uncertainties pertaining to war are mostly resolved, it is the beginning of a new stage in the course of their life cycle where the main question is related to their prospects and experiences of life in NRS. The living condition in the settlement is unpleasant, where for instance, many households survive on a single meal (65.8%) a day. This was also mentioned in several in-depth interviews, for instance, one woman said:

*The food we get is not enough, it is small and another thing, Somalis are mostly used to rice and spaghetti made from wheat flour. The maize is disturbing us a lot because we do not know how to eat it (Somali woman, Base camp).*

The statement not only indicates a shortage of food but also suggests that they receive food that is not appropriate to their socio-cultural diet. Besides the issues regarding nutritional requirements, 41% of the respondents had one-roomed huts which served as both sleeping and cooking space. The survey indicated that 91.5% of the participants were cooking inside their huts. Huts typically lack proper ventilation and the fuels they use for cooking (mainly firewood, 56.4%) generate fumes associated with respiratory tract infections and lung cancer. This threatens the health of all household members especially women (who prepare meals) and children (who are always at home with their mothers). According to UNHCR (2014), acute upper and lower respiratory infections are the leading causes of mortality among refugee populations worldwide (p.20). Tuberculosis also poses a serious health burden to refugees especially those in camps or settlements (Kimbrough et al., 2012).

The lack of access to safe drinking water also contributes to the poor quality of life among women and children in the settlement. An interview with a women leader confirmed this issue:

*The most problem we are facing here at Nakivale is that the water that we take is dirty. And sometimes it causes diseases/health problems like stomach aches, diarrhoea, typhoid (Refugee woman leader, Base Camp).*

Water is important for sanitation and hygiene; however, the quality of water in NRS is not safe for consumption when it is not treated or boiled. Most households in NRS (84.3%) secure water for household consumption from the taps which are established within the settlement and (15.4%) from boreholes, tanks, and open water sources such as lakes and wells. Despite this, more than half of the respondents (64.4%) admitted to using this water without boiling or distilling it, which exposes them to the risks of serious water-borne diseases and infections.

*5.1.2 Social disadvantages*

We describe social advantages as challenges resulting from existing social relationships or a lack of these relationships. In considering human vulnerability, Fineman (2017) asserts that individual humans cannot thrive or even survive without social relationships and institutions. Such connections provide us with a sense of belonging and community. The refugee women in this study experienced the loss of family members and relatives. One refugee woman said:

*They killed my son, they injured my daughter, which is recorded in my head. I am always seeing that (Somali woman, Base camp).*

A key consequence arising from the circumstances that push people out of their countries, their transit experiences and their lives in settlements is a loss of social capital (Dunn, 2016). In our study too, the refugee participants had limited social networks and support. The survey participants (65.5% (N=377) revealed that they lacked familial assistance. One refugee woman also said:

*Living here all alone with these children, I do not have a husband and there is no one helping me. So, I get difficulties and hard times (Congolese woman, Juru Camp).*

Likewise, others did not identify either their neighbours (50.1%) or the community (55.1%) as dependable or supportive. Another refugee participant reiterated this and said:

*I do not get any assistance from anywhere, and I do not have work… I started at American Refugee Council (ARC) in the year 2014 and they told me to wait for feedback but up to now there is no answer and then someone also told me, ‘your file got lost!’ (Somali woman, Base camp).*

Being deprived of necessary social networks denotes a lack of resources for emotional support, information and advice, or companionship and sometimes financial assistance (Massey, 1999). Social vulnerability in refugee situations is also intensified by a sense of not belonging, traumatic memories and experiences of dysfunctional family situations (Svenberg et al., 2009).

*5.1.3 Economic vulnerability*

Human vulnerability also exists due to inadequate access to human resources. Conceptualised as ‘human capital’ by Fineman, these contribute to individual development, permit participation in the market and the accumulation of income (2017, p.146). They are developed through education, training and awareness. Forced displacement has great implications for the economic and social status of refugee women and children due to a lack of income and necessary resources. Like previous studies, this research considers that poverty is the most significant factor influencing vulnerability for refugee women and children (e.g. Papadopoulos, 2010; Dunn, 2016). This was revealed in an interview with a refugee woman who said:

*We are poor, I do not have anything to eat…and money to use at home, that is the problem which we have. I also have many orphans (Congolese woman, Juru camp).*

Extreme poverty combined with massive numbers of dependants deprives refugee women of a decent level of living. As an alternative, they resort to precarious survival strategies such as commercial sex work, which aggravates their vulnerability as indicated in another interview:

 *Honestly, if I don’t sleep with men there is no way they [children] can eat, there is no way they can get health assistance- medical assistance, what to eat and everything they need. So, I sacrifice my life for their sake (Congolese woman from Juru).*

This is not surprising, as a shortage of formal employment, disruption of a group or individual livelihoods and loss of security are key facets of refugee lives (Adger, 2000). A significant percentage (58%) of refugee women in this study survived on subsistence farming on the small plots of land provided by the government, while others cultivated for local Ugandans who compensated them with food items. A recent investigation also found that 80 percent of refugees in Uganda live below the international poverty line of US$ 1.9 per day (UNHCR, 2019). Similarly, Allan (2014) reports that unemployment for Palestinian refugees in Lebanon led to extreme poverty which was four times greater than the native Lebanese. However, this is not to imply that the Ugandan host population is better-off **as** they also live in poverty which describes continued exploitation and conflict (National Population Council, 2018). For instance, in the Yumbe[[2]](#footnote-2) district, the host community considers themselves more vulnerable than refugees since they do not obtain any assistance from the government or humanitarian organizations (UNHCR, 2018). It has been reported that a lack of support for host communities generates tensions between host communities and refugees and intensifies their vulnerability (UNHCR, 2018).

*5.1.4 Structural factors*

Refugees are affected by the unreliable and unsustainable nature of assistance programmes. In NRS, refugees are dependent on the provision of assistance by the government and humanitarian organisations for meeting their basic needs such as food, medical care and personal items. Most of this was temporary which exacerbates refugee vulnerability.

Research shows that in protracted refugee situations, international support is reduced or suspended to focus on high-profile refugee crises where people are either fleeing or repatriating in large numbers (Omata, 2017). However, the worries and anxiety created by the reduction and suspension of assistance lead to uncertainty about survival. In other words, a lack of political commitment and humanitarian decision-making directly impact refugees’ lives.

The general service provision in the settlement is managed by several implementing partners (IPs) which include NGO partners for each sector. While this is necessary, close to half of the respondents (46.2%) reported complications in determining the roles of each provider. This along with communication challenges and the lack of clear channels to distribute information, impede refugee access to desired services. A related challenge concerned the duplication of services. This was specified by a social work academic who elaborated that,

*For example, when you are providing water and sanitation they always say that this is a lead agency in say WASH [water and sanitation hygiene] …but at the same time, you find that so many other organisations are providing similar services.*

Duplication causes misunderstandings for refugees and leads to the wastage of already insufficient resources. Further, NRS is one of the settlements under the resettlement programme of UNHCR; however, the ambiguity in its guidelines, such as screening and verification criteria led to confusion among the refugees that exacerbated their vulnerability. This research found that the desperate need for relocation to more developed countries is underpinned by efforts by parents to abuse their children–a way to show that their children continue to be at risk of abuse in the settlement. One key informant said:

*Those people who want to be taken outside for resettlement, you find some even tell lies, a person comes to ‘you’; that ‘they have defiled my daughter or they have raped me’ and in the due course…when ‘you’ are examining ‘you’ find a child is ok and is just scratched (Nurse, Nakivale Health Centre II).*

The key informants recalled that the resettlement programme considers women and children vulnerable and that countries where they are resettled (such as Sweden, Canada and the USA) readily accepted them. While identification of certain people as vulnerable might be necessary, attempts by refugees to increase their chances of being selected for resettlement include abusive behaviour towards children, and this has a significant impact on their growth and development.

*5.1.5 Environmental issues*

It is noted that the re-location of forced migrants is crucial in the construction of their vulnerability and exclusionary experiences (Papadopoulos, 2008; Stewart, 2005). As mentioned earlier, refugees in Uganda are placed in rural settlements to access material assistance from the government and humanitarian organisations. Large swathes of NRS is covered with hills and bushes, which is a risk factor as revealed by one participant:

*There is this valley from Nsangaano-this valley like when you are going from the camp to nationals [host community], you find there are some men who rape women. Others may be going to look for charcoal they are raped (Congolese woman, Base Camp).*

The remoteness of the settlement exacerbates their vulnerability as refugee women travel long and insecure distances in search of farm work or firewood to support their families (UNHCR, 2019; Mulumba, 2011; Papadopoulos; 2008). Allan’s (2014) research in Lebanon’s Shatila camp revealed similar safety issues as the camp was occupied with poorly constructed structures with reduced natural light leaving homes and walkways insecure for the residents. NRS residents also have minimal access to crucial services such as transportation, police, judicial services, and communication. A related Uganda country report indicated that female refugees do not report incidents **of** sexual and gender-based violence (SGBV) due to inaccessible and often inappropriate police services, especially the lack of female police officers (UNHCR, 2019). The location of refugees in isolated areas links to the exclusionary policies of host governments. Although settlements serve as central points for delivering assistance, states that keep refugees in remote places prevent them from resettling themselves permanently in major urban labour markets (Dunn, 2016).

1. **Discussion**

Although migration is often perceived as an attractive response to crises, it involves significant experiences of trauma for the most vulnerable. The findings illustrate how women and children continue to suffer physical, social, economic, structural and environmental vulnerabilities even after settlement. This section presents a further reflection on their experiences merged into four themes: the features of vulnerability, prospects and uncertainty, suppressed resilience, and institutional response and the role of social work.

***6.1 Features of vulnerability***

The descriptions of vulnerability in this study describe strong emotions of pain, loss and deprivation. Vulnerability is indicated in the loss of emotional security normally provided by family and the broader support system, disruptions in access to basic needs, poverty and being settled in remote and insecure areas. This is also indicative of a life which is disconnected from family, support networks and their previously predictable home environment. This is in keeping with the findings of Freedman (2019), who in her study of vulnerability amongst the refugee women and women seeking asylum in Greece and France, stated that many women arrived in Europe either without any male partner or with only their children. Likewise, women in this study too were single mothers and lacked social networks. With few social connections, their lives are marked by isolation and loneliness. Social isolation contributes to poor physical, emotional and mental health among refugees (UNHCR, 2019; Fassetta et al., 2016) and sets up a vicious circle leading to further isolation and discrimination (Papadopoulos, 2010; Fernandes and Miguel, 2009). However, this is not to imply that the existence of family and social connections is a complete assurance of protection. Although the family certainly serves as a safety net in refugee conditions, in some cases it is also a source of distress (Svenberg et al, 2009). Some studies (e.g. Svenberg et al, 2009; Fernandes and Miguel, 2009) including this research (description of the most vulnerable categories) indicate that male refugees desert women, leaving them with the sole responsibility of the children.

***6.2 Prospects and uncertainty***

The vulnerability theory indicates that refugees are susceptible even before they decide to move. Different factors lead to vulnerability and determine people’s capacity to resist, cope with and recover from it (WHO, 2019). The process of determining refugee vulnerability requires answering two critical questions: 1) to what threat are they vulnerable and 2) what exactly makes them vulnerable to that threat (Nugent et al. 2014). Firstly, the refugee label is assumed to provide prospects of international protection and opportunities. However, Stewart (2005) states that people inevitably become vulnerable from the time they are assigned new labels such as refugees. The physical, social, economic, environmental and structural concerns revealed in this research indicate that reduced potential for growth or transformation. For instance, in the West of Uganda, Isingiro district is one of the poorest districts in terms of access to social services and one would wonder why refugees are settled there. On the other hand, some opportunities such as refugee resettlement caused more trouble among refugees in NRS. While resettlement is considered as a special provision for international protection to meet the individual needs of refugees whose wellbeing and rights are at risk in the first country of asylum (UNHCR, 2011), refugees continuously strived for it. For instance, more than one-third (36.8%) of the respondents found this possibility appealing because they assumed that life in developed countries is comfortable. Secondly, camps are rightly seen as unproductive (Ikanda, 2018) and local integration was not a favoured option. Some studies also describe this as a resettlement syndrome citing that certain groups (particularly the Somalis) appear more inclined to chain migration (Papadopoulos, 2008). This leads to multiple and interacting vulnerabilities including connivance, self-inflicted and planned crimes.

Further, factors such as perceptions of rampant corruption and the alleged mismanagement of refugee resources[[3]](#footnote-3) at the office of the Prime Minister (National Planning Council, 2018) and the competence and integrity of the humanitarian workers contribute to the plight of refugees. The combination of these situations produce consequences for refugees including 1) increased vulnerability arising from the pressure for them to be identified as vulnerable and 2) depending on the criteria defining ‘vulnerable’, professional expertise and ethical conduct, vulnerable groups are either omitted or excluded because they are generally not considered as vulnerable. Previous research confirms that UNHCR’s erratic and imprecise selection criteria for resettlement prompt refugees to invent identities that correspond to privileged vulnerabilities (Ikanda, 2018). Moreover, such situations recount conflicting intentions between refugees and staff of agencies. As a result, refugees perceive staff of humanitarian organisations as being ‘detached’ and staff tend to perceive refugees as being greedy (Papadopoulos 2008).

***6.3 Suppressed resilience***

While nothing can entirely alleviate vulnerability, aspects of resilience such as personal agency, self-motivation, education or access to employment might be crucial to recovering from harm, setbacks and misfortunes (Fineman, 2017). Access to most of these is determined by the institutions that have power over those considered vulnerable. Data regarding lack of coordination, service duplication and limited concrete support reflect unresponsiveness in managing and responding to the priority needs of women and children. Dunn (2016, p. 773) states that humanitarian agencies operate in a chaotic and improvisational “adhocracy[[4]](#footnote-4)” which leads to a gap in addressing the issues of the general population to whom these interventions are addressed. This leads to delays and affects the referral pathway to services. Delays in support provision are associated with high levels of stress and result in poor mental health and anxiety (Fassetta and Quinn, 2018). Disordered interventions also cause maintenance of ‘victim identity by vulnerable populations (Papadopoulos, 2008). For example, UNHCR and IDC (2016) categorise women and children as vulnerable, however, it is not clear which individual circumstances and contextual determinants of vulnerability exist for other groups of people. Even if officials are required to follow screening tools, a range of factors might contribute to omissions and inaccuracies such as the inability to communicate, stigma and lack of trust to disclose certain experiences (UNHCR and IDC, 20I6). With this, refugees respond by preserving their accumulated experiences in exile to keep their vulnerability alive so that they can seek compassion instead of moving on or transforming their lives. Hence, vulnerability may then be perceived as a stable and enduring trait, further heightening hopelessness and risk of dependence. This disempowers refugees to take control of their destiny and exacerbates feelings of uncertainty about the future.

1. **Social Work Practice with Vulnerable Refugee Women and Children**

The data indicates the multiple and intersecting vulnerabilities (physical, social, economic, structural and environmental) in refugee women and children. We now consider implications of the strength and resilience perspective for social work practice amidst these vulnerabilities. Globally, social work works in solidarity with those who are disadvantaged to alleviate poverty, liberate the vulnerable and oppressed and promote social inclusion (IFSW and IASSW, 2014). First, social workers must conduct needs assessments to determine the priority areas and interventions for supporting refugee women and children to build resilience. The data can then guide the process of reducing obstacles to women and children’s development and access to resources or services. For instance, social workers must create awareness of negative attitudes towards women and cultural and social norms that cause family conflicts/breakdowns.

Recognising that poverty is the most significant factor influencing vulnerability for refugee women and children, social workers must use a strength perspective to promote access to economic resources through promoting the right to work and co-creation of solutions to women’s livelihoods. This calls for empowerment initiatives that involve building on existing strengths and where possible, trying to turn the weaknesses into strengths (Mwenyango 2021; Thompson and Thompson 2016). For instance, encouraging refugee women to participate in self-help and group income-generating activities might lessen poverty and help them to become self-reliant and overcome economic dependence on men or unreliable humanitarian assistance. Self-reliance may in turn sustain their women’s resilience and enable them to extend their social networks.

Through a multi-sectoral approach, social workers may also advocate for comprehensive programmes that address the physical, social, economic, social-cultural and environmental concerns. Berends, (2017) provides specific examples of comprehensive humanitarian assistance programmes through which support workers can respond to the complex refugee concerns such as creation of child-friendly spaces, youth empowerment programme centres, and safe spaces for women and girls. These initiatives ensure effective and sensitive service delivery such as safe spaces where women and children can engage in recreational, psychosocial and vocational training and empowerment to build life skills and self-confidence to plan to meet their needs.

Given the commitment of the profession to human rights and social justice, social workers are particularly concerned with refugee vulnerability and are competent agents for social inclusion and social change. In the context of the various discourses of vulnerability presented earlier, social workers might engage in performing rights-based advocacy and provide access to Useful information (Bukuluki et al, 2020; Mwenyango, 2021).For instance, social workers must provide leadership and coordination and ensure that women and children’s priorities are shared and ensure that services are rationalised by establishing common standards.

A strengths-based approach explores a holistic picture of the individual’s life and highlights the significance of social networks and relationships (Department of Health and Social Care (2019). To increase social resilience, social workers must support refugee women and children to build networks with others from comparable regions or cultural backgrounds, enhance support from refugee leaders and strengthen family relationships. We agree with Fineman (2017) and Adger (2000) that resilience has greater meaning when referring to both individuals and the wider context of the community. The findings illustrated social disadvantages particularly lack of social support from family and neighbours. This demonstrates a stronger need that goes beyond the mere provision of humanitarian services to innovations that are directed at improving interpersonal and intrapersonal relationships. For instance, community enclaves and connections (such as national and religious networks) can improve social bonds and bridges and offer opportunities for identifying most at-risk groups, problems as well as resources for strengthening resilience.

Social workers must improve social links between refugees and government and non-government structures/ institutions. They are also able to improve challenge and change those structural conditions that contribute to vulnerability, marginalisation, social exclusion and oppression. Although they are sometimes part of the structures which oppress refugees (Payne,1997), social workers are skilled to challenge the chaotic procedures that create delays and duplication of assistance in service delivery systems. Cognisant of the environmental restraints, social workers might, as part of inter-professional teams (employed by government and humanitarian organisations), advocate for structural reforms and policy interventions that streamline assistance provisions services for refugee women and children irrespective of where they choose to live (both within and outside settlements).

A strength-based and resilience perspective perceives the role of the professional as not only directed at reducing risks but also to support individuals in managing risks (The Department of Health and Social Care (2019). Earlier we looked at uncertainties that created imprecise resettlement procedures and international protection. Through consciousness-raising, social workers might increase refugee women and children’s awareness of their rights which might improve their resilience. This necessitates credibility, rapport and sensitivity of the service providers (Segal, 2011). For instance, it appears that women connive to inflict harm on their children to maintain victim identity to secure resettlement because they are ignorant of the procedures and processes. Further, there is also a seeming distrust of service providers. Outreach activities by social workers would enhance community awareness of available support/ services and identify those who are most in need. However, to realise this, practitioners must show cultural competency and be conscious of other barriers which affect professional relationships such as communication/language, cultural privacy and general mistrust of authority by vulnerable groups.

1. **Conclusion**

This chapter has analysed the physical, social, economic, structural and environmental vulnerabilities faced by refugee women and children after being hosted in settlements/camps. Their continued vulnerability reflects that merely settling them in a particular location does not automatically improve their lives. Although they can adapt and live, there is a need to use the strength-based approach to build their resilience. We have also shown that social work has a role in effecting change, empowerment and liberation of vulnerable refugees. This research contributes to an understanding of the factors underpinning the vulnerability of refugee women and children which is an important component in the design of state responses and humanitarian interventions to facilitate recovery from suffering and towards strengthening resilience. We recommend a strength-based and resilience approach that calls for interventions that shift from a mere focus on vulnerabilities and mitigating risks, to an emphasis on nurturing strengths, capabilities and resources. Refugee resilience can be enhanced by focusing on individuals and environmental factors.

The Chapter has provided a conceptual and experiential understanding of vulnerabilities in refugee spaces. In modern times, various influences such as conflict, poverty, inequality, social exclusion, globalisation, climate change and pandemics including the global coronavirus disease (COVID-19) aggravate contextual and relational vulnerability. Cognisant of these, the vulnerability theory applied in this research could be extrapolated in other contexts of vulnerability to identify and understand factors that put individuals, groups and communities (refugees and other disadvantaged populations) at risk and which reduce their ability to recover and thrive. We explored underlying situations that characterise vulnerability and provided insights into preventing, managing and overcoming these controversies. Social workers in changing contexts must be ready to assess, negotiate and implement policies, programmes and interventions aimed at nurturing resilience to achieve growth and transformation of vulnerable groups.

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1. The preferred term to refer to the place where refugees are hosted is camps, but in Uganda and perhaps other countries too, we use the term settlement, p.2. [↑](#footnote-ref-1)
2. This is another refugee hosting district in Uganda, p. 8. [↑](#footnote-ref-2)
3. See NTV story titled: OPM Commissioner Apollo Kazungu forced out over refugee scam

https://www.youtube.com/watch?v=1IuHR0rCiqs&ab\_channel=NTVUganda

Daily Monitor Thursday 01 March 2018.Government orders reshuffle of refugee department as Kazungu is interdicted at: https://www.monitor.co.ug/News/National/Gov-t-orders-reshuffle-refugee-Kazungu-interdicted-UNHCR/688334-4324050-15kd9cw/index.html?utm\_source=newzmate&utm\_medium=email&utm\_campaign=2326], p.15.

 [↑](#footnote-ref-3)
4. Dunn (2016, p.773) states that when there are many organisations responding to one crisis, they do not coordinate their efforts with one another. For example, they can conduct identical surveys, deliver the

same goods to easy-to-reach camps but will not deliver other urgently needed supplies and will overlook people who are more distant but equally in need, p.14. [↑](#footnote-ref-4)