



Norwegian University
of Life Sciences

Master's Thesis 2020 **30 ECTS**
Department of Noragric, International Development Studies

Follow-up procedures of Congolese gender-based violence victims resettled in Norway:

Pernille Sol Langseth Orlie
International Development Studies

The Department of International Environment and Development Studies, Noragric, is the international gateway for the Norwegian University of Life Sciences (UMB). Eight departments, associated research institutions and the Norwegian College of Veterinary Medicine in Oslo. Established in 1986, Noragric's contribution to international development lies in the interface between research, education (Bachelor, Master and PhD programmes) and assignments. The Noragric Master thesis are the final thesis submitted by students in order to fulfil the requirements under the Noragric Master programme "International Environmental Studies", "Development Studies" and "International Relations". The findings in this thesis do not necessarily reflect the views of Noragric. Extracts from this publication may only be reproduced after prior consultation with the author and on condition that the source is indicated. For rights of reproduction or translation contact Noragric.

© Pernille Sol Langseth Orlien, August 2020

pernille.orlien@gmail.com

Noragric

Department of International Environment and Development Studies

P.O. Box 5003

N-1432 Ås

Norway

Tel.: +47 64 96 52 00

Internet: <http://www.umb.no/noragric>

Declaration

I, Pernille Sol Langseth Orlien, declare that this thesis is a result of my research investigations and findings. Sources of information other than my own have been acknowledged and a reference list has been appended. This work has not been previously submitted to any other university for award of any type of academic degree.

Signature.....

Date.....

Acknowledgment

This thesis is the final product of my two-year master study in International Development Studies, in the Department of International Environment and Development Studies (Noragric) at the Norwegian University of Life Sciences (NMBU). While it has been a challenging process, it has also been extremely interesting and rewarding.

First of all, I would like to thank my supervisor, Shai A. Divon, for his comments and guidance during the process of writing this master thesis. Your support and patience has been essential to the thesis.

I would also like to thank all the municipalities and participants who dedicated their time and knowledge in this process. This thesis would not have been possible without their contribution, and I am so grateful for their assistance.

A special thanks goes out to friends and family for the endless support and words of encouragement throughout this entire master's program and thesis writing, for which I am utterly appreciative.

Abstract

‘Follow-up procedures of Congolese gender-based violence victims resettled in Norway’ explores the process of acquiring medical and psychological care for resettlement refugees during the resettlement process in Norway. The primary data is collected through qualitative interviews with individuals of various backgrounds within the work of resettlement- and integration process, and is therefore reflective of their perceptions of the process. The findings are further supported by secondary data which is considered relevant to the topic of gender-based violence in conflicts and the resettlement process.

The thesis will argue that although medical and psychological care is available to the resettlement refugees, the current system of acquiring such help might be considered a hindrance for psychological care, which impacts the women well-being. Further, it has the potential to affect their ability of participation and social integration in the host community. The concepts of gender-based violence, intercultural communication and psychological care of trauma are perceived as essential to understand the consequences of gender-based violence and its impact on the resettlement process in a host country.

Key Words: Gender-based violence, resettlement refugees, resettlement process, the DRC, Norway, medical and psychological follow-up procedures.

List of Acronyms

CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CERF	UN's Central Emergency Response Fund
DRC	The Democratic Republic of the Congo
DPS	District Psychiatric Outpatient Services
FHI	Norwegian Institute of Public Health
GBV	Gender-based violence
GII	Gender Inequality Index
GP	General practitioner
HDI	Human Development Index
ICC	International Criminal Court
ICDP	International Child Development Programme
IOM	International Organization for Migration
IMDi	Directorate of Integration and Diversity
MONUSCO	The United Nations Organization Stabilization Mission in the DRC
NRC	Norwegian Refugee Council
NGO	Non-Governmental organization
NKTVS	Norwegian Centre for Violence and Traumatic Stress Studies
OHCHR	Office of the UN High Commissioner for Human Rights
OPM	Ugandan Office of the Prime Minister
PTSD	Post-Traumatic Stress Disorder
REGA	Regional Emergency GBV Advisors
RVTS	Regional centre on violence, traumatic stress and suicide prevention
SGBV	Sexual and gender-based violence
SRS	Self-reliance strategy
UDI	Norwegian Directorate of Immigration
UN	United Nations
UNDP	United National Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

TABLE OF CONTENT

DECLARATION.....II

ACKNOWLEDGMENT III

ABSTRACT..... IV

LIST OF ACRONYMS V

CHAPTER ONE..... 1

1. INTRODUCTION..... 1

 1.1 *Limitations of the thesis* 2

 1.2 *Research Question* 5

 1.3 *Sub-objectives* 6

 1.4 *Definitions* 6

 1.5 *Structure of thesis*..... 8

CHAPTER TWO 8

2. BACKGROUND 8

 2.1. *The Democratic Republic of the Congo (DRC)*..... 9

 2.1.1 History of war and conflicts in the DRC 11

 2.1.2 State structure and political environment..... 12

 2.2. *Refugee settlements in Uganda*..... 14

 2.2.1. Nakivale refugee settlement 16

 2.3. *Municipalities in Norway*..... 17

CHAPTER THREE 19

3. THEORETICAL BACKGROUND 19

 3.1. *Gender-based violence (GBV)* 19

 3.1.1 Medical and psychological care in Norway 23

 3.2. *Resettlement process* 26

 3.2.1 Social integration in host country 29

 3.2.2 Promoting social integration..... 30

 3.2.3 Practical aspects of resettlement..... 32

 3.3 *Human rights*..... 33

 3.3.1 Human rights in the DRC 34

 3.4 *Discrimination against women*..... 35

3.5 Gender and development.....	37
3.6 Patriarchal ideology.....	38
3.7 Hegemonic Masculinity.....	40
CHAPTER FOUR.....	41
4. METHODS AND DATA.....	41
4.1 Sampling approach.....	42
4.1.1 Sources and data.....	43
4.2.1 Participants.....	44
4.1.3 Qualitative interviews.....	45
4.2 Data analysis.....	45
4.3 Advantages and limitations.....	46
4.3.1. Representativeness.....	47
4.4 Ethical considerations.....	48
4.5 Study context.....	49
CHAPTER FIVE.....	49
5. FINDINGS.....	49
5.1 Personal records.....	50
5.2 Medical care.....	51
5.3 Psychological care.....	52
5.3.1 Education as a tool of proactive measures.....	53
5.3.2. Person-dependent system.....	54
5.3.3 Consequences of inadequate care.....	55
5.3.4 Use of professional interpreters.....	56
5.4. Expectations during resettlement.....	58
5.5. Transition to high-technological society.....	60
CHAPTER SIX.....	61
6. DISCUSSION.....	61
6.1 Approaches to address GBV in Norway.....	61
6.1.1 Mobilizing funds to combat GBV.....	63
6.2 Main challenges affecting psychological care for resettlement refugees.....	64
6.2.1 Person-dependent practice.....	64
6.2.2 Lack of identification measures.....	65

6.3 <i>Psychological care impact on mental well-being</i>	66
6.3.1 Impact on social integration	67
6.4 <i>Intercultural communication</i>	68
6.5 <i>Limitations and future research</i>	70
CHAPTER SEVEN	71
7. CONCLUSION	71
REFERENCES	73

Chapter One

1. Introduction

Gender-based violence is a concept which is often aggravated during violent conflicts, such as the case in the Democratic Republic of the Congo (DRC). Over the years, it has been revealed that women and girls are continuously disproportionately affected by violence conflicts as casualties of war (Storkey, 2018). This is particularly visible in the eastern provinces of the DRC¹, where civilians are subjected to ceaseless wars, conflicts and daily insurgencies. Services such as healthcare, psychological care, social protection and legal systems are scarce, which diminish the hope for improvements of the current situation.

There are many variables that contributes to this disproportionate occurrence, one of which is how women are used as a deliberate strategy of war. Whereas the pre-existing patriarchal norms are often amplified in the conflict area, the perpetrators are also aware of how such crimes does not simply affect the victims themselves, but rather the families and local communities as a whole. Gender-based violence is therefore a systematic action which echoes across generations, seeing how it leads to the destructions of social structures (Bradley, 2013). In addition to how the crimes have serious physical consequences for the victims, the women also risk rejection and isolation from families and communities if the assaults were to surface. This is a direct result of the social stigma and fear of retaliation connected to the topic (IAGCI, 2018).

¹ This particularly includes eastern provinces such as North- and South Kivu, Ituri, Kasai, Haute-Katanga. Although various forms of gender-based violence is present throughout the country, independent of the conflict areas.

Women represent around eighty percent of all refugees and displaced people around the world (Storkey, 2018). This occurrence is related to the traditional care-taking roles they have in the local communities, and the lack of social protection while they are targeted during attacks. The women are therefore exposed to assaults while performing tasks such as collecting water or firewood for cooking purposes. In an already vulnerable position, the situation of displacement tends to leave the vulnerable more vulnerable (Storkey, 2018).

The regional instability and lack of social protection provokes high internal displacement and forced migration to neighboring countries. This introduces another context in which women are exposed to gender-based violence, and lack of adequate care. Although local non-governmental organizations (NGO) and international agencies provide treatments of the survivors of gender-based violence, the social stigma and temporary health facilities at refugee settlements introduces challenges to improve the current situation. The lack of adequate medical and psychological care following such extreme forms of gender-based violence and the trauma it causes, represents a world-wide issue which needs to be addressed.

1.1 Limitations of the thesis

While I was writing this thesis, COVID-19 caused limitations to the original research design I had initially planned. This has created a gap between the background information provided in Chapter 2 and the actual outcome of the research. The changes that were made are considered direct results of the shutdown of national organizations, agencies, and international borders. These occurrences and their impact will be discussed in the upcoming section. The original background information in the thesis is kept, however, because I still believe the provided information and findings are relevant to this particular group due to their recent resettlement and the amplified occurrence of gender-based violence as a result of the ongoing conflict in

the region. The information will hopefully be of relevance to municipalities and contact persons who work with this group of resettlement refugees.

Adult Education Centres

As of March 13, 2020, all national adult education centers were closed as a direct result of COVID-19. The students of the Introduction Programme therefore attended online lectures and received additional homework electronically. For many of the refugees, this development was both physically- and mentally demanding. Students with children and families had additional responsibility as a result of this considering how kindergartens, schools and universities were also shut down. Establishing contact with resettlement refugees in the target group became difficult as a result of this.

While some of the adult education centers partially re-opened on May 18, 2020 – it happened with restrictions in regard to physical contact and capacity of the centers, imposed by The Norwegian Institute of Public Health (FHI). This maintained the difficult life situation for many refugees. The difficulties in terms of establishing contact with the target group continued despite the partial re-opening.

Refugee Services

After May 13, 2020, some employees in the public sector were encouraged to work from home if possible, whereas others were reallocated to other agencies. The ones who remained responsibility at the refugee services were therefore . The employees were in a demanding position, which likely demanded them to prioritize other tasks than the inquiry I had sent regarding the master thesis. Although this is understandable in this unforeseen situation, the occurrence created challenges in establishing contact with the correct people for the thesis.

In a normal setting, these are the agencies in which I could get in contact with the resettlement refugees through. However, considering the demanding position they were in, this became challenging.

Trip to Uganda

In the beginning phase of the thesis, I was fortunate enough to be invited to join a trip to Uganda. This involved attending culture orientation for resettlement refugees in Mbarara, Uganda and a visit to the Nakivale refugee settlement. This trip was scheduled at the end of March, where I would join the IOM Team. However, this trip was postponed indefinitely as a result of the COVID-19 outbreak, and the potential quarantine upon our return. This trip would have provided beneficial insight in the resettlement process and the experiences of the resettlement refugees through qualitative interviews and observations.

I had also received an invitation to the IOM Integration Conference in May, 2020. This event was also cancelled as a result of the COVID-19 outbreak.

All of the mentioned turn of events put limitations and restrictions to the intended research design of the thesis. This required adaptation to the current restrictions of data collection, in which the participants of the study were changed. Although this is not the initial intention of the study, it became a necessary change for the completion of this thesis. The representativeness of the study can therefore be questioned, whether it can represent a larger sample unit.

Although the study does not include the experiences from the Congolese resettlement refugees themselves, the background information and theoretical framework is kept the same. This decision was made on the relevance of their recent arrival in Norway, and how this information is still useful for the people who are involved in the resettlement- and integration process. You will find that the findings include, but are not limited to, this particular group.

1.2 Research Question

In light of the increasing efforts to address the issue of gender-based violence, this study intends to explore the medical and psychological care the victims receive during the resettlement process in Norway. The thesis therefore seeks to understand the resettlement process, the follow-up procedures of medical and psychological care, and how this can ultimately affect the integration process in the receiving state. After analyzing the different aspects in their own entity, it will be discussed how they relate to each other and influence the overall well-being of the resettlement refugees. The thesis uses a qualitative research method to answer the following research question:

How is gender-based violence addressed during the resettlement process in Norway?

In light of the recent resettlement of Congolese resettlement refugees, the study will target workers in various municipalities to gain insight on their perceptions of the process. The research will be supported by three sub-objectives that are considered important for the overall understanding of the resettlement process, the medical and psychological follow-up of resettlement refugees, and its impact on the integration in the host country.

1.3 Sub-objectives

The objectives of the study will provide a deeper understanding of the resettlement process and the process of acquiring medical and psychological care for the resettlement refugees.

The thesis aims to explore the following sub-objectives, which will ultimately help answer the previously stated research question:

1. To what extent do the resettlement refugees receive adequate medical and psychological care after resettlement?
2. How do the follow-up procedures vary based on geographical location in Norway?
3. What role do the follow-up procedures play on the integration process in the selected municipalities in Norway?

Based on the existing literature provided on resettlement in Norway, there appears to be a limitation on the perceptions on the medical and psychological care resettlement refugees receive after their arrival in the host country. The thesis therefore aims to provide information on the process itself, in addition to the observations and perceptions on medical and psychological care for resettlement refugees. Considering how Norway was set to receive such a significant number of Congolese resettlement refugees out of the entire quota set for 2019, exploring the follow-up procedures of gender-based violence victims seems relevant. The research aims to shed light on the widespread issue of gender-based violence and the challenges it subsequently presents for the victims after resettlement in a host country.

1.4 Definitions

The following definitions have been used for the theoretical concepts which will be discussed throughout the thesis:

Gender Based Violence: “(...) violence that is directed at an individual based on his or her biological sex or gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life” (Women for Women, n.d.)

Violence Against Women: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life” (WHO, n.d.) (<https://www.who.int/reproductivehealth/topics/violence/en/>)

Discrimination Against Women: “Any distinction, exclusion or restriction made on the basis of sex and gender that has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, and on a basis of equality between women and men, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field” (EIGE, n.d.).

Resettlement Refugee: “(...) are usually people who are registered as refugees by the UNHCR, but who cannot be offered a permanent solution in the country they are currently in and who are therefore offered resettlement in a third country” (UDI, n.d.)

(<https://www.udi.no/en/word-definitions/resettlement-refugees/>)

Patriarchy: “A social system in which power is held by men, through cultural norms and customs that favors men and withhold opportunity from women” (Dictionary, n.d.)

Hegemonic Masculinity: “A social ascendancy achieved in a play of social forces that extends beyond contest of brute power into the organization of private life and cultural processes” (Connell, 1987).

Women’s Empowerment: “(...) the sum total of changes needed for a woman to realize her full human rights – the interplay of changes in agency, structure and relations” (Care, n.d.).

1.5 Structure of thesis

The following section will provide background information on the geographical areas majority of the Congolese resettlement refugees have been from the beginning of the resettlement process. This includes their home country of the Democratic Republic of the Congo, refugee settlements in Uganda and receiving municipalities in Norway. Although the primary research is not collected outside of Norway, the background information is considered relevant to the overall understanding of what the resettlement refugees have been through. This will be followed by the theoretical framework, which will provide an understanding of concepts such as gender-based violence, the resettlement process, human rights violations, and patriarchal ideology. These concepts are applicable to the resettlement refugees from this particular region. Chapter four will describe the chosen methods of collecting data and analysis, before chapter five will present the findings of the study. This will be followed by a discussion which compares the findings of the study, to the chosen research questions and objectives in light of the theoretical framework. The thesis will end with a conclusion of the study.

Chapter Two

2. Background

The following section will provide background information about the geographical locations where the resettlement refugees have lived for various amounts of time. This information is considered important for the overall comprehension of underlying factors and cultural values which will impact the resettlement- and integration process, in addition to the potential need for medical and psychological care once they arrive in the third country.

The geographical locations which will be further mentioned in the upcoming section are the Democratic Republic of the Congo, the Nakivale refugee settlement in Uganda, and receiving municipalities in Norway. The background information about the geographical locations is relevant to the resettlement process of the Congolese resettlement refugees, seeing how majority of the recently arrived resettlement refugees fled from the eastern provinces of the DRC and were based in the Nakivale refugee settlement before their arrival in Norway.

2.1. The Democratic Republic of the Congo (DRC)

The Democratic Republic of the Congo has a long history of complex wars and conflicts, dating back to the precolonial period. After centuries under the rule of various corrupt political leaders, it is possible to conclude that many of the existing conflicts are direct results of struggles with mass migration, corruption, weak governmental institutions, exploitation of natural resources, and land disputes. This is in addition to the political disagreements among rivalling armed groups, which cause daily insurgencies in the eastern provinces of the DRC. These various aspects affect the well-being in a negative manner and enhance social protection issues for civilians.

According to a regional report by the United National High Commissioner for Refugees (UNHCR), there are 572,038 refugees and asylum seekers in the DRC as of February 2020. Women and children represent majority of this group, with an outrageous eighty-two percent. In addition to this, there are over five million of internally displaced persons (IDP), and approximately 905,059 refugees who have fled to neighboring countries. 73.7 percent of refugees in the DRC live in rural areas, whereas 25 percent live inside refugee settlements, camps or other temporary solutions (UNHCR, 2020).

These statistics represent the current situation and daily challenges that are direct results of the ongoing conflicts in the region. Majority of the population face protection issues and consequently live in constant fear with no knowledge of what tomorrow might bring. To ensure the safety and dignity for the Congolese people, organizations such as UNHCR undertakes protection monitoring and analysis in displacement- and return areas. The collected data can furthermore be used for protection-oriented responses, which have the potential to improve the situation for civilians in the local communities along the eastern border. Such practices also have the ability to decrease the occurrence of gender-based violence and facilitate responses if the assaults were to happen. This will be done through measures such as sensitization and advocacy (UNHCR, n.d.).

Consequently, the civilian people voice growing frustration with the government and state officials as a result of the lack of transparency. When the people cannot trust the state officials or authorities, who are meant to protect them from harm, people tend to ultimately take actions into their own hands. This can be witnessed through the rise of opportunistic armed groups in the eastern provinces of the DRC, who voice their frustrations with both the president and national army for not solving the national poverty.

The suffering in the country can also be linked to the abundant natural resources which is found in the region. The richness in natural resources, minerals and agriculture has not proven to be a ticket out of despair, but rather the cause of mass killings, conflicts, gender-based violence and exploitation by any means necessary to promote individual economic growth. The performed violence by civilian people and armed groups to access the natural resources and local goods, is causing much frustration for the local people who simply wish to put an end to the continuous circle of exploitation and violence.

2.1.1 History of war and conflicts in the DRC

The root cause of conflicts can vary greatly with each individual case. However, it is often a consequence of either political, institutional, economic or social stresses – or a combination of multiple variables (Haug, R., 2019). Other potential factors which might contribute to arising conflicts are ethnic tension, religious competition, real or perceived discrimination, poor governance and state capacity, competition of land and natural resources, poverty, food insecurity, amongst others. Many of these factors can be witnessed in the DRC, either as root causes or contributing factors to the continuation of ongoing conflicts.

Although the DRC has been prone to exploitation and violent conflicts for many decades, the origins of the current conflicts in the eastern provinces can be traced back to the Rwandan genocide in 1994, and the massive refugee crisis that followed. When Hutu genocidaires fled into the DRC and formed armed groups, the opposing Tutsi and other rebel groups emerged as a result. With the Congolese government being unable to control the situation, the situation eventually escalated into a war.

In the period of 1998 and 2003, approximately three million people died in what is known as the Second Congo War. During this time, government forces who were supported by countries such as Angola, Namibia and Zimbabwe fought rebel groups supported by Rwanda and Uganda. Notwithstanding the peace deal which emerged in 2002, armed groups are still perpetrating violence against civilians in the region to this day (Council on Foreign Relations, 2020).

2.1.2 State structure and political environment

With a population of over 80,000 million people, majority of the Congolese live in rural areas whereas less than forty percent live in urban areas (World Bank, n.d.). The country has over 1,000 listed minerals and metals in various provinces, many of which are located in the eastern part of the country. Despite vast natural resources, the national poverty is high, and the DRC is ranked 179th out of the total 189 countries in the Human Development Index (HDI) (UNDP, 2019). The high level of poverty is a result of conflicts which started in the 1990s and led to a protracted economic slump, political instability, corruption, and rivalling rebel groups along the eastern border. The ranking in terms of HDI can further be supported by the low value in the Gender Inequality Index (GII), which was at 0.652 in 2017 for the DRC. According to the Human Development Report by the UNDP, these indicators highlight areas in need of policy intervention and aims to stimulate proactive thinking to overcome systematic disadvantages for women (UNDP, n.d.).

Although the DRC has had presidential elections since 2006, the elections have introduced additional situations of oppression and human rights violations. This happens through aspects such as voting irregularities, voter suppression and violence during the elections. During the last held election in 2018, more than one million Congolese were unable to vote when the voting was postponed in various opposition areas for several months. The lack of regulations and transparency during the presidential elections is a source of frustration among the locals, seeing how it represents another arena in which they must endure uncertainty and suppression (Human Rights Watch, 2019).

Consequently, the DRC is known for its weak governance and extractive institutions.

Transparency in the political systems of the DRC will allow for the accountability of political

leaders which is not present today. The lack of transparency therefore leads to the continuation of corruption, seeing how the perpetrators often do not face any consequences. The capital of the country, Kinshasa, is based along the Congo river to the west. The geographical distance between the government based in the province and the ongoing daily insurgencies by rebel groups along the eastern provinces presents issues with the control of the situation. Men have traditionally had the leading roles in the country, which includes decision making on war strategies and potential peace solutions. This reality ties back to the patriarchal ideology which is dominant in the country. The unequal participation in politics between men and women is also a topic of controversy, considering how the women represent the group who often suffer for these decisions. Despite the suffering, women often do not have a choice to voice their concerns due to the disproportionate participation in the public sphere for men and women.

Although the international community has taken an interest in the improvement of the situation in the DRC due to the many human rights violations, the gender inequality remains high. In fact, the Norwegian Refugee Council (NRC) rated the refugee situation in the DRC as the second most neglected situation of 2019² (Norwegian Refugee Council, 2020). The DRC has received substantial amounts of funding to improve this through various development projects, but the outcome will remain far from its potential without any structural change of its institutions. Political leaders and allied military leaders in the DRC have often reaped the goods of humanitarian assistance and exploitation of natural resources, which results in high inequality between the country's governing elite and the rest of the Congolese population. Following the colonial times under the rule of Belgium, several political leaders have gained power under the pretense that the conditions would be improved,

² Norwegian Refugee Council (2020) *Verdens mest neglisjerte flyktningkriser i 2019*, (NRC).

only to fall into the same patterns of corruption and dictatorship as previous leaders. The Congolese people has therefore experienced the optimism which follows with newly elected presidents, only to be descend into the same trajectory of injustice once again.

The people therefore voice growing concern, frustration and uncertainty with the government and state officials because of how there is a lack of transparency. When the people cannot trust the state officials and authorities who are meant to protect them from harm, people tend to ultimately take actions into their own hands. This can be witnessed through the rise of opportunistic armed groups in the eastern provinces of the DRC, who voice their frustration with the president and national army for not solving the national poverty levels they are continuously facing.

The suffering in the country can also be linked to the abundant natural resources which is found in the region. The richness in natural resources, minerals and agriculture has not proven to be their ticket out of despair, but rather the cause of mass killings, conflicts, gender-based violence and exploitation by any means necessary. The violence conducted by civilian people and armed groups to access the natural resourced and local goods, is causing much frustration for the local people who simply wish to put an end to the continuous circle of exploitation and violence that they are trapped in.

2.2. Refugee settlements in Uganda

Uganda has functioned as a host-country for refugees since the 1950s, much due to the political turmoil and violence in neighboring countries such as the DRC, Rwanda, Kenya, and Sudan. The situation, however, intensified after the Rwandan genocide in 1994, and the

escalated situations in the DRC and South Sudan. There are currently 409,882 Congolese refugees in Uganda (as of February 29, 2020), which makes Uganda the host-country with the highest number of Congolese refugees in camps located in various parts of the country. The refugees and asylum seekers in Uganda are settled in various of refugee settlements, which includes Adjumani, Kiryandongo, Kyaka II, Kyangwali, Nakivale, Oruchinga, Rhino, Rwamanja, and the capital city of Kampala (CIGI, 2015).

The settlements in Uganda differ from refugee settlements in other asylum countries, seeing how they are not generally fenced. The settlements contain villages, markets, churches, salons and offer computer access. The distinction between refugee camps and settlements has therefore surfaces, with the perception that the settlements offer more humane living conditions for the refugees. The settlements aim to provide the refugees with enabling environments and resources which encourages self-reliance and independence (CIGI, 2015). In this sense, the settlements can resemble other ordinary villages. This strategy will also lessen the transition from life in the settlement and life during resettlement in a third country.

In the settlements, refugees are given access to land where they are encourages to form from. This is intended to supplement the handouts they receive from humanitarian organizations. The policies in Uganda provide the refugees with rights to work and freedom of movement through its self-reliance model (SRS). The refugee policies in Uganda are considered to among the most progressive in the world for this exact reason. The self-reliance strategy has also become a focus for the UNHCR's comprehensive refugee response framework (CRRF) (A. Betts, 2019).

The provinces of North- and South Kivu, Ituri, Kasai and Haut-Katanga are experiencing high internal displacement and forced migration as a result of the armed groups in the region.

However, the increasing inflow of refugees is challenging the intended capacity levels and resources at the various settlements, seeing how they were initially implemented as emergency responses to the surrounding crisis.

One of the biggest weaknesses of the self-reliance model is the capacity issue, seeing how the refugees arriving in the settlements today have less access to land than previously as a result of the growing number of refugees. Compared to the eighty percent of refugees who arrival in settlements before 2012, only seventeen percent of refugees who arrived after 2012 have adequate access to land. In addition to reduced access to land, the quality of the available land is often of inadequate standards for the purpose of growing crops. Land scarcity is therefore a cause of land disputes among the refugees in the settlements (RCS, 2019).

Exceeding the intended capacity levels at these temporary emergency responses include several challenges, particularly sanitation levels and food supply. The health facilities are also restricted and can therefore only meet the basic health needs of the refugees. Although the refugees left the DRC due to high levels of violence, extreme poverty, corruption and lack of protection, they are not necessarily safe from these aspects at the settlements. The capacity issues at the refugee settlements introduce new areas of vulnerability for the refugees, particularly the young girls and women.

2.2.1. Nakivale refugee settlement

The Nakivale refugee settlement is located in the Isingiro district in south-western Uganda. It is administrated by the UNHCR and Ugandan Office of the Prime Minister (OPM), who are

responsible for the management, administration, registration and settlement of the refugees in addition to the security and coordination of deliveries. The closest town, Mbarara, is approximately 60 kilometers away. However, the settlement is busy and by no means isolated from the outside world. Businessmen visit regularly, while both refugees and Ugandan nationals' live side by side. This occurrence serves as an indicator of the multi-ethnic society the settlement has become since its establishment in 1958 as a transitional solution. In fact, with its 185 km², it resembles an ordinary African rural area (Bjørkhaug, 2017).

The most represented groups at the Nakivale settlement is Congolese refugees, which is probably connected to its geographical location near the eastern border. Despite the efforts to assist migrated refugees are perceived as temporary solutions, the protracted situations for the refugees are considered a norm (Ilcan, Oliver & Connoy, 2015). Considering how the settlement is permanently institutionalized, the coping strategies of livelihoods for the refugees is supported by the implemented self-reliance strategy.

In similarity to other settlements in Uganda, Nakivale has also adopted the self-reliance strategy. However, due to the increased flow of refugees, the previous hospitality to newcomers has now been replaced with competition for the available resources as they are rather scarce (Bagenda, Naggage & Smith, 2003; Sebba, 2006). With inadequate access to land for the refugees, Nakivale has become a place which allows for both income or loss of various degrees for the refugees and the host-population (JMHS, in progress, 2020).

2.3. Municipalities in Norway

The resettlement refugees arrive in Norway within six months after they have been granted entry into the country following the interviews with the Norwegian Directorate of

Immigration (UDI) and integration and Diversity Directorate (IMDi). Before the resettlement refugees enter the country, however, IMDi determines which municipality they will be resettled in. Generally, requests for resettlement is sent to municipalities with previous experience with refugees from that specific country. This decision is made on the basis that resettlement refugees have a higher need for follow-up compared to refugees who go through an asylum reception center. This requires the municipalities to sort out practical aspects such as living accommodation, coordinate with the program facilitators and establish an individual plan for the necessary follow-up for each specific resettlement refugee.

Many of the receiving municipalities contact International Organization for Migration (IOM) to carry out a culture orientation seminar before the arrival of the resettlement refugees. During this seminar, the municipalities learn about the history, culture, and conflict background of the refugees' home country. The seminar also provides information about cultural values, traditional behavior and preferred communication styles, in addition to challenges they might foresee in regard to the resettlement and integration process. The information provided during the seminars aims to prepare the receiving municipalities before the arrival of the resettlement refugees in the best way possible. The information will increase the knowledge of potential culture differences and any background information they should be aware of.

Depending on the background and experiences of the individual resettlement refugee in both the DRC and refugee settlements in Uganda, there will be various needs for follow-up upon their arrival in Norway. Considering the different cultures, traditions and behavioral norms in the DRC and Norway, it is not unlikely that the refugees might experience cultural shock in the beginning phase of resettlement. Although the transition to the Norwegian society is

perceived as a positive transition from the unstable situations in the DRC, the past experiences with lack of social protection, and male dominance might challenge the resettlement refugees' abilities to participate in public life in the receiving municipalities. The cultural differences might impact the transitioning stage of the resettlement process, which is why it is important to shed light on the process itself and the follow-up procedures.

Chapter Three

3. Theoretical background

Gender-based violence is one of the most challenging widespread issues of our time, where so many as thirty-five percent of women worldwide experience at least one form of gender-based violence at some point in their lives (UN Women, n.d.) To understand the challenges women from conflict-prone countries encounter after sexual assaults, it is necessary to understand how it relates to human rights, gender approaches and concepts such as patriarchal ideology and hegemonic masculinity. The thesis will argue that the follow-up procedures the women receive after experiencing gender-based violence will not only affect the medical and psychological health of women, but further impact the integration process in the third country. The thesis will therefore introduce concepts which are considered essential for the general understanding of the vulnerability women are exposed to in conflict contexts and the importance of the care they receive afterwards.

3.1. Gender-based violence (GBV)

In 2018, it was estimated that around 200,000 Congolese women were surviving rape victims and that approximately 50,000 children have been born as a result of rape (Storkey, 2018). In the same year alone, The United Nations Organization Stabilization Mission in the DRC (MONUSCO) documented 1,049 cases of sexual violence related to conflicts. This included

605 women (which accounts for 57.7 percent), 436 girls (41.5 percent), whereas eight cases were of men and boys (0.8 percent). Although these numbers are often unreliable due to the underreporting of such issues due to the social stigma, the numbers show the disproportionate vulnerability of girls and women in conflict-related sexual assaults (UN, 2019). However, it should be acknowledged that the issue of GBV pertains to boys and men as well. The disproportionate vulnerability and exposedness to sexual assaults are reasons behind the decision to specifically focus on the female side of GBV for the purpose of this thesis.

Girls who live in conflict zones are at risk for both recruitment and abduction by militia and rebel groups (IAGCI, 2018). These are situations which make them vulnerable to rape, sexual slavery, and forced marriage with the perpetrators. Although the number of recruitments dropped at a national level during the period of 2014-2018, majority of the recruitment occurred in the eastern provinces (such as North- and South Kivu, Haute-Katanga and Tanganyika). This occurrence is both related to and a reflection of the strengthening position of Mai-Mai groups³ in these provinces.

The girls are also strategically used at the front lines in conflicts under the perception that they can stop bullets through mystical means which prevent the enemy from shooting male soldiers. This perception might come from the belief that girls have supernatural powers related to their virginity and menstruation cycle. This perception reflects the regions' cultural awareness of purity and pollution (IAGCI, 2018). Educating the local population on topics such as menstruation can therefore prevent such beliefs, which does not reflect reality.

³ Community-based militia protecting their own territory

The social stigma connected to GBV in this region is also reflected when child soldiers return to their home villages after combats. The girls risk being rejected by their families and communities alike, as a result of the physical and sexual abuse they had to endure after the recruitment or abduction (IAGCI, 2018). This trend is of great concern to humanitarian activists who are involved in the process, considering how the ultimate goals of outside agencies and humanitarian activists are to ensure the release and safe return of the children. The consequences the children risk facing at home, has therefore been a cause of how child soldiers decide to re-join the militia groups due to lack of better options.

Many of the Congolese women who have been subjected to GBV, are forced to leave their local communities to prevent a lifetime of isolation, social rejection and discrimination. In the majority of instances, this decision will actually be made by the local communities on behalf of the women. This reflects the perceptions of GBV, seeing how the victims are labelled as outcasts and judged on the shame they have brought upon their families. Although to outside agencies identify the women solely as victims of sexual assaults, the blame is often put on them rather than the unidentifiable perpetrators. This situation also applies to children who are born as a result of rape. Although they are innocent and often unaware of the reasons behind such discrimination, the children risk facing harsh judgement during their upbringing by the local community.

This issue introduces yet another challenge the women need to face after the assault, which is the dilemma of whether the children should learn the truth about how they were conceived as a result of rape. There are no right or wrong approach during such sensitive situations, and the decisions will vary from one individual to another. However, all the women will ultimately make the tough decision on the alternative that will prevent the most psychological harm for

the children. Seeing how the children were not planned nor initially wanted by the women, the pregnancy and birth might lead to psychological stresses in addition to the physical consequences. However, some individuals might eventually become aware of the positives the child can contribute with, such as help and protection once they become older.

Gender-based violence has both physical and psychological consequences for the victims, which might follow them for the rest of their lives. The psychological restraint might result in a wish of not living, loss of hope for the future, lack of social interaction and a great fear of the assault taking place again. The constant state of fear and potential depression might weigh heavily on the well-being of the victims, which indicates a need for psychological care in addition to the potential physical damages. Ensuring that the women are able to rebuild a network and social relations in the local community after the isolation which often follows such assaults, is an important factor which can improve the feeling of self-worth.

Examples indicate that hospital departments specifically designated for GBV victims can create a sense of belonging after losing majority of their social interaction with their home community. It allows the women to realize that they are not alone. Consequently, such departments provide much more than medical treatments for the victims, but rather focus on holistic approaches. Considering how majority of the victims of GBV are blamed for the assaults due to the social stigma connected to the topic, the women also express a need for recognition as victims. Acknowledgement that they could not have prevented it or did not encourage the assault, can be an important aspect which the women need to move on. After being rejected by whole communities and shunned by their families, the empathy of health officials can play a vital part of the recovering process. This includes showing compassion for the women and the altered reality which they have to adapt to after such events.

3.1.1 Medical and psychological care in Norway

The biological defense mechanisms of human beings in dangerous situations is pretty predictable. The first initial reaction of humans is to flee from the situation if possible. If this is not possible, which is typical for assaults where the victims are normally held against their will, the victims will generally try to fight against the perpetrator to the best of their ability. If this strategy does not work, however, the next form of biological defense is to freeze or surrender to the danger until the assault is over (Anstorp, 2014). While the biological mechanism aims to protect the body from physical harm, the victims are often left with psychological damages because they did not manage to protect themselves from the perpetrator. Consequently, the victims might be left with both physical and psychological consequences. In many cases, such damages need professional care to ensure the well-being of the client.

All resettlement refugees in Norway have equal rights to medical and psychological care as other Norwegian citizens. Before their arrival to the Norwegian municipalities, their medical needs are included in personal files which is developed during the interviews at the refugee settlements. In addition, initial health screenings are conducted within the first three months of resettlement in Norway. This includes tests such as the tuberculosis screening, which is mandatory within the first two weeks of residence. The initial health screenings ensure the same standards for all the resettlement refugees and can fill in possible gaps in their personal files. Any necessary medical care is therefore likely to be detected during the first few months of resettlement.

The Norwegian healthcare system is built upon the theory that everyone who lives in Norway are entitled to the same essential medical and psychological care services (Helsenorge, n.d.) Nevertheless, the healthcare system is based on an outreach approach, which requires individuals in need of medical care to express such needs. Although this approach is logical and understandable, it might create obstacles to acquire the necessary help,

Medical care

All resettlement refugees are assigned a general practitioner (GP) after resettlement, which means that this can be a contact person in the need of medical assistance. Nevertheless, resettlement refugees are entitled to medical access before they have been assigned a GP. Adult resettlement refugees need to pay a user fee at the emergency care and at the doctors appointment. However, admittance at hospitals do not require payment. Pregnant women are entitled to follow-ups by a doctor or a midwife throughout the pregnancy and have the right to give birth in a hospital. All healthcare is free until the birth of the child for all pregnant women. Adults have to pay for dental treatments yourself.

If requirements of medical attention are detected during the initial health screening, the appropriate agencies and professionals will be contacted to ensure adequate medical treatment for the resettlement refugees. This includes medical assistance needed as a result of war and conflict, torture, violence, assaults or female genital mutilation (FGM) (Helsenorge, n.d.). Individuals are responsible to express the need for any necessary medical assistance that is not detected during the initial health screening, which reflects the outreach approach of the Norwegian healthcare system.

Psychological care

In cases where psychological care is needed, the first step is generally to contact the GP, which the individual resettlement refugee has been assigned to in their designated municipality. The GP will then convey a conversation with the client to examine the symptoms of the individual case to collect more information about the psychological challenges of the resettlement refugee. The GP can treat mild to moderate psychological issues, but will refer other cases to external agencies. Resettlement refugees with acute psychological problems or need for long-term treatment will be referred to specialist at the district Psychiatric Outpatient Services (DPS), whereas the less severe cases will be referred to a therapist or psychiatrist. The Psychological Health Services in Norway is separated into four regional health authorities; Helse Nord, Helse Midt-Norge, Helse Vest and Helse Sør-Øst. The authority under whose jurisdiction the resettlement refugees belong to depends on which municipality they live in (Helsenorge, n.d.).

Resettlement refugees who are not fluent in Norwegian are entitled to an interpreter during the treatment. The interpreter is bound by professional confidentiality, in similarity to the GP and therapist. The interpreter cannot therefore divulge the information discussed during treatment with other individuals or agencies. Although interpreters are bound by confidentiality, lack of trust between the resettlement refugees and interpreter in the initial phase of the treatment can be a source of uncomfortableness and skepticism (Helsenorge, n.d.).

The psychological care is a vulnerable setting, where the resettlement refugees can rebuild a sense of trust and deal with emotions. Considering how many victims do not report nor communicate the experiences with GBV, it is of utmost importance that the clients are met with the respect, acknowledgement and dignity which all fellow human beings deserve

(Benum, 2014). For some individuals, the therapeutic process can represent a gradual process in which increasing trust is achieved (Varvin, 2015). This process indicates the importance of patience and professional dedication of time for the treatment after GBV or other trauma.

Although the psychological care might, in some cases, be a prolonged process, it can make a tremendous difference in creating social relations with others, have a positive effect on the integration process in a host country, and help develop a self-management of emotions.

In the work of psychological care following GBV, it is typical for the client to maintain a sense of shame connected to the assault, rather than a will to discuss what the feeling of shame covers up for. In some instances, the client might actually perceive it easier to deal with the sense of shame, rather than acknowledge and address the underlying causes

(Anstorp, 2014). It is such dysfunctional thoughts and self-instruction patterns related to assaults which generally allows for the continuation of the psychological issues connected to trauma. If the client is able to put the responsibility for the assault and place the shame on the perpetrators rather than themselves, other emotions can have room to grow (Benum, 2014).

However, as the emotional repertoire of individuals expands during the treatment, the feeling of shame connected to the assault can diminish (Anstorp, 2014). A professional might be necessary to expand the existing emotional repertoire, and can work as preparation of how to deal with self-instructions and emotions for future references.

3.2. Resettlement process

When refugees are forced to flee their home countries, most refugees end up in refugee settlements or temporary camps. In Uganda, many Congolese refugees end up in Nakivale, which is located in the Isingiro district, southwest in the country. When the refugees arrive at

the settlements, UNHCR and OPM are involved with the process of registration and resettlement of the refugees. During this process, the refugees in special need of social protection is also identified. The Norwegian government is then approached by the UNHCR to receive an already established group of resettlement refugees⁴. Considering how the UNHCR has already established the refugees as qualified for resettlement, it is not necessary for the Norwegian agencies to examine whether the refugees need protection or not. Nevertheless, UDI and IMDi will travel to the various settlements at an early stage of the resettlement process, to conduct interviews. The interviews aim to collect adequate information on the refugees to ensure updated data which can be passed on to the receiving municipalities.

Distributing the gathered information to the responsible municipalities is intended to ensure a smooth transition and allows for preparation of resources before the arrival of the resettlement refugees. The preparation has the potential to increase the efficiency of the follow-up procedures of the individual cases. The information ensures that the receiving municipalities do not start from scratch before the initial health screening in Norway, but rather have information which might serve as indicators of the necessary treatment which each individual require.

Once the interviews have been conducted by UDI and IMDi in the refugee settlements, the various municipalities in Norway are contacted with a request of resettling a certain number of Congolese resettlement refugees. The municipalities can either accept or decline the request, although declining such inquiries seldom happens. When the resettlement refugees

⁴ The quota is determined by the Norwegian Parliament, whereas the Ministry of Justice and Public Security provide information on what kind of profile to prioritize during the selection)

are cleared for travel and are granted entry in Norway, they are technically under the responsibility of IMDi until they arrive in the municipalities where they will be resettled. At that point it is up to the municipality and program facilitator to follow-up the individual refugee to ensure that the transition process and social integration after resettlement runs as smoothly as possible.

Before the resettlement refugees leave the settlements, however, the inter-governmental organization IOM is involved in the resettlement process. The responsible team conduct cultural orientations for both the resettlement refugees and the municipalities who wish to learn more about the arriving refugees. The refugees who are selected for resettlement in Norway will therefore participate in the culture orientations, with the aim of minimizing the cultural shock upon their arrival. The orientation is held over a five-day period for adults, three-day period for teenagers, and a two-day period for children under the age of 11 years. The orientations allow refugees to gain knowledge about the culture, climate, traditions and norms, social aspects and everyday practicalities. The refugees often participate in the orientation by asking questions or voice general concerns they have regarding the resettlement process.

One challenge to this part of the process, is when the various organizations arrive at the refugee settlements. Upon their arrival, it is not rare that the refugees at the settlements believe the various organizations and government representatives can promote or provide help in individual cases of resettlement. To limit the false hope and expectations which might develop through such situations, IOM tries to limit the involvement in personal aspects of the individual refugees. They are rather encouraged to share the personal information and concerns with caseworkers and program coordinators, who are directly involved and familiar

with their specific situation. This protocol allows the employees at IOM to strictly focus on the cultural orientation, minimize personal information from being shared publicly, and decrease false hope of the refugees.

3.2.1 Social integration in host country

There are both intrinsic and instrumental benefits of promoting social integration in a host community. First of all, the creation of a society for all is a self-evident goal from an ethical standpoint. The strong instrumental reasons for promoting social integration combats the deep disparities in a society which is based on wealth, religion, gender, age and ethnicity. All of which reduce social mobility and leads to de facto fragmentation of society. This, in turn, has a negative impact on economic growth, poverty reduction, democracy and conflict avoidance (UNDESA, 2008).

The United Nations Research Institute for Social Development describes the process of social integration as a complex concept, with different definitions depending on ones perspective. Some perceive social integration as a positive end goal, which implies equal opportunities and rights for all human beings. With this perspective, becoming more integrated implies improving one's life chances. To others, increasing integration may produce the image of an unwanted imposition of conformity. The term does therefore not in itself imply a desirable or undesirable state at all. It simply describes established patterns of human relations in any given society (UNRISD, 1994). For the purpose of this study, social integration is perceived as a positive goal of resettlement, which will reduce the economic inequality and increase chances for social interaction in the host community.

Social integration of resettlement refugees is the ultimate long-term goal after the refugees have settled into their local communities. Societies who promote social integration through inclusive policies that reduce economic inequality and poverty while promoting sustainable and equitable development are better off (Cruz-Saco, 2008). Considering how many resettlement refugees are forced to leave their families, pre-existing networks and local communities behind, social integration in the host country can recreate a sense of belonging and have a positive effect on their well-being.

The current focus on social integration, however, grows from a generalized feeling that the fundamental institutions of society are functioning badly. Too often are children and young people abandoned or brutalized, criminal activities and corruption are on the increase and discrimination of other are a daily occurrence. It also reflects a growing concern over the weakening of public institutions and the perceived decline of civility and tolerance in social relations in society (UNRISD, 1994).

Programs that are offered to all resettlement refugees in Norway aim to relieve the stress of the resettlement process and enhance social integration in the host community. Two of the offered programs will be further discussed in the upcoming section.

3.2.2 Promoting social integration

Introduction Programme

Refugees and their families who are granted residence in Norway are obliged to complete an introductory programme. The programme is a municipal offer for refugees in need of basic qualifications. This includes information, knowledge and skills that are necessary for an individual to participate in the work-and social life in the host country, in addition to

participate in further educational offers if wanted. All participants will receive individually adapted plans, which identifies the training needs and measures necessary for this to be achieved (IMDi, n.d.)

The introduction programme is fulltime, which encounters for 37.5 hours per week with no requirement for preparation or work outside the program. In return, the participants receive economic support from the municipality, to secure an income during the length of the programme. The programme runs up to years, depending on the need of the individual participant. Exceptions for extensions are made for special reasons, in which an additional year might be offered. In cases of completion or interruption of the programme, the participants will receive a certificate of participation which will be beneficial for future references in the integration process (IMDi, n.d.). In 2019, the introduction programme had 20,918 participants from various countries, whereas 631 were from the DRC and majority of which were women⁵ (SSB, 2020).

The introduction programme is considered the most important instrument implemented by the Norwegian parliament for qualification purposes of newly resettled refugees and their families. Internationally, the introduction programme has received acknowledgements as an example of well-established qualification measures for this exact purpose⁶. The results and interventions, however, suggest that the qualitative content and individual adaptation can be improved (NOU, 2011). During the time of participation in the programme, the level of employment among the resettlement refugees is very low, but this increases by the duration of stay (Statistics Norway, 2020).

⁵ Congolese women represented fifty-six percent of the total number of 631, whereas men represented four-four percent (SSB, 2020)

⁶ OECD (2009), *Jobs for immigrants. Labour market integration in Norway*, Paris: OECD).

In individual cases where the students of the introduction programme have health issues, it is vital for the adult education center, the medical or psychological professionals, and the participant to communicate properly. Proactivity is considered to promote health, whereas passiveness may have the opposite effect. Individual adaptation and close follow-up procedures are central aspects in such cases (NOU, 2011).

International Child Development Programme

The International Child Development Programme (ICDP) is also offered to newly arrival refugees and immigrant parents as a guidance on the parental roles in Norway. The objective of the programme is to improve the way children and youth are cared for by parents, and to encourage supportive parenthood. The programme discusses the upbringing of children in Norway and provides information on things that are and are not allowed. The programme aims to reduce the challenges of mastering parenting roles in a new country, where practices might differ from one's home country. The intention behind the program is for the parents and the children to become confident in their roles in the Norwegian society, while provide a good start on the integration process (IMDi, n.d.).

3.2.3 Practical aspects of resettlement

The Norwegian municipalities in which the resettlement refugees are responsible for acquiring housing for the arriving resettlement refugees. Housing arrangements is selected by the individual municipalities, which includes determining adequate standards and acceptable rent prices. This preparation is considered a part of the social aspect of the resettlement process, and it is normal to use options from both municipal housing and the private market. However, the housing arrangements are considered temporary offers to the refugees during

the resettlement process. The resettlement refugees are expected to eventually find a place to rent or purchase to purchase on their own (IMDi, n.d.).

Other practical aspects include ensuring that the local refugee services have enough capacity, that the adult education centers are aware of the new students, and well as spots for the children of refugees in kindergartens or elementary schools, available health services and booking professional interpreters. The resources available to resettlement refugees should align with the ones of Norwegian citizens, with the knowledge that the municipalities are responsible for the facilitation and organization for many of the services during the resettlement (IMDi, n.d.).

3.3 Human rights

Human rights are used to demand fairness and justice in multiple social economic issues, and sets a certain standard which individuals, organizations and institutions are held accountable for. Human rights aim to enhance aspects such as freedom, equality, and trans-border solidarity – all of which are important aspects when it comes to contexts such as violent conflicts and forced migration. Human rights can be irreducibly political and impacted by power play on local and international stages, as witnessed in many circumstances. In certain instances, this might prevent accountability of actors as a result of the political interests. In such cases, justice of the victims is deprioritized. Considering such ulterior motive, law can be an obstacle for achieving human rights. This is often seen in cases of GBV against women in patriarchal societies, where lack of legal recourse and social stigma connected to the topic prevents justice for many of the surviving women.

Article 2 of the Universal Declaration of Human Rights states that all human beings are entitled to rights and freedoms that are included in the declaration, without distinction to aspects such as race, color, sex, language, religion, political or other opinions, national or social origin, property, birth or other status (OHCHR, n.d.). Despite of how the declaration states that such distinctions should not be made, women are continuously subjected to violence and discrimination based on their gender.

Subsequently, many women in conflict-prone areas are vulnerable to GBV of some form, which can be identified as cruel and inhumane treatment. Article 5 of the same declaration states that no human should be subjected to torture of cruel, inhuman or degrading treatment (OHCHR, n.d.). Rape and other forms of GBV are consistently used as torture or punishment by state official, soldiers, individuals, and groups. Like previously stated, these actions are often results of exacerbated violence against women or altered inequality of power relations in war. With such articles in mind, it becomes obvious that GBV is a direct violation of human rights.

3.3.1 Human rights in the DRC

The DRC has received attention from the international community as a result of the human rights violations. Agencies such as the United Nations (UN) has stepped in with peacekeeper soldiers as a measure to control the unstable situation, and the International Criminal Court (ICC) is involved to replace the corrupt legal systems. This involvement is resulted in convictions of previous serious perpetrators, such as rebel militia leader Thomas Lubanga and former vice-president Jean-Pierre Bemba (USIP, 2003). Such convictions aim to serve as examples for active militia groups in the regions, although its effectiveness can be questioned due to the continued escalation of the situation. Human rights violations are particularly

correlated to conflict-prone areas in the eastern province of the DRC, but can also be witnessed in rural villages where internal displaced persons (IDP) endure harsh living conditions in refugee settlements or temporary camps. The harsh living conditions result in lack of basic needs such as water and food, sanitation and social protection.

Civilians are often the ones harmed as casualties in war, which can be witnessed during the daily insurgencies and ongoing conflicts between the hundreds of armed groups in the DRC. The casualties include bodily injuries, extrajudicial killings, sexual assaults, female genital mutilation, looting, and kidnapping. None of which promote dignity and respect for the local people, but quite contrary strip these rights away. The violations of human rights rather force civilians to flee for their lives. Violations of human rights also happens opportunistically, which results in the current situations being tough to predict seeing how they change on an hourly basis. The unpredictability is both physically and mentally draining for civilians who already face despair in their daily lives.

Armed groups in the region account for two-thirds of the registered human rights violations. Impunity of such actions will prevail without proper and credible investigations and judicial sanctions for the crimes. In addition to this, the violations and infringement of human rights committed by the Armed Forces of the Democratic Republic of the Congo (FARC), cause an increase of mistrust in the government and state officials (OHCHR, 2018).

3.4 Discrimination against women

Violence against women is a form of discrimination which is directed towards women on the basis of gender or violence that affects women disproportionately. Gender equality cannot exist as long as women are subjected to GBV, seeing how the two aspects are mutually

exclusive. Considering how gender equality is at the heart of human rights and the core values of the UN, GBV has received recognition for its solemnity by the international community. This especially pertains to women, but also for the attainment of equality, development and peace of states (World Bank, 2001).

Assuring gender equality is essential to achieve human rights for all. Unfortunately, women around the world are still facing discriminatory laws in terms of healthcare, education, marital rights, inheritance and property rights, amongst others (World Bank, 2001). These forms of discrimination prevent equality, development and women's empowerment, which can encourage economies and developing countries to grow (OHCHR, n.d.).

International human rights law prohibits discrimination on the basis of sex, and guarantees that all are entitled to enjoy civil, cultural, political and social rights (OHCHR, n.d.). This is further supported by the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which is identified as an important step in terms of recognition of women's rights. The convention acknowledges that conflicts exacerbates pre-existing gender inequality, which puts girls and women at risk of GBV of various forms by either state and non-state actors (OHCHR, n.d.)

The imbalance of power relations between men and women persist despite ratified declarations and conventions. This imbalance impacts women's autonomy and sense of empowerment to change the current situation. Not only does this form of discrimination comply with the patriarchal ideology which is entrenched in so many institutions and societies, but is also hinders the justice reforms for survivors of GBV. Unless the existing discrimination is challenged, the lack of legal recourse for vulnerable civilians will continue.

3.5 Gender and development

In many countries around the world, women are not considered equal to men in terms of legal, social or economic rights. Gender inequality is a widespread issue and affects both women's access – and control over resources. This pertains to economic opportunities, relational power, and public political voice. While such inequalities are foremost a burden to girls and women themselves, it ultimately has a negative impact on societies as a whole. Because of this, gender inequality can be identified as a core development issue. Enhancement of gender equality can increase the opportunities for countries to grow and reduce national poverty. Promotion of gender equality is therefore perceived as a development strategy which seeks to enable all people to improve their living standards (World Bank, 2001).

Research indicates that fostering economic development may have a positive impact on gender equality and the overall poverty reduction in developing countries (World Bank, 2001). With women increasingly participating in the economic market, incomes are expected to rise. As a result, poverty levels in the country will decrease and be reflected in the reduction of gender disparities in education, health and nutrition. The improved living conditions can have a positive effect on productivity and job opportunities for the citizens. The eventual reduction of gender inequality in employment also allows women to be present in the public sphere compared to the traditional customs of hiding within the household. As the economic situation of local communities evolve, it will also become possible for investments in basic water, energy and transportation infrastructure, which further helps to reduce gender disparities in workloads (World Bank, 2001). Through this research, it becomes evident that many of these aspects are interlinked.

All cultures interpret the innate biological differences into a set of social expectations of what behavior or activities that are socially acceptable. Along with other aspects, gender is a social category which establish life opportunities. This emphasis its importance and reflects its requirement of attention. Targeting gender inequalities which are present in societies can change women's chance of public participation and economic independence. It can also indirectly reduce the perceptions of GBV and create structural changes to the patriarchal norms which are entrenched in many societies.

Although development projects and political policies are increasingly active in promoting gender equality, there are still ways to go. Investing in girls and women will fill the existing gender gap, and be important for the economic development of developing countries. This can further allow for the worldwide inequality to decrease, seeing how the disparities between the industrial and developing countries may be reduced. Projects and policies have the power to encourage structural change within societies and institutions. While gender relations have traditionally been in favor of men, the resources have also shifted towards the male sphere of control. Women are therefore in vulnerable positions, whether it is caused by social or natural means.

3.6 Patriarchal ideology

The DRC is a patriarchal society dominated by the male agenda. This cause gender inequality and discrimination against women to become entrenched into the society, to the extent that it has become accepted by both men and women⁷. This is particularly reflected in gendered tasks, in which domestic abuse is perceived as an accepted consequence if women fail to complete the tasks in an acceptable time and manner. In fact, 76 percent of Congolese women

⁷ With certain exceptions, of course.

ages between 15-24 years believe that wife-beating is justified under at least one condition of failure of gendered tasks (United Nations Population Fund, n.d.). This perception by women in the specific age group reflects the dominant patriarchal ideology in the region.

Issues arise in societies where the existing gender inequality is not challenged or questioned over time. This has the potential to develop into accepted norms where women are chastised or commanded by men within the household. These measures are often used to maintain an orderly family life and ensure work discipline (Storkey, 2018). This potential situation reflects the current living situations of many women in the DRC, where women's subordination has become the norm as a result of the patriarchal ideology. It also reflects how maintaining peace within the household is perceived as the woman's responsibility, even though this might mean that her opinions and desires are devalued compared to the ones of her partner. When such behavior is enforced over an extended time period, it will not only be socially acceptable, but might also have consequences in terms of self-perception and self-worth. Once women start questioning such aspects, structural changes to institutions can begin. It is therefore possible to conclude that GBV is often a direct manifestation of the unequal power relations and gender inequality (Storkey, 2018).

Cultures are not socially embedded, whereas traditions typically are. Cultures are considered rather fluid and can therefore change according to time (IAGCI, 2018). Cultures often adapt itself to new eras and perspectives of appropriate behavior. This is an important aspect to consider when discussing patriarchal ideology, seeing how many people simply accept existing structures, ideologies and perceptions because it has become a norm. This acceptance of status quo has proven to be part of the issue, seeing how it allows for the continuation of the patriarchal ideology due to lack of challenge.

3.7 Hegemonic Masculinity

When analyzing the occurrence of GBV in conflict contexts and the social consequences for the victims, it might be beneficial to consider the contributing variable of gender identity.

Gender refers to the socially constructed roles, which are assigned to men and women based on their sex. Culture therefore becomes an important variable to consider, because it influences the way individuals perceive and understand the concept of GBV.

Cultural ideology can in certain instances provide legitimacy to violent acts based on sex by normalizing the behavior (Agthaie et al, 2015). Nevertheless, culture is not a static concept but rather fluid. Honor killings and child marriage are clear forms of GBV, which are normalized and accepted in certain cultures (IAGCI, 2018). Although majority of the international community and outside agencies perceive such events as unacceptable and violations of human rights, the local community does not perceive the actions in the same manner. Cultural violence tends to make structural violence look, and even feel, right to the perpetrators. Legitimacy of the actions contribute to how such actions are rendered acceptable in societies and allows for its continuation (Agthaie et al, 2015).

Hegemonic masculinity is supported by the patriarchal ideology and supports the perception of men as masculine beings. What becomes evident during conflicts, however, is the relevance of hegemonic masculinity and the occurrence of GBV. In fact, out of all the possible avenues in which masculinity is constructed, those associates with war, conflicts, rebel groups and militias are the most direct (Agthaie et al, 2015). Wars and violent conflicts are generally identified as masculine contexts, which influences the way men perceive themselves in these specific settings. Violent acts are sometimes, therefore, considered

symbolic of hegemonic masculinity. This is related to how hegemonic masculinity normalize GBV and women's oppression through the expectation of men's masculinity.

In certain cultures, psychological treatment might contradict the characteristics which is identified through hegemonic masculinity. This indicates that in addition to scarcity when it comes to adequate psychological treatment following traumatic events during conflicts, the treatment in itself might be considered an obstacle. Seeking psychological care acknowledge a sense of vulnerability through a necessity of help, which many men resist to admit. It also challenges the characteristics of dominance and toughness that are encouraged through the ideology. Lack of professional psychological care when needed, might lead to outbursts of aggression against women in local communities or arbitrary civilians in conflicts. In some societies, individuals who seek psychological care are identified as abnormal or mentally ill. Stereotypical labels such as these, can potentially discourage men from seeking professional help. The consequences of not getting adequate care when needed introduce other sources of vulnerability for the individuals themselves in addition to civilians around them. The cycle will not be broken unless the perceptions of hegemonic masculinity changes.

Chapter Four

4. Methods and data

This study uses a qualitative research approach and focus on the follow-up procedures of medical and psychological care that is provided to the resettlement refugees when they arrive in Norway. The research is based on both primary and secondary data collection, as this provides the necessary information on the selected topic. The primary data is collected through qualitative interviews with the municipalities and professionals involved in the resettlement process, whereas the secondary data includes articles, reports, briefs, and

literature on the theoretical framework. The qualitative interviews with the participants were conducted through phone calls and video conferences as a result of COVID-19.

The qualitative research approach was chosen for this study to provide an understanding of the resettlement process, the offered medical and psychological care for resettlement refugees, and the impact follow-up procedures have on the social integration in the host country.

Through a qualitative approach, this study uses insight of professionals who work with the resettlement refugees collected through semi-structured interviews. The thesis therefore seeks to understand the process of acquiring professional care, and how this is perceived by the professionals involved in the resettlement- and integration process.

Like previously mentioned in chapter one, several changes and adjustments were made throughout the research in terms of data collection. The intention behind these changes was completing the research to the best of my ability. The various limitations, weaknesses and challenges this caused will be further discussed in the upcoming chapter.

4.1 Sampling approach

At an early stage in the research, interviews were chosen as the most suitable method to collect the necessary data to answer the selected research questions. Qualitative interviews were selected as the most appropriate strategy for this research, as it tends to be more concerned with words rather than numbers (Bryman, 2012). It is also identified as an epistemological position described as interpretivist, which means that the emphasis is on understanding the social world through an examination of the interpretation of that particular world by its participants (Bryman, 2012). The foundation of the discussion in the thesis is

therefore based on a combination of pre-existing literature of the topic, and the collected data through the qualitative interviews.

4.1.1 Sources and data

Like outlined above, the data collection is a combination of primary and secondary data.

While the primary data will be based off semi-structured qualitative interviews, the secondary data is based on articles, regional reports, briefs, and current literature on the topic. Parts of the theoretical background is also gathered through meetings with organizations and experts in the field⁸. The findings are based on the qualitative interviews with the participants, whereas the discussion will tie all of the collected data together.

The study is based on a purposive sampling approach, where the agencies were contacted based on their knowledge with the resettlement- and integration process. The purposive sampling approach indicates that the participants are selected based on pre-determined criteria. Purposive sampling is a non-probability form of sampling, which indicates that the participants are selected in a strategic way. This ensures their relevance to the chosen topic (Bryman, 2012). This approach was perceived as beneficial because of the sensitive nature of the topic. The criteria for the participants were their involvement in the resettlement – and integration process, or knowledge of acquiring psychological care for refugees.

Once the topic and research questions for the study were determined, it was relevant to meet with a couple of the organizations who are involved in the resettlement process. They are considered to have both expertise and experience in the selected field, and therefore contributed with valuable information. The involved organizations contributed on various

⁸ This includes in-person meetings, phone calls and emails with organizations such as IOM and IMDi.

levels with information on the resettlement process, from when the refugees are located in the refugee settlements until they arrive in Norway. Considering how the purposive sampling approach ended up with a relatively small sample size, it should be questioned whether this sample can, in fact, represent a larger unit. However, the representativeness of a larger group was not the focus of this research, but rather an insight into the actual process of resettlement and perceptions of the follow-up procedures available to resettlement refugees.

4.2.1 Participants

Participants

The participants of the study are professionals involved in the resettlement- and integration process located in Norway, with various backgrounds and role within these processes. A couple of the participants also have background when it comes to the treatment of refugees who have been exposed to trauma, and contributed with information on the process of acquiring psychological care.

Key informants

Before the qualitative interviews with the participants began, I had a couple of interviews with organization that are involved in the resettlement process. This was organized to establish an understanding of the actual process and the various organizations that are involved. Key informants are useful for that very reason, seeing how they provide additional information about social settings, events or people (Bryman, 2012). One of the interviews were conducted in-person, whereas the second was conducted over the phone, based on their convenience.

4.1.3 Qualitative interviews

Majority of the interviews were completed through emails, phone calls or video-conferences based on what option was the most convenient for the participants of the study. The interviews were semi-structured qualitative interviews and lasted between 30-90 minutes each. All of the participants received the questions per email prior to the interview, so they could prepare themselves on the topics which would be covered. All of the interviews took place between January 2020 and July 2020. This provided the opportunity to analyze the interviews and compare the answers provided by the various participants.

Not conducting the qualitative interviews in person may have several disadvantages. In-person allows for observation of the body language and emotional prosody. My ability to discern emotions such as discomfort, confusion or puzzlement was therefore limited and strictly based off the sound of the voice. However, I found the phone interviews rather positive, considering how the participants provided comprehensive replies during the interviews. While the information provided during the interviews varied, most participants went beyond the questions I had prepared in the interview guide. This is also one of the benefits with semi-structured interviews, because it provides relevant information and aspects of further interest which I would not have gathered otherwise.

4.2 Data analysis

During the semi-structured interviews, I chose to use manual noting of the answers rather than using a recorder. This decision was made on the basis of how the interviews were conducted over phone or video-conferences. I was also worried that using a recorder during the interviews would create a barrier between myself and the participants, which could potentially create a reluctance to share their honest opinions. Although this led to a substantial workload

after the interviews in terms of transcriptions, I believe it was beneficial for the semi-structured interviews and the topics they covered.

Coding

The coding of the data is often considered the starting point for most forms of qualitative data analysis (Bryman, 2012). When developing the codes, the answers during the interviews were analyzed according to their relevance to the research questions. To begin with, the initial transcripts were read without applying any codes. The findings were eventually coded based on which research question they applied to. The different opinions and perceptions became easier to identify by doing this, as well as establishing common themes such as topics, patterns and opinions. By coding the interviews during the analysis stage, it was easy to detect potential similarities or differences in the answers from the various participants.

4.3 Advantages and limitations

The main methodological challenge during the study was acquiring the participants for the qualitative interviews. While the initial wish was to include primary information from Congolese resettlement refugees, this proved difficult and the approach was therefore changed. This challenge is believed to be a combination of the shutdown which happened during March, 2020 as a result of COVID-19 and the sensitive topic.

Considering how this particular group of resettlement refugees only recently arrived in Norway, it is anticipated that more individuals will eventually express the need for psychological care. While some of the contacted municipalities stated that they had resettled Congolese resettlement refugees in the initial target group of the study, they also emphasized that the women were not in a position to participate in the study. After several tries of

reaching out to municipalities and organizations to get in contact with resettlement refugees who would share their experience of follow-up procedures in Norway without success, the approach of the study was therefore changed.

Like previously mentioned, the limited time frame and shutdown of public institutions due to COVID-19 did not grant me the opportunity to travel to Uganda and visit the refugee settlement like initially planned. This trip was expected to provide useful insight on the situation in the Nakivale refugee settlement, and how the resettlement process works prior to the arrival in Norway. The potential data which would have been observed and collected during this trip, would likely have been beneficial for the overall result of the thesis.

The interviews conducted with the professionals from various municipalities will therefore provide the primary data collection for this study. The different perceptions and observations of the participants are believed to contribute to a nuanced insight of the process by the ones who are involved in it, and work with the resettlement refugees on a daily basis. The participants are also from various municipalities in Norway, which contributes to the nuanced insight.

4.3.1. Representativeness

There is variety in the composition of participants, given their background and experiences in the field. All the participants are individuals who are involved in the resettlement- and integration process and therefore work with the resettlement refugees. However, the participants might vary in age, geographical locations in Norway, educational attainment and work experiences. Despite of this, the sampling method used in this study implies that one cannot know whether the data is representative of a wider sample (Bryman, 2012). Like

previously mentioned, there might also be a risk of biased answers in the study. The professions and background of the participants might affect how they answer the questions during the interviews.

4.4 Ethical considerations

This study follows the ethical principles of research that ensures that participants of the study should not be caused harm, lack of informed consent, invasion of privacy or deception (Bryman, 2012). This was an important aspect of the study, considering the sensitive nature of the topic and the recent resettlement of the Congolese women. It was therefore important that the attempted contact with the resettlement refugees occurred in a proper and organized manner, through contact persons in the selected municipalities or organizations. The focus area of the study was also on the follow-up procedures of GBV victims during the resettlement process, to reduce the traumatizing effect of reliving the experiences. Although the participants were guaranteed anonymity and confidentiality of records, the contact persons were still skeptical to how the topic could affect the resettlement refugee's development and well-being. Perhaps the situation would have been different if the groups had not been recently resettled and received the necessary psychological care prior to a potential participation of the study.

With this in mind, the necessary changes were made in regard to the participants. This ensured that the ethical principles were upheld. During the process of contacting the participants, they received an accurate description regarding the purpose of the research, which included their role in the study and its content. The advantage of interviewing the people who work with the resettlement -and integration process rather than the victims themselves, is that the ethical concerns regarding causing harm to the participants decreases.

4.5 Study context

Out of the total 3,000 quota refugees scheduled to arrive in Norway during 2019, Congolese resettlement refugees represented the biggest group with 900 persons. Researching the potential challenges which might arise with the past experiences of GBV in violent conflicts can therefore provide an understanding of how to approach such challenges when they arise and how to provide adequate follow-up procedures to ensure the well-being of the refugees. This is also considered relevant for the social integration of resettlement refugees in the Norwegian society.

Researching the follow-up procedures of GBV victims during the resettlement process is of relevance to; 1) understand the process of acquiring medical and psychological care for resettlement refugees, 2) provide an insight of how the professionals in the field perceive the procedures, and 3) determine how the offered follow-up procedures affect their ability to integrate in the host community.

Chapter Five

5. Findings

In order to answer the research question and sub-objectives of this study, the research explores the medical and psychological care that is available for the resettlement refugees in Norway. The study seeks to identify the process of acquiring such help when needed, any potential challenge or limitation with the current system, and the impact this may have on the integration process of the resettlement refugees. Using the observations, experiences and perceptions of professionals who are involved in the resettlement- and integration process will

provide various insights of the follow-up procedures. The quotes included in this chapter are from various of the participants, which were considered of interest.

The participating professionals have different educational background and responsibilities within the resettlement process, which will contribute to nuanced findings. The following chapter will present the results which emerged during the qualitative interviews with the ones involved in the resettlement- and integration process.

5.1 Personal records

When analyzing the answers after the interviews were conducted, it became evident that is a wide range of observations and perceptions regarding the information that is provided to the municipalities before the arrival of the resettlement refugees. All of the participants concurred that the information included in the personal records covered basic personal information such as gender, age, nationality, health status, educational attainment, language skill etc.

Nevertheless, several participants mentioned that the information might vary based on the individual cases of the resettlement refugees. The explanation behind this occurrence may be the setting in that the data is collected, which might impede the chances of more detailed information from emerging.

Nevertheless, the participants of the study perceived the provided information differently.

While some of the participants believed the information was relatively accurate and therefore adequate for its purpose of preparation, other participants emphasized skepticism to its nature. The skepticism was a result of experiences with inaccurate information on the health status of the resettlement refugees, where they had witnessed cases of exaggeration and

understatements. This occurrence, although rare, made the same participants question the quality of the data collection conducted in the refugee settlements.

However, considering how all resettlement refugees go through an initial health screening within the first three months of resettlement in Norway, the participants mostly agreed that this occurrence was not a major issue. Although additional and more detailed information could potentially make the initial stage of medical and psychological care more efficient, the health examinations in Norway ensure that the same standards are upheld for all the resettlement refugees. This has a positive impact on the test results validity.

5.2 Medical care

Through the process of data collection, there became a clear distinction between the process of acquiring medical and psychological care for the resettlement refugees. Considering how all resettlement refugees have a mandatory tuberculosis screening within two weeks of their arrival in Norway and go through an initial health examination within the first three months of resettlement, all participants were confident that any requirement of medical attention would be discovered within this time frame.

The participants also emphasized that any resettlement refugee in need of urgent medical attention would receive this upon their arrival in the respective municipality. All practical aspects of the preparation for the individual resettlement refugee would be sorted out by the refugee services prior to their arrival to ensure efficiency of urgent cases.

5.3 Psychological care

The perceptions regarding the acquirement of psychological care, on the other hand, varied greatly among the participants. In the initial interviews, the participants expressed how resettlement refugees have access to adequate psychological care if needed. The participants mentioned the refugees' entitlement to medical and psychological care for all who live in Norway and reassured that this pertained to the resettlement refugees as well. The same participants expressed positive experiences with the healthcare system, while pointing out the responsibility of professionals involved in the resettlement process to contact the appropriate persons or agencies, depending on the need of individual refugees.

It was therefore quite interesting when some of the participants voiced their concerns regarding the exact same process. The participants initially mentioned challenges with the outreach approach to healthcare in Norway. The social stigma connected to GBV and experienced trauma could potentially prevent the resettlement refugees from expressing a need for professional help, which makes this approach problematic. This observation had been made by several participants, who mentioned that the need for psychological care does not typically surface until later in the process, probably because of this occurrence.

The different perceptions of acquiring psychological care for resettlement refugees consequently identified two clear distinctions; a group of participants who were satisfied with the current system, and a group of participants who were dissatisfied with the current system. This further introduced different perceptions regarding the timeframe of identifying those in need of psychological care. While some of the participants believed the process could take years to surface, other municipalities believed they had a good perspective of the individual cases within the first six months of resettlement. Although such experiences will vary based

on the individual cases and whether the individual person feels ready to share their experience, this disparity of perception was of interest.

During the interviews, all of the participants stated the importance of establishing relations built on trust between the professionals and the resettlement refugees. Some established a correlation between the gained trust and shared stories of sensitive nature. The willingness to share such experiences puts the refugees in a vulnerable situation and is therefore identified as a sign of trust in the professional. Majority of the participants mentioned, independently, how establishing positive, supportive and stable relations is extremely important for resettlement refugees given their challenging pasts.

5.3.1 Education as a tool of proactive measures

The latter group of participants also mentioned how newly resettled refugees are often unaware of their rights and the available resources during the initial phase of resettlement in a host country. The participants therefore emphasized the importance of educating the resettlement refugees about their rights and the resources they have available if needed.

“Having equal rights as other Norwegian citizens is of no value, unless the resettlement refugees are unaware of such rights. This will prevent them from taking advantage of the available help”.

While the resettlement refugees are expected to eventually adapt to the outreach approach of the Norwegian healthcare system, the participants mentioned the importance of involvement and support by surrounding individuals and agencies during the beginning of the resettlement process. Considering how the resettlement refugees might not express the need for medical or

psychological care, the people involved in their daily lives are in a position to observe symptoms or behavior which might indicate the need for it. These observations emphasized the important roles of the professionals in the field, who might spot symptoms of underlying stresses which needs professional help to be addressed.

Several participants stated the significance of proper training and awareness in the cases of resettlement refugees. Symptoms such as insomnia, depression, and concentration difficulties were mentioned by the participants. While several of these symptoms can be identified as issues in itself, they are often indicators of underlying issues such as trauma or post-traumatic stress syndrome (PTSD). This was not considered uncommon among resettlement refugees. Overcoming cultural perceptions of psychological care is also a challenge.

5.3.2. Person-dependent system

The participants mentioned the vital role of the workers who are engaged in the resettlement- and integration process. The personality traits of the professional and the undergone training of observing symptoms of underlying stresses, have the potential make a significant difference for the professional care the resettlement refugee receives, and the timeframe in which he/she receives it. In similarity with majority of instances, individuals will therefore benefit from knowing professionals who are willing to invest the time and effort into acquiring the adequate psychological care.

The process of acquiring the adequate care is perceived as complicated and time demanding, which requires individuals to be resourceful in terms of using existing resources and surrounding networks. For newly resettled refugees, it is often difficult to grasp who to contact when issues arise. It is therefore important that the involved professionals are

available and willing to help when the requirements arise. A couple of participants also mentioned that if the individual person or municipality does not have the knowledge on a matter, they are required to contact external persons or agencies who does.

“Remember, not all gender-based violence victims are in need of psychological care after the assault”.

Some resettlement refugees are capable of establishing new relations, creating networks and settle down in their host communities. All of these developments during resettlement are beneficial aspects which contributes to vision a future in the host country, in addition to positive effects on individual’s well-being. The extensive process of identifying those in need of psychological care can therefore be recognized as a positive in some cases, seeing how it distinguishes the individuals who need professional care and those who are not. The reactions after such extreme forms of trauma can vary greatly from one individual to the next and is therefore difficult to predict.

5.3.3 Consequences of inadequate care

Majority of the resettlement refugees have been exposed to various situations of extreme forms, often beyond our imagination. This is connected to how violence during conflicts is amplified, and therefore of extreme variations. The experiences of the individuals might include political instability, human rights violations, life-threatening situations, assaults, hunger, loss of loved ones etc. In addition to this, the resettlement process in itself may impose additional stresses on the refugees. All of the previously mentioned can place a burden on one’s well-being and physical health, which may require professional attention in some cases.

Several of the participants mentioned how many of the resettlement refugees are still in a survival mode upon their arrival in Norway. This phenomenon is seen in correlation to the traumatic experiences the refugees have been through and the lack of social protection for many. While the survival mechanism of the body aims to protect individuals, one might also experience an overwhelming feeling where emotional regulation is a necessary tool (Benum, 2014). In addition to the stresses of the resettlement process, the resettlement refugees can be left in a state of constant fear. This often leaves the resettlement refugees unable to relax and focus on the present. The various participants had observed several cases where resettlement refugees would express a wider range of emotions, once they had settled down and felt safe in their surroundings.

“Once the survival mode disappears, the other emotions receive enough room to surface”.

Lack of adequate psychological care can have negative impacts on the resettlement process, the participation of the introduction programme, and the social integration altogether in the host country. The participants identified how symptoms of underlying issues such as trauma can persist without any professional help. This can affect one’s abilities to establish new relations, networks, succeed in school and work life, amongst others. The lack of professional help can cause depression, isolation, chronic stress, amongst other consequences.

5.3.4 Use of professional interpreters

A couple of participants also mentioned the importance of ensuring that the resettlement refugees understand what the psychological care entails despite any potential language barriers. During such conversations, the intentions and goals behind the sessions may also be

discussed. This might reduce any potential misunderstandings or misperceptions of how the treatment will evolve. These statements were particularly stressed for resettlement refugees in need of an interpreter during the psychological care.

All of the participants had some experience with use of interpreters, considering how it is a common occurrence in the beginning phase of resettlement. The participants mentioned how the use of interpreters in psychological care distinguishes itself slightly from other contexts, because it requires the interpreter to have a background or knowledge in psychosocial or psychotherapeutic education. This is important to understand both the context and psychological terminology during the sessions.

During the interviews, a couple of the participants shared their experiences with the use of professional interpreters. While they perceived it to have a positive effect on the sessions, they did acknowledge how inexperienced professionals might be intimidated and find it challenging. One of the participants mentioned the importance of including the interpreter in the therapy sessions, and not strictly provide translations of what the client communicated.

It is also important to consider the personal context and background which the client may have applied to their experience. Moving away from our perceived reality of the situation, and rather consider the perspective of the client. With this in mind, it may be beneficial to use an interpreter who is aware of the cultural background of the client.

The participants of the study emphasized the important role of the interpreter in their work. Some mentioned that they often used the same interpreter during the entire process of the psychological work. The interpreter therefore needs to be invested in the continuous work and

be someone whom the client is comfortable with. Some of the professionals stated that the use of an interpreter of the same gender as the client was beneficial in some settings, with the intention that it would make the clients more comfortable.

The preferences in terms of professional interpreters varies greatly from one client to another. While some clients are comfortable using an interpreter of the same cultural background as themselves, others preferred using one from a completely different background. This is often connected to the fear of confidential information being spread in the local community which they both belong to, and how the client risk meeting the interpreter in social settings outside the therapy sessions. Other aspects that prove important for some clients in terms of interpreters include age, gender, cultural background etc. All of the participants, however, agreed on the importance of listening to such preferences once they were expressed by the client.

Psychological care can be quite mentally draining, even for the professionals who are involved in the sessions. The participants therefore emphasized the importance to provide follow-up to the professional interpreters as well, to ensure the well-being of all parties.

5.4. Expectations during resettlement

The resettlement refugees

The cultural orientations held by IOM in the refugee settlements increases the cultural knowledge about the Norwegian culture, traditions and behavioral norms. The orientations establish realistic pictures of what to expect upon the arrival in the various municipalities and therefore serves as a preparation tool for many. However, several participants mentioned that the pre-existing expectations of the resettlement refugees will heavily influence their

perceptions on the resettlement process. The information which might impact the level of expectation may come from relatives, friends or acquaintances who have been resettled in similar regions. Some might also experience how the expectations are established through misunderstandings during the beginning of the resettlement process.

The expectations normally pertain to the living arrangements, municipalities, educational attainment, work situation, or environmental aspects. Although aspects which might put restraints on the initial stage of the resettlement process in Norway, none of the participants mentioned that this was a long-term issue.

The host country

The introduction programme in Norway aims to enhance social integration in the host country by promoting basic skills training which will encourage public participation and economic independence. Like previously mentioned, the programme is mandatory for all resettlement refugees, in return for an economic compensation during the time of attendance. Although it has been internationally encouraged for its qualification measures, the participants emphasized the importance of how the expectations and requirements during the programme needs to be realistic compared to the preconditions and individual case of the resettlement refugees. While challenging yet realistic goals can create a positive experience and sense of achievement, unrealistic and unattainable goals will result in the opposite effect. The mandatory courses and programmes should not be sources of additional stress for the resettlement refugees, considering how the resettlement process is a big adjustment for many.

The introduction programme can be perceived in various ways depending on the individual resettlement refugee. While some resettlement refugees might see the educational attainment

as positive, others perceive it as a source of frustration. Resettlement refugees with external psychological stresses might identify the programme as a distraction from other issues in the daily lives, while others perceive it as additional stress which has further negative impact on their well-being. Aspects such as these brings back the important roles of the professionals involved in the process, such as the teachers at the adult education centers.

Especially for illiterate resettlement refugees, the road to learning a new language and apply the new skills in social settings might be challenging. In situations such as this, it was pointed out the importance of following up the children. Ensuring progression for the children, can have a positive impact on the development of the parents seeing how the children might help them with homework and pronunciation outside of the programme.

Entering the Norwegian job market can also be challenging for many resettlement refugees, especially the ones who do not have past work experiences or illiterate individuals.

Considering how the resettlement refugees are eventually expected to become economically independent, there needs to be wider range of unskilled jobs available due to lack of educational attainment and previous work experience for many.

5.5. Transition to high-technological society

In addition to the extensive transition from one culture to another during the resettlement process, the transition from a developing country to an industrial country can be a big transition for many resettlement refugees. This will naturally vary depending on the individual's background and experience, but several participants emphasized how practical aspects were perceived as challenging for many resettlement refugees. This included everyday

aspects of life, such as cooking, cleaning, electricity, technology, paying bills, public transportation etc.

The challenges with the practical aspects was not attributed to the fact that the individuals are resettlement refugees, but rather based on the personal experiences with such practicalities from their home country. The knowledge therefore varied greatly from one individual to another. However, the participants therefore emphasized the importance of not taking anything for granted during the initial stage of the resettlement process, but rather inform the individuals on practicalities which might be unfamiliar. If the professionals identified their availability, it was more likely that the resettlement refugees will feel comfortable asking questions about such practical aspects.

Chapter Six

6. Discussion

This chapter will discuss the research questions in light of the findings from the qualitative interviews and previous research on the topic. The intention behind this is to see whether the literature on the topic supports the observations and information provided by the participants of the study, and whether the study provides any new contributions to the research.

6.1 Approaches to address GBV in Norway

In 2019, the Norwegian minister of foreign affairs, Ine Eriksen Søreide, stated Norway's ambition to generate worldwide support to combat sexual and gender-based violence (SGBV) (Government, 2019). The implemented efforts to eradicate SGBV in humanitarian crises are based on the humanitarian strategy which was launched by the Norwegian Government in 2018. The strategy aims to focus on protection issues, combating sexual and gender-based violence, safeguarding women's rights, protection of children and young people, amongst

other issues (Government, 2018). “Until now, there has been too little political will to address sexual and gender-based violence in humanitarian crises, and the response has been critically underfunded. We must improve steps to prevent abuse and the way we help victims, and we must ensure that many more people are punished for these crimes”⁹ (Government, 2019).

The NRC operates NORCAP, which is a global provider of expertise to humanitarian and development purposes. In the DRC, NORCAP deployed Regional Emergency GBV Advisors (REGA), who work to alleviate the current risks in the region while strengthen the response to GBV. Such initiatives are directly involved in the protection of the lives and human rights of vulnerable groups, which often includes civilian women and adolescents during conflicts. The NRC states that through the right dedication and adequate resources, the survivors of GBV will have access to adequate treatment following the assaults, while structural change is made to the norms and practices that lead to GBV (Norwegian Refugee Council, 2019).

The mentioned initiatives serve as examples of the humanitarian aid and assistance that is dedicated to the eradication of GBV as a human rights violation. While the approaches largely represent financial support and provision of expertise in humanitarian crises outside of Norway, the initiatives are consider the perceptions towards eradicating GBV. The international community also has acknowledged the need for long-term commitments of resources. Especially in humanitarian crises, the involved humanitarian organizations, agencies and stakeholders must prioritize GBV to a significant degree, to prevent serious consequences for future generations (Norwegian Refugee Council, 2019).

⁹ Quote by the Norwegian Minister of Foreign Affairs, Ine Eriksen Søreide, (Government, 2019).

6.1.1 Mobilizing funds to combat GBV

In addition to being one of the largest contributors to the UN's Central Emergency Response Fund (CERF)¹⁰, Norway allocated NOK 1 billion to efforts which will aim to combat sexual and gender-based violence in humanitarian crises between 2019-2021. In 2019 alone, the government has designated NOK 350 million for this exact purpose (Government, 2019). Norway is also the top donor to the United Nations Population Fund (UNFPA), who work to strengthen policies and the legal framework on GBV, in addition to changes of behaviors towards survivors of GBV (Reliefweb, 2019). The lack of legal recourse and social stigma connected to GBV in countries such as the DRC are central parts of the issue, which organizations such as the UNFPA aim to diminish.

The international conference, *Ending Sexual and Gender-based Violence in Humanitarian Crises*, was conducted in Oslo in May, 2019. One of the key objectives of this conference, was to mobilize additional financial resources which would specifically target SGBV response strategies through the UN coordinated response plans. The conference included segments where the international organizations and NGOs were invited to make both financial and non-financial commitments to end SGBV (End SGBV Oslo, n.d.). Events such as these have proven effective to raise both awareness and financial resources which will be necessary to tackle the worldwide issue of GBV. It acknowledges how financial aid cannot eradicate the issue itself, but the need for advocacy and structural changes to cultural norms which supports the practices of GBV.

¹⁰ An agreement between Norway and CERF states that the provision of funding totaling nearly NOK 1.7 billion over a four-year period. In 2020, Norway is set to provide NOK 90 million in funding of OCHA's efforts to promote humanitarian action (Reliefweb, 2020).

6.2 Main challenges affecting psychological care for resettlement refugees

Aligned with other patients, victims of torture will be evaluated based on their right to adequate healthcare, based on their needs, the benefits from such care, and whether they should be prioritized ahead of other patients. The Norwegian Red Cross emphasizes that the way the regulations are formulated today might present challenges in terms of rehabilitation offers provided to victims of torture (Norwegian Red Cross, 2020). This is also applicable to the situation of resettlement refugees who are GBV victims, and may explain why the process of obtaining the psychological care is so prolonged and complex.

In addition to the challenges pertaining to the identification of the resettlement refugees who are in need of psychological care, the social stigma connected to the topic of GBV in their home countries can also be a challenge which affects the process of acquiring such help.

6.2.1 Person-dependent practice

The offers of psychological care for resettlement refugees depend on local and regional offers to healthcare services and the follow-up procedures available. However, the lack of national systematic approaches to prioritize traumatized resettlement refugees seems to be a source of skepticism for the professionals who are bound by a system which complicates the facilitation of proper psychological follow-up (Norwegian Red Cross, 2020).

The person-dependent practice of psychological care of resettlement refugees does therefore appear arbitrary, where the offers of psychological care depend on the network surrounding the resettlement refugees rather than a systematic approach to the issue. The professionals who work with the resettlement refugees concern frustration with the outreach approach of

the healthcare system, in addition to the complex process of acquiring the adequate care once the underlying issues are identified.

6.2.2 Lack of identification measures

Proper identification of individuals who have been subjected to torture and the documentation of these individuals, are prerequisites for offering adequate rehabilitation services when needed. The work must be systematic and institutionalized, which requires proper training, clear distributions of responsibilities, and adequate resources for the professionals (Norwegian Red Cross, 2020). Because of this, there appears to be distinction between the identification measures applicable to the medical and psychological needs for resettlement refugees in Norway. Whereas the initial health screenings upon resettlement in Norway seeks to identify the potential medical attentions needs of newly resettled refugees, there is no adequate identification measures for psychological care.

As a result, the medical needs will often be identified within a few months of resettlement, whereas psychological needs might take months or years. The statements by the participants of this study, is supported by the observation that there are weaknesses in terms of systematic approaches to the identification process of individuals who have been tortured (Norwegian Red Cross, 2020). Research also indicated that programmes of professional studies are exposed to such topics through the duration of their programme (Norwegian Red Cross, 2020). Like emphasized in the previous section, education can work as proactive measures to create changes of the current situation, both in term of the resettlement refugees and the professionals who are involved in the resettlement process.

6.3 Psychological care impact on mental well-being

Human beings who have survived torture, are a particularly vulnerable group in our society. They are often not identified through the public healthcare system and will not dictate demands on their own behalf (Norwegian Red Cross, 2020). This statement supports the perceptions of how it takes much longer to identify the need for psychological care, compared to the medical needs during the resettlement process.

The consequences of torture can be extensive and prolonging. Injuries caused by the torture may require physical, psychological, juridical and social rehabilitation which takes the individual experience into consideration in addition to the context which the individual has applied to their experience (Norwegian Red Cross, 2020).

Individuals are affected by GBV in different ways, and individuals will also deal with trauma differently (Varvin, 2015). It is therefore difficult to identify how people will be impacted by the assault prior to the events actually happens. However, trauma related to GBV can have severe impacts on an individual's well-being. This pertains to loss of control, fear, depression, lack of concentration, memory loss, social anxiety and lack of motivation in various context of life. It also has the ability to disrupt a person's development, leave them without a sense of control and autonomy of one's life.

Like mentioned in the previous section, some individuals are able to envision a future after the assault, and deal with the challenging past experience on their own. Others, on the other hand, might experience severe symptoms of underlying stresses. Not only will this impact the individual's mental wellbeing, but also their development process and motivation, seeing how

they are not able to escape their challenging past despite the resettlement in a host country, where things are perceived as relatively safe.

6.3.1 Impact on social integration

The impact of trauma connected to GBV can have severe implications on one's wellbeing. This can have further implications on the social integration in the host country after resettlement. Seeing how majority of resettlement refugees are often left without a social network having left their home countries, this can create a sense of isolation and loneliness. Human beings thrive in social settings of various contexts. This is reflected in how thoughts, emotions, and emotions are often tied to other humans – whether in the past, presence or future. It takes time to create a new home, and it takes time to establish new relations (Varvin, 2015).

Religious affiliations, or other self-identified associations with groups in the host community, was perceived by a participant of the study to have a positive effect on social integration. The connection between many of the Congolese resettlement refugees who belong to the Christian faith and the church community in Norway has the potential to rebuild social networks after resettlement and therefore create a sense of belonging. When establishing an association with locals in the host community, the phenomenon of “us” and “them” decreases, because the focus falls on similarities rather than differences.

In such settings, social relations are often established with individuals who have the similar values and beliefs as oneself. It also creates a social setting where the resettlement refugees get to practice the Norwegian language skills outside of the introduction programme, which might eventually have a positive impact on the chances of entering the job market.

After the completion of the introduction programme, resettlement refugees have a lower percentage of employment or education compared to other refugees in Norway. Nevertheless, this difference decreases as the duration of stay in the country increases (Statistics Norway, 2020). However, resettlement refugees have a higher percentage above the national average for occupations within service and sale workers. These represent occupations where higher education is normally not required. The percentage of resettlement refugees works in professional occupations, on the other hand, is well below the national average (Statistics Norway, 2020). This occurrence supports the perceptions pertaining to the expectations of resettlement refugees which surfaced during the interviews.

6.4 Intercultural communication

Intercultural communication focuses on the interaction between individuals rather than the individual's culture. This indicates how the values, communication preferences and life perspectives influence the interactions between the two parties, and also how to create a positive relation. An important aspect to consider in this context, is how the perceived reality of the majority population can create issues for minority groups. Developing a culture sensitive approach to psychological care is therefore important to become aware of individual communication preferences and one's ability to adapt to other individuals. It is also up to the professionals to adapt to the client's preferred method of communication rather than maintaining general norms as to what works during sessions, whether that is considered to be direct or indirect communication (Holt, 2019).

In the therapeutic or psychological work, it is important to be aware of one's relationship to both verbal and non-verbal communication. This particularly relates to individuals of different

societies, where communicative gestures might have different meanings in different cultural settings (Holt, 2019). This was also established during the qualitative interviews, where a participant stated that the communication is typically altered based on the preference of the client. Awareness of our own preferred communication style is therefore important, because it affects how we communicate with others and how the message of our communication gets across.

“When sociodemographic differences exist between therapists and clients, the tendency in the field has been to consider them as hinderances for achieving therapeutic connections and optimal clinical outcomes. The field of psychotherapy can benefit from debunking this myth. Differences do require a higher investment, especially at the beginning of therapy in establishing a therapeutic relationship” (Nino et al, 2015, p.14). While the participants of this study emphasized the benefits of using interpreters during sessions with resettlement refugees, several of the participants mentioned how inexperienced professionals might perceive it as a hinderance for the outcome of the therapy.

However, “Competence literature has focused on awareness, knowledge, and skills, their findings suggest emotional attunement between therapists and clients is the essential ingredient for therapeutic success” (Nino et al, 2014, p.4). This perspective emphasizes the statements which were made by the participants of the study, seeing how the positive relations and environments for resettlement refugees is extremely high.

The DRC is a high-context culture in terms of communication. This indicates that collectivism, close interpersonal relationships and social structure are central aspects. Norway, on the other hand, is classified as a low-context culture, where aspects such as

individualism and explicit verbal communication is highly valued. Anthropologists Edwards T. Halls' theory explains the context of high- and low- context cultures, where most of the meaning behind a message is conveyed in the explicit verbal code. However, the theory of proximity is also one that is often applied in intercultural communication, in terms of individuals' personal space in relation to others and how this relates to communication with individuals from other cultures.

6.5 Limitations and future research

Like previously mentioned, the study presents several limitations as a result of the challenges COVID-19 has imposed on the process of data collection. In addition to the recent arrival of the Congolese resettlement refugees and the sensitive nature of the topic, finding interviewees for the qualitative interviews proved difficult. However, I believe that the research is still relevant in light of their recent arrival¹¹.

There is also a limitation regarding the second sub-objective: *How does the follow-up procedures vary based on geographical location?*". The objective aims to provide an insight on whether the follow-up procedures vary based on the geographical locations of the resettlement refugees. Although the initial research design aimed to depict the various follow-up procedures in the DRC, the refugee settlements in Uganda, and the host country of Norway, this was eventually changed to detect possible different offers and procedures within the national borders of the host country. However, this also proved difficult. Upon reflection, perhaps the use of quantitative research would have provided a greater possibility to collect more information concerning this aspect. The study could have included more municipalities

¹¹ Norway is also set to receive 1,250 Congolese resettlement refugees in 2020, which further supports the relevance of follow-up procedures for gender-based violence after resettlement (UDI, 2020).

than the ones involved in this qualitative study and therefore provided a clearer picture of all the offers available.

Finally, the experiences of the female Congolese resettlement refugees would be of great relevance for future research on the topic. Although the perspective of the professionals working with these aspects on a daily basis provides an insight into the resettlement process and perceptions of obtaining psychological care for the refugees, it would be of great interest to hear the stories of the ones who have gone through the resettlement process themselves. By interviewing the women, we would get primary data on how they perceive the introduction programme, the medical and psychological care they were offered, and how these aspects affected the integration process. While this was the initial research design for the study, the turn of events did not allow for this research to be conducted at this point in time. However, the findings of this study contributed by professionals in the field is also believed to be of high relevance for the study.

Chapter Seven

7. Conclusion

Through this study, the qualitative research shows that there is a clear distinction on how professionals involved in the resettlement process perceive the process of acquiring psychological care. Two distinctive were identified through the interviews: One group who were pleased with the current systems and perceived the psychological care available as adequate, and one group who were dissatisfied with the process of acquiring psychological care. Although the study did not determine the contributing factors to this occurrence, it was still an interesting observation throughout the study.

The primary data collection indicates that education can function as a proactive measure among resettlement refugees, to distribute information about the outreach approach for the Norwegian healthcare system. Educating the resettlement refugees on their entitlement to professional care, both medical and psychological, might make a big difference once the resettlement refugees express the need for psychological care.

If the resettlement refugees in need of psychological care are identified sooner, it is possible that it will have a positive impact on the ability to perform in the introduction programme which will further enhance the social integration into the host community. This requires proper training of professionals, coordination between services, and systematic work (Norwegian Red Cross, 2020).

Once again, acquiring psychological care is perceived as both person-dependent and fragmented. This emphasizes the importance of the workers involved in the resettlement process. Proper training of identifying symptoms with underlying causes is therefore necessary.

It is also important that the expectations and requirements of the host country reflects the resources provided to ensure the resettlement refugees' success in terms of integration. This indicates that the expectations and requirements need to take the individual situations and prerequisite conditions of each individual into consideration, in order to set realistic goals that are attainable. This will establish a sense of achievement, which can have a positive impact on the development despite previous stresses of both gender-based violence and resettlement process.

The thesis will therefore argue that the current system of obtaining psychological care for resettlement refugees is more complicated than expected and might actually hinder rather than help the gender-based violence victims from receiving adequate help. The Norwegian healthcare system prerequisites previous knowledge on the healthcare system or a well-established network of contact persons. The system will therefore be of particular hindrance for gender-based violence victims who have experienced the consequences of social stigma connected to the topic. This is supported by the fact that it normally takes years for torture victims to come forward with their stories after resettlement (Norwegian Red Cross, 2020).

References

- Anstorp, T., & Benum, K. (2014). *Traumabehandling*. Oslo: Universitetsforlaget.
- Bagenda, E., Naggada, A., & Smith, E. (2003). *Land problems in Nakivale settlement and the implications for refugee protection in Uganda*. Retrieved from Food and Agriculture Organization of the United Nations:
<http://www.refugeelawproject.org/resources/papers/workingpapers/RLP.WP08.pdf>
- Betts, A., Chaare, I., Omata, N., & Sterck, O. (2019, January 21). *Research in Brief: Uganda's Self-Reliance Model: Does It Work?* Retrieved from Refugee Studies Centre: rsc.ox.ac.uk/publications/research-in-brief-ugandas-self-reliance-model-does-it-work
- Bjørhaug, I. (2017, April 10). Tales of Loss and Sorrow: Addressing Methodological Challenges in Refugee Research in Uganda. *Forum for Development Studies*, p. DOI: 10.1080/08039410.2017.1305443.

- Bradley, M. (2013, November 13). *Sexual and Gender-based Violence in the Democratic Republic of the Congo: Opportunities for Progress as M23 Disarms?* Retrieved from Brookings: <https://www.brookings.edu/blog/africa-in-focus/2013/11/13/sexual-and-gender-based-violence-in-the-democratic-republic-of-the-congo-opportunities-for-progress-as-m23-disarms/>
- Care. (n.d.). *Women's Empowerment Framework*. Retrieved from Care : <https://www.care.org/our-work/womens-empowerment/gender-integration/womens-empowerment-framework>
- Connell, R. W. (1987). *Gender and Power: Society, the Person and Sexual Politics*. Cambridge: Blackwell Publishers.
- Council on Foreign Relations. (2020, July 21). *Violence in the Democratic Republic of Congo*. Retrieved from Council on Foreign Relations: <https://www.cfr.org/global-conflict-tracker/conflict/violence-democratic-republic-congo>
- Cruz-Saco, M. A. (2008). *Promoting Social Integration: Economic, Social and Political Dimensions with a focus on Latin America*. Retrieved from United Nations: https://www.un.org/esa/socdev/social/meetings/egm6_social_integration/documents/Promoting_Social_Integration.pdf
- Dictionary. (n.d.). *Patriarchy*. Retrieved from Dictionary.com: <https://www.dictionary.com/browse/patriarchy>
- Eige . (n.d.). *Discrimination Against Women* . Retrieved from Eige: European Institute of Gender Equality: <https://eige.europa.eu/thesaurus/terms/1084>
- End GBV Oslo. (2019). *Ending Sexual and Gender-based Violence in Humanitarian Crises*. Retrieved from End GBV Oslo: <https://www.endsgbvoslo.no/>

- Helsenorge. (n.d.). *Mental Health Care in Norway (for adults)*. Retrieved from Helsenorge: <https://helsenorge.no/SiteCollectionDocuments/Mental%20health%20care%20in%20Norway%20for%20Adults.pdf>
- Holt, K. (2019). *Kultur, Migrasjon og Traumer*. Oslo: Gyldendal
- Human Rights Watch. (2019). *Democratic Republic of Congo*. Retrieved from Human Rights Watch: <https://www.hrw.org/world-report/2020/country-chapters/democratic-republic-congo#>
- IAGCI. (2018). *Country Policy and Information Note, Democratic Republic of Congo (DRC): Gender Based Violence*. London: UK Government Home Office.
- Iltan, S., Oliver, M., & Connoy, L. (2015, December 18). *Humanitarian Assistance and the Politics of Self-Reliance*. Retrieved from Centre for International Governance Innovation: <https://www.cigionline.org/publications/humanitarian-assistance-and-politics-self-reliance-ugandas-nakivale-refugee-settlement>
- IMDi. (2019, November 28). *The introduction programme*. Retrieved from Integrerings-og mangfoldsdirektoratet: <https://www.imdi.no/en/the-introduction-programme/the-introduction-programme/>
- IMDi. (n.d.). *Confident parents in a new country*. Retrieved from Integrerings- og mangfoldsdirektoratet: <https://www.imdi.no/en/the-introduction-programme/confident-parents-in-a-new-country/>
- McKay-Semmler, K.L. (2017). High- and Low-Context Cultures. In *The International Encyclopedia of Intercultural Communication*, Y.Y. Kim (Ed.). doi:[10.1002/9781118783665.ieicc0106](https://doi.org/10.1002/9781118783665.ieicc0106)
- Nadia Aghtaie, G. G. (2015). *Understanding Gender Based Violence*. New York: Routledge.
- Nino, A., Kissil, K., & Davey, M. (2015). Strategies used by foreign-born family therapists to connect across cultural differences. *Journal of Marital and Family Therapy*, 123-138.

- Norges Offentlige Utredninger. (2011). *Bedre Integrering: Mål, strategier, tiltak*. Oslo: Departementenes Servicesenter Informasjonsforvaltning.
- Norwegian Ministry of Foreign Affairs. (2018). *Norway's Humanitarian Strategy*. Retrieved from Government :
https://www.regjeringen.no/globalassets/departementene/ud/dokumenter/hum/hum_strategy.pdf
- Norwegian Refugee Council. (2019, May 20). *Gender-based violence*. Retrieved from Norwegian Refugee Council: <https://www.nrc.no/expert-deployment/what-we-do/gbv/>
- Norwegian Red Cross. (2020). *Torturert og glemt? Identifisering og rehabilitering av torturutsatte i Norge*. Oslo: Norwegian Red Cross.
- OHCHR. (2018). *Integrating A Gender Perspective Into Human Rights Investigation*. Retrieved from Office of the United Nations High Commissioner for Human Rights: https://www.ohchr.org/Documents/Publications/IntegratingGenderPerspective_EN.pdf
- OHCHR. (n.d.). *Universal Declaration of Human Rights*. Retrieved from Office of the United Nations High Commissioner for Human Rights: https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf
- Peace, U. S. (2003, July 1). *Truth Commission: Democratic Republic of Congo*. Retrieved from United States Institute of Peace: <https://www.usip.org/publications/2003/07/truth-commission-democratic-republic-congo>
- Reliefweb. (2019, December 19). *Norway contributes NOK 17 M to end gender-based violence in Iraq*. Retrieved from Reliefweb: <https://reliefweb.int/report/iraq/norway-contributes-nok-17-m-end-gender-based-violence-iraq-enar>
- Reliefweb. (2020, February 11). *Norwegian support for UN humanitarian aid efforts*. Retrieved from Reliefweb: <https://reliefweb.int/report/world/norwegian-support-un->

- United Nations Development Programme. (n.d.). *Gender Inequality Index (GII)*. Retrieved from United Nations Development Programme: <http://hdr.undp.org/en/content/gender-inequality-index-gii>
- United Nations. (2019, March 29). *Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict: Democratic Republic of the Congo*. Retrieved from United Nations : <https://www.un.org/sexualviolenceinconflict/countries/democratic-republic-of-the-congo/>
- United Nations Population Fund . (n.d.). *Gender-based violence*. Retrieved from United Nations Population Fund: <https://www.unfpa.org/gender-based-violence>
- Vargas, M. S. (2019, May 23). *Uganda's Nakivale Refugee Camp: Notes from our PhD fieldwork*. Retrieved from UNU- Merit: <https://www.merit.unu.edu/ugandas-nakivale-refugee-camp-notes-from-our-phd-fieldwork/>
- Varvin, S. (2015). *Flukt og Eksil*. Oslo: Universitetsforlaget.
- Women for Women . (n.d.). *Series: What Does that Mean? Gender- based Violence*. Retrieved from Women for Women : <https://www.womenforwomen.org/blogs/series-what-does-mean-gender-based-violence>
- World Bank. (2001). *Engendering Development*. New York: World Bank, Oxford University Press.
- World Health Organization. (2017). *Violence against women*. Retrieved from World Health Organization: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>



Norges miljø- og biovitenskapelige universitet
Noregs miljø- og biovitenskapelige universitet
Norwegian University of Life Sciences

Postboks 5003
NO-1432 Ås
Norway