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AFFECTED CONTEXTS IN UGANDA



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Expanding the Psychosocial Support Policy to Address Sexual Violence in Conflict-Affected Contexts in Uganda



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In addition to killings and torture, Africa's prominent armed conflicts have been characterised by gross forms of sexual violence that include mass rapes, sexual slavery and abduction for sex, and child and forced marriages, among other forms.¹

Despite the absence of an active armed conflict at the time of the study in 2019, Uganda's historical blood-soaked conflicts have resulted in it being counted among emerging war-affected countries like Sierra Leone and Liberia, with documented records of sexual violence during and after conflict.

This policy research interrogates the psychosocial support policy in addressing sexual violence in Uganda's conflict-affected settings. It is based on qualitative methodology incorporating both secondary and primary data through literature review and fieldwork covering key informant interviews (KIIs) and community discussions.

Surveyed pockets of research indicate that 14 per cent of the national population (approximately 6.2 million people) are affected by the problem. Studies show a direct correlation between sexual violence experiences, psychosocial needs like trauma, and a poor general functioning among affected groups. Moreover, this was also linked to lower attainment in reconstruction interventions, such as the Peace, Recovery and Development Plan (PRDP), among them.

This study established that inadequate psychosocial support not only protracts the effects of sexual violence in and after conflict; it also increases risk and vulnerability to the occurrence of incidents. In addition, inadequate psychosocial support was found to exacerbate preexisting mental health and psychosocial support needs, increase dependence on poor coping mechanisms like alcoholism and breed a cycle of postponed stressors that intensify vulnerability to continued cycles of violence, especially among post-conflict populations and refugee communities.

Uganda's policy framework defines and criminalises sexual violence in addition to providing specific guidelines for psychosocial support to survivors of gender-based violence (GBV). The framework is, however, limited in addressing the intricate needs of conflict-affected settings. These are known to have a predetermined vulnerability to psychosocial needs, a recovering service environment and broken social supports that are too complex to reach through population-wide policy approaches. Beyond addressing perpetrators and direct survivors, the existing policy definitions pay little attention to the experiences of those who are aggressively coerced into witnessing or committing sexual crimes.

The study recommends the development of specific psychosocial support policy guidelines for redressing conflict-related sexual violence. The guidelines will seek to appreciate the unique needs of conflict-affected contexts and break the gender-biased perpetrator-survivor binary, which limits the definition of needs and services for groups like men. Moreover, specific mental health components are required to address severe trauma related to the intensity of methods and extreme levels of aggression associated with the forms of sexual violence which cannot be fully addressed through psychosocial approaches alone.

1. Background

Over the years, sexual violence has emerged as a core subject of research, policy and practice in the fields of human rights, peace and security globally.

Uganda contributes to Africa's large-scale experiences of sexual violence related to conflict that have been documented across past wars in the country's Northern

region, West Nile and Luweero-Rwenzori areas, among others. Moreover, since Uganda is the largest refugee-hosting nation on the continent, its response policy framework is sufficiently tested to address the experiences of thousands from the world's worst sexual violence hubs like the Democratic Republic of Congo (DRC).

In the wake of interventions, policies and programmes geared towards post-conflict reconstruction and humanitarian assistance, this research interrogates the existing psychosocial support policy in addressing sexual violence in conflict-affected contexts.

Qualitative methods were used to explore the scope/extent of services, how psychosocial support needs and services affect sexual violence and opportunities for redress. Primary and secondary data was collected through a literature review of Uganda's policy and legal framework, journals and reports. In addition, key informant interviews (KIIs) with experts on gender, conflict, mental health and psychosocial support, in-depth survivor interviews and a community discussion with 15 survivors in Paloro sub-county, Gulu district were conducted. The sample covered post-conflict northern Uganda, Luweero and humanitarian West Nile.

Uganda has a supportive legal and policy framework for the prevention of and response to sexual violence. This includes the Constitution, the Penal Code Act Cap. 20, the Domestic Violence Act and National Development Plans, among others, which define and criminalise sexual violence as a form of GBV. Specifically, Uganda

has national psychosocial support guidelines for GBV survivors. These, in addition to the frameworks listed above, define psychosocial support in the context of GBV and provide for a minimum response package.

The existing policy framework, however, takes a population-wide approach that views Ugandans and their sexual violence-related needs for psychosocial support as homogeneous, while they are unique for conflict-affected contexts that often have predetermined needs and socioeconomic vulnerabilities.

This study is crucial as it addresses a problem that affects approximately 14 per cent of the country's population, which translates into 6.2 million people, represents an opportunity to maximise outcomes from reconstruction investments, rated at over UGX 400 billion annually, and offers to redirect focus towards the country's commitment to international, regional and national human rights obligations.

The findings of the study offer pioneering steps towards policy that appreciates the unique needs of conflict-affected contexts, including redefining sexual violence experiences and psychosocial support needs for conflict-affected communities to address coerced witnessing and perpetration; capture the experiences of men and women; and expand the dynamics of psychosocial support that eliminate sexual violence as well as opportunities to utilise psychosocial support policy for the prevention and redress of protracted effects.

2. Definition of the problem

In the absence of a comprehensive study, pockets of research show that approximately 6.2 million people (14 per cent of the current population) from Luweero to northern Uganda and among refugees are affected by sexual violence related to conflict. In 2015, the United Nations Development Programme - UNDP - found that 50 per cent of the population in the Peace, Recovery and Development Plan (PRDP) region was affected by trauma and critical events, including sexual violence related to war.² The PRDP region comprises at least 55 districts in the Greater Northern region, most of which suffered the 20-year Lord's Resistance Army (LRA) war.³ Similarly, in a 2004 study, 70 per cent of the women interviewed in the Luweero Triangle area had been raped by groups of soldiers during the conflict.⁴ At the time of the study, Uganda was host to over 1.4 million refugees fleeing

conflict-related atrocities in neighbouring countries like the DRC and South Sudan. These countries are also known as regional hubs for conflict-related sexual violence.⁵

Sexual violence is notorious for its psychosocial implications for the affected groups. These include rape trauma syndrome, post-traumatic stress disorder (PTSD) and depression in the short term and chronic headaches, fatigue, sleep disturbances such as nightmares, flashbacks, alcohol and other substance use disorders, as well as suicidal ideation and self-harm, in the long term.⁶

In a cross-sectional population-based survey in Northern Uganda, sexual violence was listed among

the worst war events and directly linked to suicidal ideation, rape trauma syndrome and PTSD.⁷ In Luweero, women affected by the conflict in that area, specifically those who had been raped, expressed psychological distress through somatic symptoms like fatigue and poor functioning. In another cross-sectional survey on GBV and mental health among female urban refugees in Kampala, 63 per cent of the interviewed women who had experienced sexual violence in their country of origin showed a high prevalence of depression and PTSD symptoms.⁹

Relatedly, men who had suffered *feminisation* through being forced to rape other men, to have sex with inanimate objects like banana stems, or to rape women

in the presence of their family members, experienced prolonged self-blame, shame and guilt about being labelled homosexual and coexisting in similar communities.¹⁰

Ten years into the implementation of reconstruction programmes in 2016, it was found that 65 per cent of formerly abducted girls who had experienced sexual violence in rebel captivity still showed a direct correlation with stigma, poor community relations, and low general functioning. These experiences were also known to negatively affect their active participation and benefit in ongoing development initiatives, such as the PRDP interventions.¹¹

Emerging insights about the problem

With regard conflict-affected contexts, sexual violence extends beyond the perpetrator-survivor binary within which men and women are respectively positioned. Breaking this binary is essential to expanding the scope of the definition for the problem. Available literature shows that perpetrator groups in conflict settings are heterogeneous, and include combatants, state groups and civilians, among others, with a heterogeneity of motives.

In a study of 19 rapists and 12 heterosexual pedophiles, it was found that high-risk situations like a perceived breakdown of social structures, moods and emotions like anger experienced by groups with power, underpinned committing sexual crimes in conflict.¹²

The breakdown of systems in conflict-affected contexts further presented a relatively shared vulnerability for men to be forced to rape and for women to be raped. In other words, inhabiting a male body for many ceased to guarantee masculinity or a homogeneous position of power and domination, since experiences such as *failing to protect their wives and daughters from being raped while they witnessed it* left severe traces of trauma several years after active conflict.¹³ This also includes experiences of men and women who do not fall in categories of direct survivor and instead sustained grave trauma from experiences such as being systematically coerced to witness mass rapes of loved ones or people known to them.

Moreover, mental health and psychosocial support dynamics, such as preexisting conditions, are known to increase vulnerability to abuse, especially in situations of broken social order.

3. Why is it important to address the problem?

Addressing the psychosocial social constructs of sexual violence in conflict-affected contexts remains a question of urgency linked to the quality of Uganda's human capital. The correlation between sexual violence, its psychosocial constructs and poor community relations as well as low general functioning directly affects the attainment of the political and economic participation of over 6.2 million people in Uganda.¹⁴ Moreover, if not addressed, the problem threatens to compromise

government commitment to the attainment of global, regional and national outcomes like the Sustainable Development Goals (SDGs) in which Uganda is actively involved, the African Union Vision 2063, the National Development Plan II and, ultimately, Vision 2040.¹⁵

Furthermore, this study partially responds to Uganda's pursuit of opportunities for the effective implementation and attainment of the costly reconstruction plans and

programmes. In 2018, UGX 8 billion was allocated to the Luweero Triangle Parish Community Associations (PCAs) while USD 136 million was spent on the PRDP projects.¹⁶ Retrospectively, it was estimated that USD 323 million had been spent on refugee response by Uganda in 2017. These investments have generated accountability queries linked to whether they are well designed to address the existing needs of target populations in addition to broader accountability problems like corruption.¹⁷ Moreover, findings of the PRDP review in 2011 showed that addressing GBV in all its forms,

including sexual violence, and delivering *counselling* comprehensively represented an opportunity for increased outcomes in reconstruction programmes.¹⁸

In breaking the perpetrator-survivor binary, this study presents psychosocial support as a unique opportunity for the government to combine etiological and intervention-based approaches that champion the prevention of first-time occurrence and recurrences of sexual violence aligned with Uganda's zero tolerance to sexual violence as contained in the Kampala Declaration of 2011.¹⁹

4. Existing policy interventions & Analysis of the policy framework

Uganda has a supportive policy framework for redressing psychosocial support needs in a context of prevention and response to sexual and gender-based violence (SGBV). It includes the Constitution of the Republic of Uganda, 1995, as amended, the Penal Code Act (Cap. 120), the Domestic Violence Act, 2010 and the National Development Plans (NDPs).²⁰ In addition, basic elements of psychosocial support and SGBV response are integrated into reconstruction programmes like the PRDP and the refugee response plan.²¹

Moreover, most specifically, Uganda has national gender-based violence (GBV) psychosocial support guidelines for survivors through its Ministry of Gender, Labour and Social Development (MGLSD).²² The guidelines recognise and define the psychological constructs of GBV. They also offer direction for a minimum package, principles and quality of psychosocial support services for use by various stakeholders responding to the needs of survivors.

In similar post-conflict countries such as Liberia, evidence shows that conflict-affected contexts have a predetermined vulnerability to psychosocial needs, a recovering service environment and broken social supports which are too complex to address using

general development approaches that exclude these unique dynamics.²³ Thus, the population-wide approach to the existing policy framework is limiting.

The existing policy framework also takes a perpetrator-survivor binary where men are largely presented as perpetrators and women as survivors. This is restrictive for conflict-affected contexts where variability of motives, forms and methods of committing sexual crimes place both men and women at a relatively shared risk and vulnerability, especially if they do not wield physical power or control ammunition.²⁴

Moreover, the policy framework is stronger on response and limited on prevention. As such, it excludes innovative approaches to addressing psychosocial drivers and vulnerability factors for sexual violence, such as increased alcohol and drug abuse, prior sexual violence victimisation or perpetration, daily stressors and pre-existing mental health and psychosocial support needs which could facilitate prevention.²⁵ In the Acholi and Lango areas, for instance, GBV in all its forms, including sexual violence, were found to be largely caused by alcohol consumption, drug abuse and the psychosocial effects of the war, in addition to other factors, such as poverty.²⁶

5. Findings of the study

In retrospective narrations, survivors listed rape and sodomy as the commonest forms of sexual violence experienced during the Lord's Resistance Army (LRA) conflict. Both women and men were raped, and often in the presence of their family members.

All survivors listed forced witnessing of mass rapes of relatives as common during the war. These left them with severe psychosocial needs, including suicidal ideation, vengeance feelings and anger. Out of 15 participants in the community discussion, three knew someone who had raped during conflict as a means of revenge.

"...I raped them because I wanted them and their people to know how I felt. I was very angry because of what they did to me and my people... they raped our women, myself and all the men. They had to pay..."

[Extract from respondent, Palaro sub-county...]

In refugee settlements, key informants listed bad touches, forced abortions, forced marriage and belittling comments as the most common sexual violence forms, mostly faced by women and girls. For refugee survivors who experienced sexual violence in their countries of origin, memories of the incidents were registered to be very fresh as some often heard voices, saw images and felt the presence of their abusers through various ways, such as dreams and other imagery, for instance seeing a soldier.

In emergencies and post-conflict settings, men were also less likely than women to share their experiences or seek services for fear of shame and stigma. In the group discussion, both men and women perceived sharing of such cases by men as feminine. The respondents were also confident that most service providers held similar perceptions, which they believed affected disclosure, service seeking and uptake among men.

While key informants generally attributed sexual violence to unequal power relations between men and women, they classified the excessive use of aggression to commit systematic sexual crimes as unique to conflict settings. Thus they argued that the psychosocial social needs for sexual violence redress in conflict needed to be more specialised to integrate mental health services in order to address the intense trauma.

Moreover, cases of unresolved traumas from ethnic and political bouts yield vengeance, hate and anger, which threatens post-conflict reconstruction principles like guaranteeing non-recurrence. Two cases in the community discussions were recorded to have resulted from revenge several years after the conflict.

Pre-existing mental health and psychosocial support needs, including substance abuse, bipolar disorder, psychosis and depression were also found to exacerbate the risk and vulnerability to sexual violence in post-conflict and humanitarian contexts. Relatedly, increased survival pressures and changing gender roles were cited as increasing vulnerability, especially for women and girls. Increased cases of alcoholism among women and girls were attributed to these pressures while more girls were exposed to prostitution and sexual exploitation and abuse as they sought survival.

Overall, psychosocial support was delivered in conflict-affected contexts. However, the scope was small and fragmented despite the overwhelming need for it. In addition to the national guidelines on psychosocial support for GBV survivors, global guidelines for mental health in humanitarian settings were used by some actors in emergency West Nile. This limited scope also presented the absence of psychosocial support as a mediating factor in aggravating drivers and risks of sexual violence in conflict-affected contexts. Thus, providing mental health and psychosocial support could emerge as a mitigating factor for the risk and multifaceted drivers of sexual violence.

The impact of this low scope mainly presented itself in two ways: the absence of mental health and psychosocial support (MHPSS) to address preexisting conditions; and the absence of MHPSS to address emerging risk and vulnerability factors that drive sexual violence in humanitarian and post-conflict times.

Moreover, in the face of broken sociopolitical and economic systems, psychosocial support was cited

to hold the potential for rebuilding social cohesion through group therapies. Equally important was psychoeducation about socioemotional issues which, when not addressed, exacerbate feelings of vengeance, anger and hopelessness, with the potential to disrupt reconstruction outcomes.

While approaches such as basic counselling to survivors with group- and community-level activities are part of the minimum package in the national guidelines, these

6. Recommendations

Development of specific psychosocial support policy guidelines for sexual violence redress in conflict-affected contexts

The existing national guidelines for psychosocial support to GBV survivors (including sexual violence) take a population-wide approach that overlooks intricacies in conflict-affected contexts. While drivers and effects largely relate across conflict and non-conflict contexts, conflict-affected settings have a predetermined vulnerability to psychosocial needs, a recovering service environment and broken social supports which mutually interplay to exacerbate the occurrence of fresh cases and recurrences, and facilitate the protraction of effects.

Specific guidelines will also expand the definitive scope of sexual violence beyond direct perpetrators and survivors to 1) capture the general experiences of those exposed, for example through coerced witnessing of sexual violence incidents; 2) address the intensity of aggression and a systematic nature of sexual violence acts that leave behind adverse psychosocial needs; and 3) stretch the concept of unequal power relations to include physical power or the possession of arms under

do not fully address the severe psychosocial needs relating to sexual violence among conflict-affected groups.

Key informants also cited capacity gaps in the current set-up of services, as some partners, especially those in emergency response, tended to confuse psychosocial support with basic counselling, case management or life skills activities.

which inhabiting a feminine or masculine body holds relatively equal points of vulnerability to abuse by more physically powerful groups that seek to subdue others through sexual abuse, among other ways.

This expansion in definition and scope will open up opportunities for millions of individuals in conflict-affected areas who are not direct perpetrators or survivors yet experienced high trauma triggers from passive exposure. Moreover, it will deliberately allow inclusive redress for men and boys whose experiences largely go underreported largely owing to social stigma.

Screening tools from the WHO Mental Health and Psychosocial Support in emergencies must be adopted into the recommended guidelines to address severe aspects often associated with an intersectionality of extremely aggressive acts like sexual organ mutilation, rape by inanimate objects, and being forced to rape family members and relatives or to witness while family members are being raped. This will help complement the current psychosocial support set-up as well as address preexisting traumas and other mental health conditions.

7. Conclusion

This study shows that inadequate psychosocial support increases risk and vulnerability to sexual violence in conflict-affected contexts. It also protracts its effects among those who experience it. Conflict-affected contexts present unique needs that are often missed in mainstream population-wide policy approaches.

Specific guidelines for psychosocial support are recommended as essential in addressing the unique

needs of conflict-affected contexts, redefining sexual violence and psychosocial support to include forms like systematic witnessing of sexual crimes, breaking the perpetrator-survivor binary to expand the prevention and response scope for men and women, and integrating mental health methodologies for the comprehensive sexual violence redress of risks, drivers and vulnerabilities as well as effects.

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