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Helen Liebling-Kalifani and Bruce Baker

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Acknowledgments

The authors thank all those in Kitgum and Orom who generously gave of their time to make this research possible. We are most grateful to all that we interviewed for their participation and the knowledge they shared. We hope that the following analysis in some small way repays that investment of time. We are also grateful for the support and assistance of Kitgum Women's Peace Initiative, KIWEPI, and Isis-Women's International Cross-Cultural Exchange, Isis-WICCE for translation from Acholi to English and vice-versa, facilitation and transport. We thank the British Academy for funding (Award Reference: SG-53937), as well as Coventry University and Coventry and Warwickshire National Health Service Trust Partnership for their support. The report, of course, only reflects the views of the authors. It is offered to readers in the hope that it will stimulate discussion and be a resource for policy review and construction.

Helen Liebling-Kalifani and Bruce Baker

Summary

This book provides a summary of research carried out on *the governance of sexual violence in northern Uganda*. The study was carried out in December 2009 and considered the health and justice responses for survivors of sexual violence in Kitgum District, both from the perspective of users and providers. Interviews were carried out with former young abductees, health and justice professionals and key informants.

Kitgum has experienced over twenty years of armed conflict carried out by the Lord's Resistance Army and Ugandan People's Defence Force. Although the LRA are currently in Congo, the conflict is continuing with the Karamajong still committing atrocities. The authors conclude that Kitgum is not a *post*-conflict area; conflict in terms of sexual violence levels is ongoing at high levels. The population therefore has experienced severe and ongoing sexual, physical and psychological violence, torture and trauma.

There is a reported increase in alcohol and drug use within the communities as well as sexual and domestic violence. Sexual violence has caused damage to women and girls psychological and reproductive health and there are increasing levels of HIV/AIDS. The research found evidence of sexual violence not only against women but against male LRA rebels and former abductees, together with untreated health problems. Due to the cultural sensitivities, there is likely to be large under-reporting of this phenomenon.

Both the health and legal systems are in failure and unable to address these issues. High levels of stigma, fear, shame and lack of trust affect levels of reporting and access to justice and health care. However, women and men survivors reported several adaptive ways of handling their physical health problems and psychological trauma and demonstrated resilience and agency.

The poorly resourced health system struggles to respond to the serious and widespread health needs of survivors of sexual violence. Participants reported low levels of access to health care, poor health facilities and infrastructure and lack of support and training for health care staff. Survivors, criminal justice professionals and key informants suggested that the criminal justice system failed to provide justice for the survivors of sexual violence due to low levels of reporting, under-staffed, under-trained and under-resourced police and a failure of the courts and court system.

The research makes health and justice policy recommendations for Kitgum District. Although health and justice findings have been reported separately in fact we looked at them together because sexual violence was experienced simultaneously as a violation of the survivor's body and rights. It left the survivor in need of both a health and a justice response. As the two are connected in the experience of the survivor so they go hand in hand in terms of service responses required. We therefore argue that there is real value in promoting increased collaboration between local health and justice services.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CID	Criminal Investigation Department
CO	Commanding Officer
FCPU	Family and Children's Protection Unit
HIV	Human Immunodeficiency Virus
IDP's	Internally Displaced Person's
Isis-WICCE	Isis Women's International Cross Cultural Exchange
KIWEPI	Kitgum Women's Peace Initiative
LC	Local Council
LRA	Lord's Resistance Army
NGO	Non-Government Organisation
PEP	Post-Exposure Prophylaxis
PRDP	Peace, Recovery and Development Plan for Northern Uganda
UPDF	Uganda People's Defence Force

Introduction

This book is based on a research programme that examined the governance of sexual violence in Kitgum, northern Uganda. The fieldwork was carried out by two researchers in African Studies and Clinical Psychology from Coventry University, in December 2009 with the assistance of Kitgum Women's Peace Initiative, KIWEPI, co-ordinated through Isis-Women's International Cross Cultural Exchange, Isis-WICCE, an international women's non-government organization based in Kampala. It was funded by the United Kingdom's British Academy (Award Reference: SG-53937).

Methodology

The research considered the health and justice responses for survivors of sexual violence in Kitgum, both from the perspective of users and providers. To this end it attached as much importance to asking communities, associations and individuals to share their experiences, as listening to state and non-state providers of health and justice services.

In collaboration with Kitgum Women's Peace Initiative, KIWEPI, as our local partners, we interviewed 51 men and 41 women survivors of conflict-related violence and torture, including sexual violence, in four parishes, Kiteny, Lolia, Lolwa and Katwotwo, in Orom sub-county; as well as six women survivors in Kitgum Town, as regards their experience of justice and health provision. Some of the interviews were conducted individually and others were held in focus groups. We also

carried out 85 semi-structured interviews with police and health officials, and non-state providers that examined their training, facilities, interviewing techniques, use of women officials and success in bringing cases to a conclusion. We triangulated our findings by discussing the project's themes with key informants within the health and legal profession, human rights organisations, local and government leaders. This took place in the form of two workshops in Orom and Kitgum Town, in addition to a training workshop on supporting survivors of sexual violence held at Orom Health Clinic.

Overall we listened to over 200 people in individual interviews, focus groups and in three workshops. A full list of those interviewed is provided in appendices A, B and C.

Aims of the research

The research was distinctive and unique in five ways. First, it combined state and non-state policing and health in a single study, since the actual experience of survivors left them requiring both justice and health care. Second, it explored the theme, the quality of response rather than attitudes of survivors to peace, justice and reconciliation, which has been covered by others (Pham et al, 2005; 2007). Third, it focused on Orom in the Eastern part of Chua County in Kitgum, as this was an area identified as having the highest number of affected citizens who have not benefitted from the rehabilitation processes in northern Uganda and urgently in need of reproductive and mental health service provision (Isis-WICCE, 2006; Liebling-Kalifani et al. 2008). Fourth, it examined resilience during war based on

communities; men are supposed to be resilient and not 'weak,' Secondly, they may not be aware that they can be helped and they feel there are no solutions to their problems, and finally it is an abomination within our community to be raped as a man it is not manly and the survivor would be 'cast out'.

Research participants also described the problem of those infected with HIV also carrying out acts of sexual violence as this woman Acholi leader describes:

> The worst example is those who are HIV positive who are intentionally infecting others. They have the virus and they want to transmit the virus to others they have the most negative attitudes in our communities.

Effects of abductees' experiences

The experiences of former abductees have caused untold physical, psychological/spiritual suffering and social/cultural effects. Briefly, the physical effects include HIV/AIDS, sexually transmitted diseases, gynaecological problems, obstetric complications (including problems giving birth, death of babies and infertility), chronic body pains, gunshot, bomb and landmine injuries as well as epilepsy and other diseases. A woman interviewed in Orom said:

> My experiences have affected me greatly I have pains in my waist and back and think back to the time I was speared and have a lot of problems.

Liebling-Kalifani (2010: 96) previously argues in the context of war survivors in Luwero District, Uganda that:

> Both men and women reported sexually transmitted diseases and HIV /AIDS but as research reveals women are more frequently infected than men, particularly during the context of war due to the high levels of sexual violence (Amnesty International, 2007).

The health effects of sexual violence endured are described by this woman former abductee during a focus group discussion in Orom who stated:

> Many people who suffered sexual violence during captivity are HIV positive. It's unfortunate that many of them are unwilling to go for an HIV test but most of them who tested were found to be positive.

A woman interviewed individually in Orom also said:

> The biggest challenge I have now is that I have stomach pain due to the sex I suffered and I am also very weak. I had to continuously give him sex.

In terms of psychological effects reported, the traumatic effects included: anger, fear, stigma and shame, loss of interest and avoidance, isolation, dissociation and detachment from others, flashbacks and nightmares, depression and suicidal thoughts, intrusive bad thoughts and memories, insomnia, an inability to

communicate and homicidal urges. During a focus group held in Orom, one former abductee said:

> I have so much trauma in my head, which comes out as anger and abuse. I suffer with a lot of anger and nightmares.

A woman former abductee interviewed in Orom also described the effects of her experiences:

> My back and my arm still burn. I was taken by the UPDF (Ugandan army) but my husband was shot in the head and killed. I was abducted in September 2000 for one month. I witnessed the LRA forcing people to beat others to death and I was also forced. I shed tears remembering those experiences. It helps me to pray as I feel so depressed about what happened.

The effects of the ongoing sexual violence and torture on the community are serious and enduring. Participants frequently described the levels of alcohol and marijuana use in the community since their return from captivity and the increasing levels of crime including domestic violence and rape within their communities. The following interviewees described the problems:

> Domestic violence has increased in our communities which is also increasing our trauma and making us recall. It is as if our men are rebels and doing the same things as they were doing. (Psychologist, Kitgum District)

> In 2007 UNHCR and IRC had a consultant that carried out a study about the levels of alcohol use and found it was a major factor in the escalating levels of rape and sexual violence. Alcohol use increased the levels of rape and was used to get the courage to rape. Family members also rape their children and soldiers also force rape. (Woman, focus group, Orom)

The additional problems faced in the community by abductees included discrimination and harassment, particularly for those who returned with children. This increased the levels of stigma and shame and in turn increased the lack of trust and negatively affected access to health and justice services. The harassment by the community is described by this former male abductee during a focus group held in Orom:

> The community are bitter with us especially when they drink alcohol they begin to call us names like 'a useless poor person' who should have been killed in the bush.

Participants described high levels of fear about reporting their experiences of sexual violence. This included fear of being tracked down and killed by the perpetrator and fear of a lack of confidentiality amongst professionals. A woman former abductee, during a focus group in Orom, describes the effects of experiencing continuing stigma:

> We also feared and suffered great stigma and trauma which is continuing. In terms of the stigma when we are in public we try and keep quiet so we are 'still mentally in captivity' we

fear to utter our problems therefore we stomach them all and shut down and feel isolated.

The violence, torture and trauma inflicted on communities and the young abductees, both physical and mental, is impossible to measure. The physical and mental consequences of such suffering, let alone the economic, social and moral ones, may never be totally eradicated; but it is hoped it can, in some measure, be ameliorated. No recompense, let alone full justice, can be offered to the survivors at the hands of unknown or unidentifiable rebels, but again it is hoped that ways will be found to demonstrate a public acknowledgement that they have endured severe injustice through beneficial services to them now. A whole generation of Acholi people has been damaged by conflict; it must not now be damaged by neglect.

Agency and Resilience

Almedom et al. (2010) explore what they term 'the resilience factor' as a counter to ideas of vulnerability in the building of what they term as 'healthy states'. Resilience can be utilised conceptually in relation to states, institutions, groups and individuals and to inform policies. As a result, there is growing interest amongst researchers and policy makers in this approach. Previous research with women war survivors in Uganda found although women were vulnerable to sexual exploitation during war, they demonstrated considerable agency and resistance (Liebling-Kalifani et al. 2007; Liebling-Kalifani, 2010: 99). A recent study in Rwanda also found resilience amongst genocide-rape survivors (Zraly and Nyirazinyoye, 2010).

The ongoing crisis

Although the Lord's Resistance Army has withdrawn from northern Uganda, sexual violence has not. The rape and defilement at the hands of the LRA, with cases of male rape as well according to our interviews, continued in crowded camps at the hands of fellow inhabitants and the UPDF (Human Rights Watch, 2005). Research in one IDP camp reported sixty per cent of women were 'physically and sexually assaulted, threatened and humiliated by the men in whom they have the greatest trust.' Survivors speak of the perpetrators of rape, child sexual abuse and physical assault as including the UPDF and police (Pham et al. 2004; 2007). Rape is even now perpetuated in eastern Kitgum by the Karamajong cattle raiders' parties; and continues according to women survivors at high levels in communities at the hands of husbands and strangers. Male abductees, subject to trauma and anger and having lived much of their youth in a culture of LRA sexual violence, are also implicated. Many argue that there has been demonstrable erosion of sexual morality and of social control among the traumatised abductees. It would hardly be surprising if this were so, though it is difficult to measure.

A Psychologist interviewed describes the sexual violence problems in the District:

> The levels of sexual violence in Kitgum are quite high, particularly due to the alcohol use and many men abuse their women. Young girls are subjected to exploitation and prostitution in restaurants and bars. In Kitgum there is no

source of income and young girls are given money for selling themselves. The situation is also forcing young girls to go for early marriages which are very painful to see. By the ages of eleven and twelve years old they are already separated and most girls below eighteen years old are defiled. I have dealt with many cases of young girls who were abducted by the LRA and who were violated during their time of abduction and have contracted sexually transmitted diseases and HIV/AIDS and the psychological trauma is severe as they cannot get these experiences out of their minds.

Even when the perpetrators (be they LRA, UPDF, Karamajong or community members) flee, there remains the ongoing consequences of damage to body and mind and, very often, the children of the rape. These consequences live on after the hostilities have ceased and the international community has lessened its interest. A Psychologist interviewed in Kitgum described the effects on young girls of bearing children from their experiences:

A girl who was forced to marry a soldier came back with two children and when she came back from being abducted nobody would stand as a witness for what happened to her due to fear. Due to her own fear, depression and stress she wanted to kill her children to get out of the situation and the memories of what happened to her.

The point we wish to make here, therefore, is that to think of the north of Uganda as 'post-conflict' is problematic. Conflict has *not* stopped. There may be a military and political peace of a sort; but

there has been no cessation of sexual violence. There is no *post*-sexual conflict. Sexual violence lives on at very high rates in Kitgum.

Due to these high rates of past and present sexual violence, the numbers of those who seek health and justice service responses are very great. Yet in contrast to this scale of need, there exist very minimal health and justice services. Nor does there seem any likelihood in the near future of this situation being addressed either by the Uganda government or Non-Government Organisations. In the case of government services there is what amounts to something close to system failure. The health and justice services of Kitgum are not only currently incapable of serving the needs of the population; but are, in our opinion, beyond being fixed by piecemeal training and equipment provision or even by the addition of further personnel. The NGO response to the current crisis of health and justice services is small and getting smaller. Even as we carried out our research, some humanitarian agencies were finalising their plans to pull out of Kitgum as in their view the 'emergency' has now ceased.

Health System

The health system in Kitgum is weak due to the insecurity. There are 21 sub-counties in Kitgum and there are meant to be health services where all the main camps were. Due to the insecurity the policy of having a health centre in every parish could not be managed. There was a health centre in the main camp which was okay but now there is peace there are few

health centres as people are moving out of the camps. There is no health centre 11 near the people. Health workers generally don't want to work in Kitgum, only the devoted people. International workers and aid agencies feared coming to Kitgum. Hence, international agencies were absent. They were paid well in Kampala so there is no incentive for them to work here and no good accommodation which also demotivates them. (Director of a Health Organization, Kitgum District)

Against this background of severe and widespread health needs, the poorly resourced state health system has struggled to respond. Former abductees, health professionals and key informants gave the following reasons for this:

Low levels of access to health care

Most of the former abductees interviewed, for a variety of reasons, did not access health care. For those who did manage to access health provision they reported a lack of adequate treatment:

I was raped then I went back to my parents who took me to hospital but there was no clear result and I am still affected by what happened. (Woman's focus group, Orom)

Both men and women survivors reported stigma and shame as a result of their experiences of sexual violence and were therefore reluctant to report them. They also lacked trust in services to provide confidentiality and support. For those who attempted to access the local services in Orom, they told us that health staff were often not available and when they were, they could not

disclose what had happened to them. Some described completing a medical form but most did not receive treatment at the clinic and were referred to Kitgum Hospital, about two hours drive away on poor roads. However, the majority of participants lacked money for transport and treatment and failed to follow this up. A woman former abductee interviewed in Orom explained:

> We were raped and tortured yet when I went to the health centre there was no money to help me with transport and accommodation or transport to the main hospital for treatment.

Poor health facilities and infrastructure

The health service facilities were described by interviewees as being inadequate and unable to respond to their needs. Within the District half of the clinics were not open since during the insurgency health care was transferred to the Internally Displaced Person's camps. Hence in Kitgum the Ministry of Health's minimum requirement of one health clinic per parish is not met (Ministry of Health, 2005-2010). When participants walk to their nearest health centres they usually do not find any treatment and are normally referred to Kitgum Hospital. Unable to afford transport the survivors usually return home without any treatment. A woman Director of a non-government organization in Kitgum Town explained:

> The 23 year war destroyed the health centres and we are still reconstructing the health units. There are so many sicknesses that resulted from the atrocities. There is a lack of medical personnel and funding for hospitals. Hospitals and clinics lack examination facilities …The facilities are inadequate.

The participants who attempted to access health services described only receiving basic treatment at the local clinic and the majority failed to access comprehensive screening, assessment and treatment following sexual violence. For those few participants who did manage to access health care it usually comprised of very basic treatment with PEP (Post-Exposure Prophylaxis, as a preventative for HIV infection) and/or Panadol for pain. The local clinic in Orom lacks staffing, drugs and facilities as this woman former abductee described:

> You can be at the health centre for one week and not see any staff there. It opens at 10am and closes by 5.30pm. At night it is closed and at the weekends. Often you find people dead in front of the health centre. The structures facilities and personnel should be improved.

A male local councillor also described the local situation in Orom as follows:

> There are no facilities as well as resources being accessed by the victims of rape in particular. That is why rape cases in Orom were reported and immediately referred to the main hospital in town for the purpose of investigation. This makes us left in a dilemma in the situation where the person is brought from Akuromo for example, and should again wait for transport to move up to the government hospital in town. And there is not a thing that can be done to speed up the investigation within 72 hours.

There are no medical doctors at the clinic in Orom, whilst Kitgum Hospital, the main District Hospital, has only one Medical superintendent. There are no other specialist doctors such as a gynaecologist or surgeon. There is a private facility at St. Joseph's Hospital, Kitgum, but this only has a temporary gynaecologist who was ending her contract and the services require payment. A woman sexual violence survivor during a focus group in Orom also described the combined long-term physical and psychological effects of her experiences that required follow up and treatment:

> We were all raped by force otherwise we would have been killed if we had not accepted. We are all emotionally upset being forced into sex against my will is a situation I deeply regret I am not mentally sound as a result and I find it all very upsetting still. Physically I have tested for HIV and luckily found I was negative but I need to go back to repeat the test.

All of the participants interviewed described their needs for urgent and proper health care in terms of physical and psychological support and treatment. For instance a woman former abductee in Orom said:

> We would like trauma counselling including advice and support so we can forget what happened. We would also like to be given training and advice regularly so we can forget about those experiences.

The additional factor which affects access to health care is the need for quick treatment within 48-72 hours to prevent HIV

infection and pregnancy. This time period is rarely met as the current procedure of reporting delays access. This requires the Police Form 3 to be completed following an incident of sexual violence and this form needs to be taken to Kitgum Hospital, where it has to be signed by the medical superintendent, before emergency treatment is given. In most cases, even if the survivor manages to complete this form (which usually entails bribes to the police) the health treatment is delayed. Hence, many survivors are being infected with the HIV virus and becoming pregnant through the rapes they endured due to the lack of timely access to emergency health care.

In terms of support some of the participants reported a little 'psychosocial' support provided by non-government organizations following their return from captivity e.g. undertaken by the International Rescue Committee, Concerned Parents Association and World Vision for example. However, this involved mainly practical assistance in the form of soap, a blanket, a mattress and a saucepan with limited counselling for a maximum period of six months. The majority of participants described ongoing psychological and emotional effects related to their experiences and required ongoing trauma counselling and support, which was not available. A Psychologist interviewed in Kitgum expresses his views:

> The survivors need their physical and psychological health problems addressed. They report with a lot of illnesses including sexually transmitted diseases, HIV, mental health problems, psychotic conditions; such as hearing voices, seeing things. They have a lot of shame and stigma.

Lack of support and training for health care staff

During interviews with health care staff at the main hospital in Kitgum, staff described their own experiences of sexual violence and torture during and since the insurgency. They described a lack of support, staff shortages, having to work long hours without breaks, and poor salaries and working conditions. They spoke of feeling exhausted and requested psychosocial support including trauma counselling for their own experiences. They described their frustrations and difficulties in dealing with survivors of sexual violence. This was exacerbated by the restricted resources for assisting them but also due to the overwhelming effects of hearing their traumatic stories which activated reminders of staff's own experiences. This was made worse by the lack of support and opportunity to discuss these feelings as this Nursing Officer interviewed at a Hospital in Kitgum described:

> We really need staff support services as there is no time to support our staff and we are all overworked there are no support services and we are all so stressed and this increases the stress. We as staff have had no support since the war to deal with all our trauma. I have discussed this with our medical superintendent as we are dealing with very difficult situations so we need ongoing support for this. We really need trauma support, practical assistance as well as training to deal with stress and trauma management. Many of our staff deal with stress by taking Waragi (*A Ugandan Spirit*).

Several respondents described a lack of knowledge at all levels within the health services in terms of providing effective responses for survivors of sexual violence. Participants in the research suggested continuous training programme in assessment and treatment of survivors of sexual violence, confidentiality and trauma counselling. They stressed the need for there to be continuous follow-up and increased liaison between justice and health services to assist with this process. The Nursing Officer interviewed suggests a positive way forward for the former abductees who became pregnant from their experiences of sexual violence:

> We need to train specific counsellors to provide ongoing counselling for survivors for trauma. A lot of the survivors get HIV and some have children and they remain with their parents. However, this is a real problem as the girls feel like aborting the children and often they success in aborting them and get problems as they get infections that keep returning. We need more counsellors as most of our counsellors provide HIV counselling only.

In terms of treatment and support, a woman Director of a NGO in Kitgum recommended:

> We need space for the trauma centre so we can administer sexual and gender-based violence activities with survivors on their own in a confidential space and record it. We need help with computing activities as we have forms we use to report sexual violence and we have twenty staff that are trained in using these forms. We need a generator for power. We use

motorcycles to track these issues and report to the District our partners and health department, but we need other transport.

Criminal Justice System

Faced with this past and present sexual violence and its consequences there is a strong case for the provision of justice in some form for survivors in Kitgum District. Though establishing what justice would mean for the individual and their communities is difficult, many we interviewed expressed their views that more than a health and livelihood response is required. Many of the boy survivors may have committed atrocities and justice for them is more complex (Baines, 2009) since they are survivors as well as perpetrators. But for the girls they were only rarely fighters and for the most part were principally survivors only. These former abductees feel at the very least they should be afforded forgiveness when it was under threat of death that they refused to run away or consented to sex with their commander-husbands. As one woman abductee said: "I think we as previous abductees should be forgiven for what we have done" (Interview in Orom, December 2009). Most would want more, but not all are convinced that it is worth even voicing that request. The practical problems sometimes seem overwhelming to the young women:

Cowards fear and I cannot go and report what happened to me. I fear how do I narrate my story? and how would people react? The person who abducted me is not there now so there is no

evidence I was abducted by an LRA soldier. (Interview in Orom, December 2009)

As another woman explained:

> In terms of justice I have not taken any action for my treatment. There are two issues that prevented me. First, how can you report to the leaders when they are ignorant about the issues? Second, now I am at home what else am I supposed to do? (Interview in Orom, December 2009)

The frustration of there being no justice makes some former abductees very angry as this woman interviewed in Orom said:

> I reported what happened to the LC1 [village leader] when I came back. I felt very aggressive and anger I saw one of the girls who left me behind had completed her education as she had been set free before me. I felt really angry and wanted to kill her.

Justice for cases of sexual violence that have occurred years before in the midst of an insurgency is always going to be difficult. Yet even dealing with new cases of sexual violence in Kitgum District is an enormous challenge to the state criminal justice system. The UN Secretary-General claimed that:

> Generally, the right to a remedy should include: access to justice; reparation for harm suffered; restitution;

compensation; satisfaction; rehabilitation; and guarantees of non-repetition and prevention. (United Nations, 2006: 269)

Such an ideal is widely supported, but implementing it at the local level is very difficult in Kitgum District. The practical obstacles to the provision of any form of justice often appear overwhelming. As argued by Liebling-Kalifani et al. (2008: 14):

> Although CEDAW does not have a strong enforcement mechanism (there is no 'court'), the recommendations made to the Ugandan government through the CEDAW Committee constitute an added pressure on the government to take note of these concerns, and to make the appropriate policy changes. (CEDAW Committee, 2002)

However, the ground level services within Kitgum District to uphold those rights and address violations are poorly equipped.

Weaknesses of the criminal justice system

The reasons for the severe weakness of the criminal justice system to provide for the survivors of sexual violence in Kitgum are multiple. Below we give a summary of some of the explanations we heard from both survivors, criminal justice professionals and key informants.

Low level of reporting

A culture of responding to sexual violence through local negotiation between the families of the accused and the survivor undermines the deterrent effect of the law. The law regards aggravated rape as a capital offence; and less serious cases as liable to life imprisonment. Yet offenders know that most cases do not face such formal court penalties, but will be settled locally. Any failure of negotiation that does lead a case towards the criminal justice system, however, stimulates the offer of bribes, to the police; police doctor; and magistrate, to ensure that a case with such severe sanctions quickly falters. A LCI local leader said: "I know for sure these women [survivors of rape] may take cases, but the police keep quiet for they are bribed" (Interview December 2009). Another group of LC1s concurred: "perpetrators are set free [by the police]; people lose hope in the police; files go missing"; "the police are the most corrupt category in the community; for those who cannot bribe they cannot get anything from them. They benefit only the rich" (Interview December 2009). There is then a situation where cases are rarely reported and where they are, they are very often dropped. This by-passing of the criminal justice system is further aggravated by the survivor's own shame and fear (e.g. of the husband divorcing her); the distance and expenses of getting to the police, police doctor and court; and by the deep suspicion of and lack of trust in the police. Hence though women interviewed reported high levels of sexual violence, the police and medical centres record very few. A Psychologist interviewed in Kitgum said:

> Sexual and gender based violence is ongoing and there is no adequate referral mechanism as people still fear. Victims have demonstrated about the arrest of perpetrators due to their own fear and for survival and sometimes they marry the perpetrator to be looked after and due to cultural and family issues.

Orom police station reported that they had recorded about ten cases in the previous six months; and Orom clinic estimated they saw about fifteen cases per year.

Understaffed, under-trained and under-resourced police

Even if cases are reported, there are very few police and even fewer women police officers to respond to the survivors. Kitgum district has just 67 fully trained police (plus 450 'special constables'; and 58 Local Authority police, now integrated with the police; both have very little education or training). In Orom there are 22 police officers with a special constable is in charge of the Family and Children's Protection Unit (FCPU).

The police are very short of transport. This impairs their ability to take survivors and the accused to the central police station, police doctor and court. As a result, cases fail to obtain a doctor's report within the crucial post-rape 48 hours; or because witnesses and survivors fail to appear in court. The inadequate transport; just one motor cycle at Orom; also delays the arrival of the police at the scene of the crime and their investigations.

There is a near total lack of special facilities for interviewing survivors in police stations and posts. There is a tent

at Kitgum, but no private space at Orom and apparently at all other police posts in Kitgum. To be interviewed as a rape survivor or to conduct an interview with a rape survivor in a public space is unsatisfactory, both in terms of privacy and the likelihood of full disclosure.

Few police officers have had training in handling cases of sexual violence; and that which has been received has been minimal. There appears to be no available training manual and no knowledge among officers of written procedures. It is not surprising; therefore, that as a result a universal legal misapprehension with serious consequences holds sway in the police. This is the assumption that the only evidence that rape has occurred that the courts will allow is that of a police doctor, of which there is just one in Kitgum (the Chief Medical Superintendent) though three other doctors at the private St Joseph's hospital have also been used. In fact the interpretation of the law regarding expert witnesses, according to the local judiciary, is that the testimony of anyone who can demonstrate experience in this field is acceptable. In a recent case in Kitgum itself, the court allowed the testimony of a nursing assistant. That understanding alone would ensure more cases proceeded with the necessary expert witness evidence in place.

The police are poor at gathering evidence of crimes of sexual violence. Both delays (mentioned earlier) and lack of skills are to blame. The poor evidence collection by the 36 CID in Kitgum is compounded by poor presentation of the evidence in the prosecution. Many cases fail for this reason alone.

Failure of court cases and the court system

Of those cases reported to the police, few end up with successful prosecution. Some fail as the case is prolonged and survivors and their families give up; others are alleged to be dropped due to bribery of the police, police doctor or magistrate. Even those that make it to court often fail according to the admission of the police and local journalists, as files are lost, witnesses fail to appear and evidence offered by the police is inadequate. A medical superintendent at a private hospital told of how families usually tried to sort out cases of rape between themselves but that:

> If there is a disagreement then it is referred to the police and the LC3 and the case is reported in Kitgum and the perpetrator arrested. But the case usually drags on for at least three years before it is solved. I have been going as a witness but the procedure is embarrassing. Often they do not succeed as lawyers are asked for money and the State Attorney is also weak and easily bribed. The cases never get to court.

The courts like the police suffer from understaffing. There is just one probation officer for the district. She alone has to offer counselling to all rape victims under 18 years of age and represent their interests in the court. Further, there is only one senior magistrate to hear 'simple' cases of rape (the one other magistrate in Kitgum is not allowed to by law) and one visiting judge who alone can hear cases of aggravated rape (where the survivor is immature and/or has received a sexually transmitted disease as a result).

The weakness of the criminal justice system in Kitgum is summed up by a medical doctor working across nine districts in the north but based in Kitgum. He claimed that levels of sexual violence in Kitgum district were high:

> In January to October 2009 the police received 240 cases of defilement and rape ... The lifestyle in town increases the levels of sexual violence as well as the use of alcohol ... Some [survivors] go direct to the police and complete the Police Form. However, very few are successful, due to a lack of evidence; and there are not many doctors who can sign these forms ...We fill the police form, which is used for court, but I have never been called for court to give evidence. However, bribery in these cases is very unfortunate as this often results in the case being dismissed. The judge and the state attorney are often bribed to avoid life sentences for the perpetrators and different accounts are written.

Asked what form of justice survivors of sexual violence sought after, he said: "The survivors would like the perpetrators to be punished. They get depressed as they don't see justice taking place. They feel bitter the traitor is not punished. And parents are after compensation".

What are the implications of neglecting a justice response?

It is reported that some district commissioners in northern Uganda regard efforts to fight sexual violence as a waste of resources. They are said to have dismissed sexual and gender-

Conclusion, Discussion and Policy Recommendations

Kitgum has experienced over twenty years of conflict involving the LRA and UPDF. The conflict is continuing with the Karamajong still committing atrocities. Therefore, the authors argue that Kitgum District is not a *post*-conflict area and although international organizations are preparing to leave in the near future, conflict is ongoing and sexual violence levels are very high. The population has experienced severe and ongoing sexual, physical and psychological violence, torture and trauma.

Sexual violence was carried out against both girl and boy abductees' and is still being perpetrated by community members, Karamajong and others. There is a reported increase in alcohol and drug use with associated sexual and domestic violence and a 'militarization of intimate relationships.' Sexual violence caused damage to women and girls psychological and reproductive health including increasing levels of HIV/AIDS. Men also reported rape during their abduction and untreated health problems and there is likely to be large under-reporting of this phenomenon. Both the health and legal systems are in failure and unable to address these issues. High levels of stigma, fear, shame and lack of trust affect levels of reporting and access to justice and health care. If the high levels of psychological trauma are not addressed, it is very likely to result in transgenerational effects and continuing violence in the region (Liebling-Kalifani et al. 2008). However, survivors reported several adaptive ways of handling their physical health problems and psychological trauma and therefore demonstrated resilience and agency, for example, those pregnant as a result of sexual violence had

focused on securing work to educate their children and thus managed their depression and suicidal feelings.

The research found evidence of sexual violence not only against women but against male LRA rebels. However, concerning post-conflict incidents health professionals had received very few reports with the exception of men telephoning confidential help lines to access Post-Exposure Prophylaxis, PEP, treatment following rape. Due to the extreme cultural sensitivities around this issue, there is likely to be large under-reporting of this phenomenon.

Some of the health problems reported are not treatable within the minimal health services provided. Poverty, lack of health and justice services, transport as well as adequately trained and supported health and justice professionals, all affect the ability of survivors to access badly needed justice and health care. The health and justice services offer a very inadequate service to the people of Kitgum District. They are hard to access and even when people do turn to them they are ill equipped to help. Nor is their certainty that adequate health care or justice will be the outcome. It is not surprising that many simply ignore them.

A system failure

What has been described above is a criminal justice system that cannot offer justice to all those who are survivors of sexual violence. It cannot even offer it to the very few that even go to it for redress. It offers little to survivors of current sexual violence;

and in practice virtually nothing for the tens of thousands of survivors of sexual violence from the LRA rebellion. Such a tragic situation is almost inevitable given the limited financial resources available to the Uganda state; the high corruption levels among actors within the system; the poor educational standards of those recruited to the police; and the very limited penetration of the state beyond the main towns. In other words, this is a situation that cannot easily be remedied even with the 'enhancement' of police and justice services spoken of by the Uganda government's Peace, Recovery and Development Plan for Northern Uganda (PRDP). Nor will donor aid for training and equipment do the task. The problem is *structural*. There are structural deficiencies within the economic life, educational system and social values of the country as a whole that are not readily changed overnight.

Realistic policies

Many have made recommendations concerning specific policies to improve health and justice services including engendering the peace and recovery development plan for northern Uganda (e.g. Isis-WICCE, 2009). They call for specific polices of legislative change; capacity building through training; institutional innovation; and sensitization regarding women's rights. These all have their place, but for the most part involve executive decisions regarding government policy, legislative programmes and revisions to existing programmes for northern Uganda. These decisions made in Kampala can be preceded by lobbying on behalf of the people and concerned organisations of Kitgum, but it largely lies beyond their reach to ensure implementation single-

handedly. For our part, we have chosen to deliberately focus on low cost and achievable (in the short term) solutions for the people of Kitgum. Some of these solutions and recommendations are less than the ideal that many would want, but they mark, in our opinion, valuable transitional steps towards a better health and justice provision for the survivors of sexual violence in the District. Hopefully here are solutions that local actors and communities can immediately implement by themselves or with minimal assistance.

Health Policy Issues to be considered

Recruitment of Health Specialists

Kitgum has a District Hospital without any specialists. Although the District has recently requested to be upgraded to a Regional Referral Hospital, Gulu has been ungraded so it is unlikely Kitgum will be upgraded as well in the near future. We therefore suggest that the Ministry of Health approves the appointment of further medical specialists to Kitgum District, particularly a gynaecologist and a general surgeon as a matter of priority. We also recommend that considerable effort is made to employ health care staff to bring the District up to at least the minimum health care requirements as stated in the strategic health document for Uganda (Ministry Of Health, 2005-2010).

Awareness raising and Training on Sexual and Gender-Based Violence

A focus group of male local councillors in Orom argued:

> To end sexual and gender-based violence there is need to form teams or groups that are empowered to sensitise the community on sexual and gender-based violence.

And a medical professional working with an NGO in Kitgum said:

> There needs to be training for police and justice and health as well as technical staff. They should all come together for the training.

In our opinion there would be benefit from a programme of awareness raising at the community level as well as within health and justice services regarding supporting and responding to survivors of sexual violence. This would increase the local capacity within the District to handle the responses speedily and more effectively. It was proposed by several respondents that this training should include all those involved in responding to survivors of sexual violence so as to promote assist with collaborative working. Not only would such programmes assist communities to realise the issues are everyone's responsibility but it would also improve the health and justice responses. This is particularly important with respect to emergency health treatment, particularly PEP and pregnancy prevention, which has to be provided within 48 hours and 72 hours respectively to be effective.

Psychosocial and support programmes for abductees and health care staff

> Survivors have not been given psychosocial support, medication or training. After training they need further empowerment activities as well as group support to develop their community resilience. They are often suicidal and angry and they can also be homicidal so we need to help them to understand what they are going through as this has not be done properly yet. (Psychologist, Kitgum)

> There needs to be counselling services, trauma counselling and people should be followed up. (Medical Doctor, NGO, Kitgum)

The recovery programme for northern Uganda does not include any psychological support programme for war survivors or other vulnerable groups. Further, the United Nations (2010: 38) argues:

> Women who were involved with armed groups in a variety of roles (such as porters, cooks or 'wives' of combatants) have been excluded from the benefits of disarmament, demobilization and reintegration programmes. This is linked to the exclusion of women from the initial stages of decision-making in peace processes.

This focus is a serious omission from the rehabilitation programme of northern Uganda. The levels of trauma, shame, stigma, fear and distress amongst the survivors is high,

contributing towards escalating levels of alcohol use and resultant crime including domestic and sexual violence. As well as the ongoing suffering of the population, if these difficulties are not addressed, it is likely to result in serious trans-generational effects with the greater likelihood of further violence and political instabilities (see Liebling-Kalifani et al. 2008). Of real benefit would be a holistic psychological and justice support programme in Kitgum District, using a mobile clinic. This might initially be funded by donors. It could include gynaecological treatment, trauma support, justice and counselling, utilising the village health care teams, support groups of former abductees and awareness-raising amongst community members. Initially this programme could involve the Trauma Centre staff in Kitgum and external expertise with the aim of awareness-raising regarding supporting and counselling survivors of sexual violence and capacity building at the local level. The idea is that these skills are built within the community involving survivors themselves, who form confidential support groups. These programmes should include local leaders and community members and address the issues relevant to the successful re-integration of former abductees back into their communities where possible and protection and resettlement into alternative locations, where not.

The important issue of stigma should be addressed sensitively as part of these programmes in order to maximise success. As research with young abductees has found in Sierra Leone 'post-conflict factors such as stigma can play an important role in shaping psychosocial adjustment in former child soldiers

as well as surviving rape and depression' (Betancourt et al. 2010: 17). In line with this study, the current authors also recommend programmes take account of the gendered differences of the experiences and effects of experiencing and carrying out acts of sexual violence and torture for men and women.

Although the population is now starting to return from the IDP camps the ideal standards recommended in our previous article on northern Uganda are still a goal to aim at for Kitgum (Liebling-Kalifani et al. 2008:187):

> A holistic gender-sensitive public health intervention approach to address the physical and mental health needs of women war-survivors in IDP camps in Uganda. This should include provision of free treatment services for women including HIV/AIDS testing and treatment, specialist gynaecologists, obstetricians and women counsellors using a holistic approach and involving women war survivors in all aspects of decision-making.

It is also important that the issues of shame and fear are addressed by these programmes, as one of the former abductees in Kitgum said:

> The other issues we face are fear. For me I can't stay in my village as I am afraid and frightened until Kony has been caught I have to stay somewhere else in the town as if I go to the village I am scared I would be found and abducted again. I only visit the village as I am so scared. The rebels might come

back and pick me. We should also be helped to form groups and support each other rather than been left as individuals.

We all require training in trauma counselling. We would benefit from in-house training as well as external training. (Counsellor, Kitgum)

Ideally, the psychosocial support programme should include specialist and sensitive trauma counselling for both men and women former abductees. But initially local support groups could be facilitated through counsellors from the trauma centre and Kitgum District. Through running regular confidential local support groups trust can be developed whereby survivors will be able to discuss their experiences and difficulties faced. This, in conjunction with awareness-raising of the community of their problems as well as approaches that promote resilience, will assist them to deal with the feelings of shame and stigma. As Zraly and Nyirazinyoye (2010: 1) also concluded with genocide-rape survivors in southern Rwanda:

Programmes should also utilise resilience-based mental health promotion efforts through facilitating collective sexual violence survivors to safely connect around the shared experiences of rape, neutralizing social threats of stigma and marginalization.

Previous research has argued that given the right programme and policy conditions, it is possible for sexual violence survivors in Africa to safely connect around their shared experiences despite the threats of stigma and marginalization. In turn these social

connections can provide the cultural milieu for survivors to authorise, stabilise and catalyse culturally-specific resilience processes (see Cole, 2004).

There would also be great benefit from free education and support for the mothers with their children from the forced marriages. As one of the former young woman abductees' stated during a focus group in Kitgum:

> We would like education of our children from the forced marriages, assistance with our health and the health of our children, economic support and income-generating schemes for instance assistance to be market vendors. The trauma continues and we would like support from the trauma centre.

In order for any psychosocial programme to be successful it also needs to include support and counselling for staff providing services for survivors of sexual violence. This would help staff to manage their feelings of being overwhelmed and to deal with their trauma more effectively, as key informants stressed during interviews.

This staff support could be initiated by an external facilitator from the Trauma Centre in Kitgum and carried out in confidential groups. Subsequently health care staff would continue to share their experiences and provide support for each other on a regular basis. There are also many widows whose husbands were killed during the insurgency and this has left women facing a large burden of responsibilities. Psychosocial

and justice programmes should consider their particular needs and those of other marginalised and vulnerable groups.

Justice Policy Issues to be considered

Below we consider policy that might be directed to the village/community; to the police; to abductees; and a general point about data collection.

Village dialogue

The culture of sexual violence needs to be broken by continuous awareness campaigns at the village level. Nothing less can break the apparent degeneration of sexual morality and the increase in sexual violence, both of which are reported by many. We envisage local dialogue and debate that covers the dignity of women, the respect due to them, their value, their equality with men and the tragic consequences on them and their communities when they are subjected to sexual violence. This is a debate that is not to be conducted only amongst women; rather it should include men and boys so that they too are part of the solution. Our research made clear that many men did not view forced marriages (whether to LRA commanders or to rapists following inter-family negotiations) as rape. The nature of sexual violence is therefore another topic that should be the subject of local debate and review.

Communities and their leaders (LC1-3) should be made aware of the need for their own speedy health and justice responses following rape in their localities. They should be

acquainted with the nature and quality of the evidence required by courts for a successful identification and prosecution of the perpetrator. Such evidence will include preserving/recording data gathered from the scene of crime; full witness statements; medical examination of survivors within 48 hours and the like. This ensures that evidence is gathered should the police be slow to respond.

More controversially, we would accept that in the short to medium term negotiations between the family of the perpetrator and the family of the survivor, mediated by the local leader, will continue. We imagine that families will continue to consider that small compensation is better than the high risk of no compensation from the formal courts. This being so there is a case to be made for seeking to improve the quality of these negotiated settlements rather simply calling in vain for every case to be taken to the police in cases of sexual violence. For us the intolerable aspect is where the settlement involves forced marriage of the survivor of the rape to the rapist. Leaders should be persuaded that that is unacceptable in every circumstance. We would also like to insist that when leaders consider compensation that they ensure that it more evidently reflects the serious nature of the offence. Both minimal requirements should be part of a consultation process with local leaders and their communities urging radical review of their practices. In addition, there is value in calling for any such agreements to be ratified by the community and also the LC3 and a local women's leader in joint session, to ensure transparency and conformity to the minimum requirements.

Communities and their leaders also need to be made aware that to offer bribes to the police, doctors and magistrates to pervert the course of justice is a serious criminal offence with serious penalties.

The above recommendations envisage dialogue and debate as the key process, rather than directives from above on rights and laws, with threats for disobedience. This is a contentious position, but our case is that an argument won (even only in part) by persuasion, is preferable and likely to be adhered to more than a rule decreed from above and from outside.

Police improvements

The police should be made aware of the law as regards (i) what constitutes expert medical witness in court that a rape has occurred (see above) (ii) the serious offence of receiving bribes to pervert the course of justice.

The misapprehension concerning expert witnesses highlights the need not only for the continuation of the criminal justice liaison committee to clarify such confusions between police and magistrates, but for expanding it whenever the issue of sexual violence is to be discussed to include health professionals. It is not clear at present that the police fully understand what medical practitioners require of them; or that medical practitioners understand what the police require of them. The outcomes of such liaison committees should be clearly communicated to all local junior staff in the health and justice sector.

Gender training and women's rights should indeed be incorporated into police training curricula, but even the immediate availability to local personnel of a specific training manual and police procedures in responding to survivors of sexual violence would be helpful. Training in these procedures of those officers in Kitgum CID and CFPU should be an immediate priority.

The serious shortage of women officers in Kitgum, despite it being an area of particularly high rates of crimes of sexual violence, is detrimental to a police response that is sensitive and effective. The diversion of more women officers to the District would be a short term solution, even though the long term one has to be the recruitment of more women officers into the Uganda police.

A more survivor-friendly service would be achieved by the provision of exclusively designated interview rooms at police posts and stations. A permanent building programme might be out of reach of the finances at present, but others could follow the example of Kitgum town police station that has used (and now has had donated) a tent. Such is a cheap resource that donors and/or women's groups might consider sponsoring.

Dealing with police corruption is notoriously difficult. Possibly all examples of cases of sexual violence where (i) files are lost (ii) charges are dropped (iii) cases area abandoned (iv) and cases are thrown out by the courts, could be reviewed by a local users committee, consisting of the station Commanding Officer and the Head of CID, a paralegal and two women's

representatives. Their conclusions would not be grounds in themselves for the prosecution of a legal officer, but nonetheless they might act as a warning and could have a positive disciplinary effect provided that the hearing and findings are published locally. Simply to find that 'there is a serious suspicion of corruption but not proof' might have a salutary effect on the officer at the centre of the inquiry.

Justice for abductees

Full justice in the case of crimes of sexual violence carried out in the course of the LRA rebellion, where the evidence and the perpetrators are difficult to establish, is virtually impossible in practice in northern Uganda. Nor is there a strong likelihood that the Special War Crimes Division of the High Court, will, when it is established, be able to successfully prosecute large numbers of the perpetrators. Nevertheless, there could be, where there is a *prime facie* case of sexual violence (e.g. a child; genital mutilation; damage to the reproductive organs etc) be (i) a District formal acknowledgement to such that they have indeed been wronged (ii) a provision of reparation in the form of free schooling for the child of rape (iii) a gynaecological examination and appropriate surgery for those in need of it (iv) and if necessary, in the case of severe stigmatization by the local community, resettlement outside the District. It would also require a new registration scheme to catch people unable to register for amnesty initially.

Combined Health and Justice Approaches

Although we have examined health and justice separately in this consideration of policy issues, the research itself looked at them together because sexual violence was experienced simultaneously as a violation of the survivor's body and rights. It left the survivor in need of both a health and a justice response. As the two are connected in the experience of the survivor so they go hand in hand in terms of service responses required. We therefore argue that there is real value in promoting increased collaboration between local health and justice services as this medical doctor from Kitgum also argues:

> We need to strengthen the links between health and justice as the health professionals fear the police. There are tensions between health and justice and there needs to be more flexibility in the justice system to accept evidence from less senior staff. We should engage health, justice, and police and understand their different perspectives.

Participants also described the need for increased collaboration between health and justice services. They suggested that this could involve combined training on supporting survivors of sexual violence as well as joint meetings and discussions. Likewise the judge, police and medical superintendent would benefit from a meeting to agree other health personnel who would be acceptable as expert witnesses, e.g. senior clinical officers. This would hopefully expand the number of expert witnesses and therefore assist the court

processes. In addition it would facilitate more efficient and successful urgent health treatment.

For the long term, improvements to the quality of data collection and its dissemination between justice and health providers would offer real gains. Ideally there could be the establishment of a combined health-justice sector data collection and analysis. It could cover prevalence of sexual violence by age/sex/location; medical and justice services offered; medical and justice outcomes etc. It would identify vulnerable groups; service bottlenecks; obstacles to successful case management; successful strategies; and the relationship to other variables e.g. alcohol/drug abuse. It is the kind of research that a university with medical or health funding might be able to undertake for Kitgum District.

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APPENDIX A

Participants interviewed during the research:

47 women/girl abductees and 51 male/boy abductees

32 LC1 and 1 LC3 (local leaders)

7 local women leaders

5 senior police officers, 16 CID and CFPU police officers

Magistrate

Probation Officer

6 paralegals

4 medical doctors

2 Counsellors/psychologists

2 Nurses

6 non-government organizations working in health and women's issues

Woman Minister for Acholi leaders and Church minister

Journalist

APPENDIX B

Interview summary of 10 men interviewed individually, Orom, December 2009

No	Year Ab.'	Age Ab.' (years)	Length Ab.' (months)	Saw S/V	Admitted Committed S/V	Mental Health problems	Received Counselling (C) Trad. Ritual (R) Prayer (P)	Requested Further Mental Help
1	1992	?	24	Y	Y	Y	R	Y
2	1998	17	1	Y		Y		
3	2001	10	14	Y				
4	2000	13	24	Y	Y	Y	C, P	Y
5	2004	15	12	Y		Y	C	Y
6	2003	18	12	Y		Y	C, R	Y
7	2008	20	17	Y	Y	Y	R, P	
8	2001	16	12	Y	Y	Y	R, P	Y
9	2002	28	7	Y	Y	Y	C, R	Y
10	2008	9	14	Y		Y	R	
Av.		14.6	13.7	100%	50%	90%		60%

Ab = abducted
S/V = sexual violence
Y = Yes
Av=average

APPENDIX C

Interview summary of 10 women interviewed individually, Orom and Kitgum, December 2009

No	Year Ab.	Age (yrs)	Child from Ab.	Length of ab. (mths)	Saw S/V	Exp. S/V	Exp. Mental Health Problem	Exp. Physical Health Problem	Received Counselling Physical Health treatment Ritual Prayer	Like More Treat-ment	Adm Stigm izatio
1	2000	12	Y	1	Y	Y	Y	Y	P	Y	Y
2	2003	13	Y	12	Y	Y	Y	Y	PH	Y	Y
3	2000	11	Y	24	Y	Y	Y	Y	C, PH	Y	Y
4	2003	13		0.5	Y	Y	Y	Y		Y	Y
5	2008	15	Y	36	Y	Y	Y	Y	P	Y	Y
6	1997	12	Y	84	Y	Y	Y	Y	C, PH, P	Y	Y
7	1998	13	Y	72	Y	Y	Y	Y	PH	Y	Y
8	2003	13		36	Y	Y	Y	Y		Y	Y
9	2001	18	Y	36	Y	Y	Y	Y	C	Y	Y
*10	1997	12	Y	84	Y	Y	Y	Y	PH	Y	Y
Av		13.2	80%	38.55	100%	100%	100%	100%		100%	100%

*Woman interviewed in Kitgum Town

Y = Yes
Exp. = Experienced
S/V = Sexual Violence
C = Received counselling
PH= Received physical health treatment
P = Received prayer
R = Received traditional ritual treatment
Ab = Abducted
Av = Average
Mths=Months