

# THE IMPACT OF WARTIME SEXUAL VIOLENCE ON WOMEN AND FAMILIES IN UGANDA

**WARTIME SEXUAL VIOLENCE** is a devastating form of aggression committed against civilian populations during armed conflicts. It is used as a tool of war to systemically target vulnerable groups, inflict psychological trauma, displace populations, deter opposition, and disrupt community cohesion. This violence is most often inflicted on women and can have catastrophic effects on their health and well-being and on their families and communities.

A deeper understanding of the long-term consequences of wartime sexual violence on survivors, families, and others who are affected indirectly is crucial for informing policies and designing effective programs that address the needs of these populations.

**“I feel that because of the abduction and movement in the wilderness, people think that I am worthless. That is what Acholi people think—that you are like some unruly child who wandered and even when you return, you can never be loved the same way.”**

**34-year-old survivor from Gulu,  
abducted at the age of 12 (Gulu district)**

# Wartime Sexual Violence in Uganda

In Africa's conflict zones, where systems of justice and security are further weakened by armed conflict, at least one in four women experiences conflict-related sexual violence. High levels of sexual violence have been a feature of past and recent African conflicts and their aftermaths. The problem has been especially acute in Uganda, where conflict flared for two decades between 1986 and 2006. Concentrated in the northern region (Figure 1), Uganda's civil war was mainly the result of an uprising against the National Resistance Movement, which came to power in 1986 after ousting General Tito Lutwa Okello. In 1987, the Lord's Resistance Army (LRA), led by Joseph Kony, became the most prominent rebel group opposing the government and gained strength as the conflict continued.

During these two decades of conflict, the LRA engaged in large-scale human rights abuses, such as killings, mutilations, abduction, and widespread systematic sexual violence. This violence affected whole communities, but especially women and children, who endured rape and abductions. More than 1.6 million people—90 percent of the affected population in Acholi land—were forced to flee their homes and live in temporary camps for displaced persons in dire conditions. High levels of sexual and gender-based violence against women and girls in the camps were also reported.

Northern Uganda's Main Conflict Areas



## RESULTS

### Women survivors continue to suffer from unresolved and untreated trauma

All of the survivors interviewed for the study were abducted by the LRA and reported experiencing at least two forms of conflict-related sexual violence during their captivity. These included forced marriages, rape (both within the context of forced marriages and by rebel groups or government forces at different times), and forced pregnancy. The women's average age at the time of their interviews was 37, ranging from 23 to 60.

A decade after the war ended, these survivors still experienced persistent and unresolved problems related to their experiences with wartime sexual violence, including the following:



**mental health challenges** stemming from traumatic experiences, such as posttraumatic stress disorder, anxiety, and depression



**stigma from family members** and discrimination in their communities as a result of being labeled a “former rebel” and because they had children born as a result of abduction and rape by LRA rebels



**economic hardships** in the form of challenges accessing land for cultivation and acquiring job skills because of stigma

### Family members show symptoms of secondary trauma and often bear the responsibility of caring for children born in captivity

All family members interviewed for the study experienced symptoms of secondary traumatic stress, including anger, anxiety, sadness, and social withdrawal. However, none of the participants sought formal care for their symptoms, which makes it difficult to assess the prevalence of secondary stress among this group. Instead, forgetting the past was encouraged because of a belief that repressing memories asso-

**“Being a witness to the abuse hurt me so deeply and it tortured me emotionally but since I was not in position to do anything, I remained silent. I knew I would have to live with the experience.”**

**37-year-old husband of a survivor from Aromo (Lira district)**

and because women are traditionally barred from owning land. Survivors also found it difficult to support the education of children born in captivity, who faced similar difficulties with accessing land rights because, according to some Acholi traditions, children inherit land from their fathers or through paternal lineage.



**limited care seeking** because of stigma, the cost of services, and a lack of information. However, survivor-led support groups founded by Ugandan women who experienced wartime sexual violence were a source of strength for most participants.

ciated with abduction and sexual abuse is the best way to deal with trauma. In addition, family members reported relying on faith and focusing on their relationships with God to make what they were experiencing bearable. Unlike the survivors, who benefited from survivor-led support groups, family members reported not having any form of social support for what they were feeling and experiencing. They did report, how-



ever, that they would have benefited from counseling services and other types of social support tailored to their needs.

Most family members said that their relationships with their survivor relatives became complicated as a result of the survivor's disclosure of sexual abuse. In most cases, family members knew what the survivor experienced but did not encourage further conversation. Mothers of survivors reported having the main responsibility for caring for children born in captivity, which at times damaged the mothers' relationships with their spouses and other family members.

### **Prevalence of intimate partner violence is high in Uganda but not among study participants**

Rates of intimate-partner violence are generally high in Uganda, including in conflict-affected regions. According to the 2006 Ugandan Demographic Health Survey, more than 65 percent of women reported experiencing at least one form of intimate-partner violence, such as emotional, physical, or sexual violence. In conflict-affected areas, physical violence was experienced most, followed by emotional and sexual violence. These figures were not reflected in the interviews with survivors, most of whom did not report violent acts by their intimate partners. However, a few women described leaving relationships because they faced unbearable emotional abuse from their partners.

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**“The pain I returned with from the bush has affected me psychologically. There is so much anger and bitterness in my heart.”**

**35-year-old survivor from Barlonyo, abducted at the age of 23 (Lira district)**

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## **STUDY APPROACH**

**Mahlet A. Woldetsadik**, a recent graduate of the Pardee RAND Graduate School, conceptualized and led a study in collaboration with the Justice Reconciliation Project in Gulu, Uganda. The study assessed the long-term effects of conflict-related sexual violence on women and their families. The study's aims were to

- ▶ explore the effects of wartime sexual violence on women's health, relationships, and care-seeking behavior
- ▶ examine the ripple effects of this violence on families of female survivors
- ▶ describe intimate-partner violence in areas of Uganda affected by conflict.

The study focused on northern Uganda—where, according to some cross-sectional studies, close to 30 percent of women report experiencing at least one form of conflict-related sexual violence.

To address the first aim, the research team interviewed 30 female survivors who had experienced abduction, forced marriage, different forms of sexual violence, or some combination thereof in northern Uganda. To explore the ripple effects of conflict-related sexual violence on families of survivors, 22 family members—parents, siblings, and intimate partners—of survivors were interviewed. All participants were recruited from three districts in northern Uganda that were affected by the conflict: Gulu, Pader, and Lira. To address the third aim, Woldetsadik examined intimate-partner violence data from the Ugandan Demographic Health Survey and data from the GEO-SVAC (Geocoded Sexual Violence in Armed Conflict) data set from the Peace Research Institute Oslo on conflict events committed by armed groups known to use sexual violence.

# IMPLICATIONS FOR POLICY, RESEARCH, AND PRACTICE

The research team recommended the following steps and identified key stakeholders to take the lead in implementing them.

1

**Integrate** mental health services into general health care and existing community support mechanisms.

## Key Stakeholder Actions

Targeting survivors specifically for specialized care can make them susceptible to stigma and discrimination. Program funders and implementers should support developing mental health services that are integrated with other health care and implemented based on participatory principles and with the feedback and support of communities.

2

**Invest** in improving the capacity of community workers so they can provide effective psychosocial care to survivors in their communities.

## Key Stakeholder Actions

Given that leaders of self-started survivor-led groups are providing informal care to survivors, donors and program implementers should enhance the capacity of these leaders through training in case management and psychosocial support.

3

**Reduce** stigma toward survivors of sexual violence and children born of war by working with faith leaders and traditional elders.

## Key Stakeholder Actions

Community leaders, including faith leaders and traditional elders, have leverage in the community that allows them to dispel stigma and shame projected toward survivors of sexual violence and children born in captivity. Program implementers should work with these leaders and with survivors to establish successful stigma-reduction interventions.

4

**Consider** implementing interventions that use evidence-based psychotherapy techniques.

## Key Stakeholder Actions

Group psychotherapy techniques have been proven effective and cost-efficient in low-income and conflict-affected settings. Organizations already working with communities in northern Uganda should consider using similar interventions among survivors and families there.

5

**Use** validated psychometric measures to assess the prevalence of secondary trauma among family members.

## Key Stakeholder Actions

Researchers and local organizations should develop this evidence to assess the full impact of indirect exposure to sexual violence, to improve existing care, and to implement new services for this population.

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6

**Encourage** community dialogues around how war, abductions, and sexual violence can alter relationships.

**Key Stakeholder Actions**

Family members and friends of survivors can take better care of survivors if they know what to expect during and after caring for traumatized people. Risk-reduction strategies such as strong social connections and counseling can protect individuals who care for survivors from secondary trauma.

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7

**Provide** access to land rights for women survivors and children born of war.

**Key Stakeholder Actions**

Activists and survivors should work with traditional elders and community leaders to challenge traditional land ownership customs and lead reconciliation efforts that can reunite children with their paternal families.

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8

**Support** survivor-led grassroots organizations.

**Key Stakeholder Actions**

Organizations such as the Women's Advocacy Network have helped destigmatize what it means to be a survivor of wartime sexual violence or a former abductee. They have also helped reunite children born of war with their paternal families. These promising efforts should be supported both financially and through enhanced resources and training.

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9

**Provide** educational support for children born in captivity.

**Key Stakeholder Actions**

Local governments should consider funding the education of children born in captivity, most of whom lack formal support systems.

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**Increase** survivors' access to economic opportunities.

**Key Stakeholder Actions**

Funders and program implementers should consider ways to provide education and vocational training so that survivors can diversify their skills and obtain resources for self-sufficiency.

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# Concluding Observation

The use of sexual violence during war remains one of the most inhumane characteristics of modern armed conflicts. The purpose of this study was to provide a better understanding of the long-term consequences of sexual violence on survivors and their families. Understanding the full effects of these crimes on the health and well-being of those affected is critical to rebuilding conflict-affected communities and promoting sustainable peace.

This dissertation brief summarizes *Long-Term Effects of Wartime Sexual Violence on Women and Families: The Case of Northern Uganda*, by Mahlet Atakilt Woldetsadik, Santa Monica, Calif.: RAND Corporation, RGSD-417, 2018. As of October 11, 2018: [http://www.rand.org/pubs/rgs\\_dissertations/RGSD417.html](http://www.rand.org/pubs/rgs_dissertations/RGSD417.html)

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This study received ethical approval from the Ugandan National Council for Science and Technology and RAND's Human Subject Protection Committee.

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