

# Justice and Health Provision for Survivors of Sexual Violence: A Case Study of Kitgum, Northern Uganda

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# Outline of Presentation

1. Background

2. Methodology

3. Findings

» Experiences and effects

» Health Responses

» Justice Responses

4. Conclusions and Policy recommendations

5. Dissemination



# Background

- Northern Uganda - conflict from 1986
- Human Rights abuses
- Internally Displaced Person's (1.7 million)
- 40,000 children abducted by LRA
- 1/3 under twelve years old
- 'Peace' and reconciliation efforts



# Objective and Ethical Approval

Analyse the experiences and health and justice responses to sexual violence survivors in Kitgum, northern Uganda.

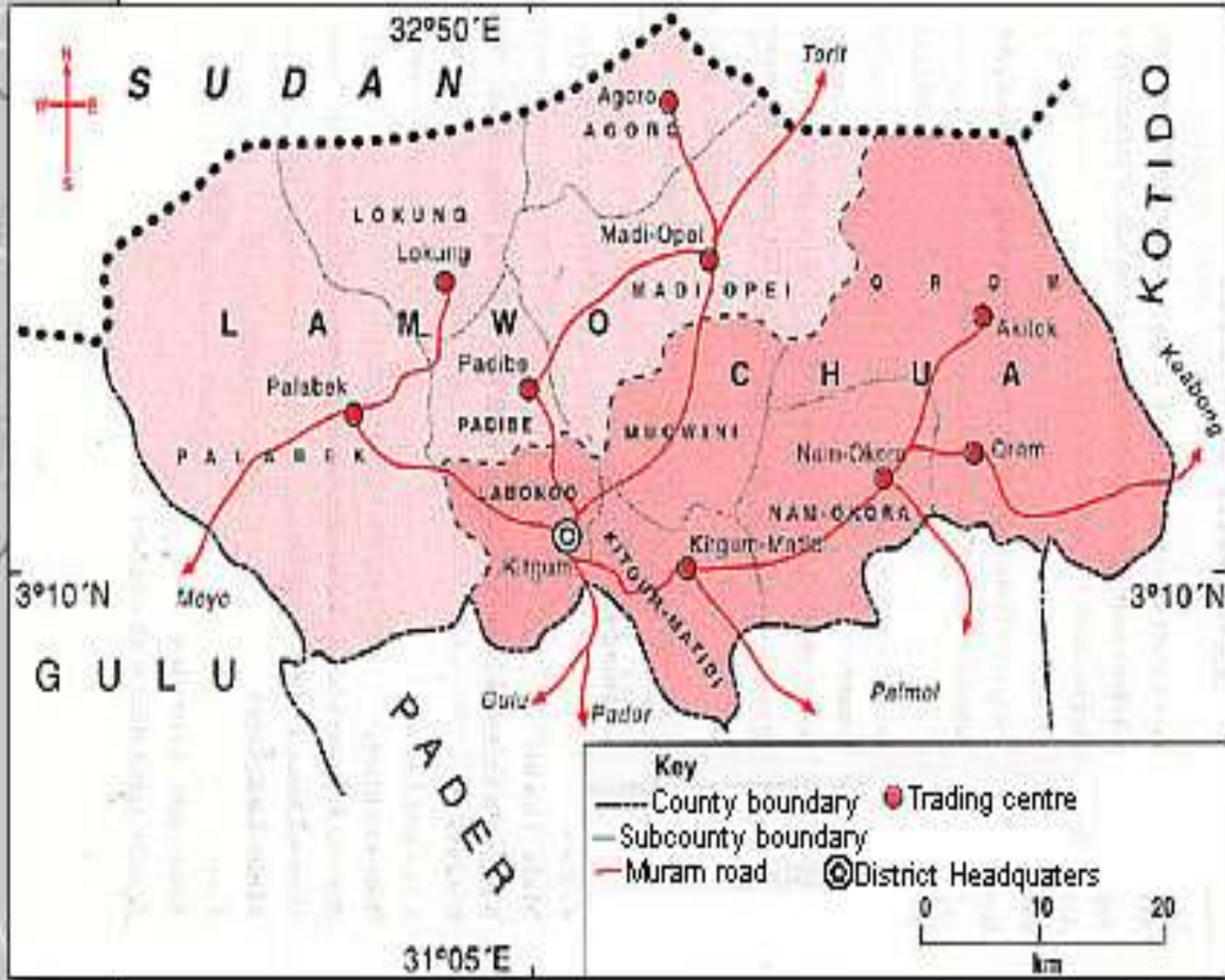
Ethical approval obtained from Coventry University and Uganda National Council for Science and Technology

# Methodology

- Two week research in Orom and Kitgum Town, Dec 2009
- Assistance of Kitgum Women's Peace Initiative, KIWEPI co-ordinated through Isis-WICCE
- Funded by the British Academy
- Listened to over 200 participants:
  1. *Men and women former abductees*
  2. *Key stakeholders in health and justice*
  3. *Themes discussed at workshops and meetings*
- Qualitative-semi-structured individual interviews, focus groups and meetings.
- KIWEPI provided translation



KITGUM DISTRICT



# Findings

- **Widespread sexual violence and torture by several groups.**
- **Destruction of Kitgum's social, economic, justice, transport and health infrastructure**
- **Widespread drought caused destruction of agriculture and livelihoods**
- **Most abducted at age of eleven years by LRA and forced to carry out widespread killings, torture, rape, sexual violence and forced labour.**



# Experiences of Sexual Violence

- Extensive physical, psychological and sexual violence against girls and boys. Boys were forced to ‘take girls’ as wives.
- Boys reported being raped by Sudanese military:

*“The LRA was full of sexual violence and harassment particularly of young girls. They also forced us as young men to loot food and we were sent to Arabs (Sudanese soldiers) where the Arabs demanded for sex in exchange for food”*

*(Men’s focus group, Orom)*



# Experiences of Sexual Violence

Sexual violence against girls included sexual abuse, gang rape, early forced marriages and pregnancies.

*“We all accept that sexual violence during the time we were in captivity was the most common phenomenon. Normally in captivity the person who abducts you is the one who you are forced to accept as your husband until the person is dead. That is what we experienced as young girls in captivity and this made many of us produce young children during these experiences” (Women’s Focus Group, Orom)*

# Effects of Sexual Violence

- Numerous untreated health problems due to violence and torture.
- Respondents reported increases in alcohol and drug use and domestic violence including rape:

*“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” (Women’s Focus Group, Orom)*

- Women and girl respondents suffer from serious reproductive and gynaecological health complications including HIV/AIDS but many did not test.

# Stigma, Trauma and Shame

There are also very high levels of stigma, trauma and shame associated with experiences of sexual violence, exacerbated by harassment and abuse by communities:

*“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” (Women’s Focus Group, Orom)*

# Health Responses

Health care system incapable of serving the needs of the population and weaknesses include:

## *1. Low Levels of Access to Health Care*

- Survivors reluctant to report assaults
- Lack of trust in services
- Health staff absent from clinics
- Unable to afford transport and treatment



# Health Responses

*“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 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”*

*(Men local leaders focus group, Orom)*

# Health Responses

## *2. Poor Health Facilities*

- Orom has one small health centre, few staff, no medical doctor or equipment and few drugs.
- District Hospital has only one Medical superintendent with no specialists.
- Private hospital has a medical superintendent and gynaecologist due to finish.
- Little psychological support
- Only basic treatment with Post-Exposure Prophylaxis, and/or Panadol for pain.



# Health Responses

## *3. Lack of training and support for staff*

- Nursing and health care staff reported own experiences of sexual violence during and since the insurgency.
- They reported a lack of support and counselling to deal with the traumatic effects.
- Staff shortages, low salaries and poor working conditions.
- Lack of knowledge and training to deal with survivors.

# Justice Responses

Due to continuing sexual violence, the numbers seeking justice are very high with minimal justice services amounting to a system failure. Respondents gave these reasons:

## *1. Low levels of reporting*

- Deterrent effect of the law undermined by local negotiations.
- Offenders know most cases will be settled locally.
- Bribes ensue to ensure the case falters.
- By-passing of the criminal justice system is aggravated by survivor's own shame and fear.





# Justice Responses

## *2. Understaffed, under-trained and under-resourced police*

- Very few police and even fewer women police officers to respond to survivors.
- Lack of transport and poverty.
- Cases fail to obtain a doctor's report within the crucial post-rape 72 hours.
- Lack of facilities for interviewing survivors.
- Lack of training to handle sexual violence cases and poor at gathering evidence.



# Justice Responses

## *3. Failure of the courts and the court system*

- Few cases end up with successful prosecution.
- Some fail as the case is prolonged and survivors give up; others are dropped due to bribery of officials.
- Even those that make it to court often fail, files are lost, witnesses fail to appear and evidence offered by police is inadequate.
- Courts suffer from understaffing.
- Only one senior magistrate to hear 'simple' cases of rape

# Conclusions

- State and justice systems in failure with limited non-state policing and health services.
- Population experienced severe and ongoing sexual, physical and psychological violence and torture. Kitgum still in conflict.
- Sexual violence is still at high levels: against former girl and also male LRA abductees.
- Extensive damage to women and girls psychological and reproductive health: escalating levels of HIV/AIDS.
- Increase in alcohol/drug use and domestic violence.
- High levels of stigma, fear, shame and lack of trust affect levels of reporting and access to services.
- Culture of responding to sexual violence through local negotiations.
- Although survivors report adaptive ways of handling psychological trauma, if not addressed, is likely to result in trans-generational effects and continuing violence in the community.

# Policy Recommendations

- Peace and recovery plan makes several recommendations largely beyond the reach of the District. We focus on low-cost, achievable solutions for the people of Kitgum:
  - Recruitment of a gynaecologist, surgeon & health service staff to Kitgum to reach minimum requirements.
  - Awareness raising and Training on SGBV including need for urgent health treatment within 72 hours and relevant international legislation i.e.: UN1325, CEDAW
  - Psychosocial support programme for health & justice staff
  - Health and support programme for abductees and their children including free education, medical treatment and counselling to deal with traumatic effects.



# Policy Recommendations

- Gender awareness campaigns to ensure the culture of sexual violence is broken down.
- Justice for abductees where there is a *prime facie* case of sexual violence. A formal acknowledgement by Government, health treatment and resettlement.
- Police improvements:
  1. Greater awareness of the law
  2. Gender training and women's rights in curricula
  3. More women officers
  4. Survivor-friendly service
  5. Local user's committee to investigate corruption
- Combined health and justice responses with strengthened SGBV referral pathways.
- Comprehensive data collection -enhance service planning.

# Dissemination

- **Training session on supporting survivors of sexual violence held in Orom (Isis-WICCE, 2009).**
- **Executive summary presented and discussed with UN Women, 2010 Global Forum for Women: Beijing +15.**
- **DFID workshop as part of the Security and Justice Programming, Minister for International Development and Minister for Africa, DFID.**
- **Book launch (Liebling & Baker, 2010) and research presented at Pre-consultative Gender mainstreaming meeting of AU Summit.**
- **Publications.**
- **Mobilised women in Uganda to engender the Government framework on Peace Recovery Development in the North.**



# Progress and Implementation

- Ugandan Government involved women's task force on committees for implementation of Peace & Recovery Development programme for northern Uganda.
- Gave women space but did not build capacity-information did not reach rural women.
- Women's movement-Isis-WICCE and Ugandan Women's Network built capacity of Task Force by training women:
  - To track gender mainstreaming.
  - To identify budgets for the Districts.
  - Develop a monitoring tool.
- Government put basic infrastructure.
- However, still inadequate support, budgeting and expertise for reproductive health & psychological trauma of survivors and facilitation of police and justice.

# Acknowledgements

- Gratitude to all stakeholders in Kitgum and Orom who participated in the research, dissemination and training.
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- Thanks to the British Academy, Isis-WICCE and Coventry University for funding and support.
- Sincere appreciation and recognition to all the women, men participants and key informants in Kitgum and Orom. We hope that the urgently needed health and support services, as well as justice and recognition will be achieved.

Thanks for listening!

Any questions?



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