

Establishing the Extent of SGBV Revictimisation among Female Survivors of Conflict SGBV in Northern Uganda

Report Summary on a Baseline Study and Pre-Project Assessment on Redress for SGBV on Conflict-Related Wrongs

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Introduction

This baseline study seeks to determine the extent to which revictimisation affects female survivors of conflict sexual- and gender-based violence (SGBV) in northern Uganda. The information gathered will inform the Justice and Reconciliation Project's (JRP) project, "Redress for Sexual- and Gender-Based Violence on Conflict-Related Wrongs" which aims to support transitional justice (TJ) efforts of female survivors of SGBV in the northern Ugandan districts of Adjumani, Pader and Lira, and the project of our partners under a consortium funded by the John D. and Catherine T. MacArthur Foundation. In addition, we intend for these findings to inform the work of the Justice, Law and Order Sector (JLOS) of the Government of Uganda (GoU), as they establish a national TJ policy to provide remedy and redress for victims of Uganda's many longstanding armed conflicts. The baseline operated under a simple, yet alarming observation, based on JRP's years of working with conflict victims: **war-affected women are continuously targeted for sexual- and gender-based crimes.**

In this summary, we provide an overview of the methodology and conceptual frameworks that were used in developing this baseline, as well as the key findings and conclusions that emerged. The full baseline survey report is available from JRP upon request.



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Designed by Oryem Nyeko.

Methodology

This baseline study and pre-project assessment was conducted in May and June of 2014 in a participatory manner whereby a wide range of stakeholders were engaged and their views solicited. This ranged from technical personnel at the districts and sub-county headquarters, cultural leaders, police and health representatives, as well as community members and female survivors of conflict SGBV.

Data collected mainly consisted of qualitative research, though some quantitative data was also gathered. The methods employed involved a desk review of laws and policies in place as regards to SGBV, as well

as focus group discussions, key informant interviews and individual respondent interviews. Surveys were administered in one sub-county for each of the three districts participating in the project: Dzaipi sub-county in Adjumani district, Atanga sub-county in Pader District and Agweng sub-county in Lira district. In total, we interviewed 213 respondents (155 women, 58 men), including key personnel at the district and sub-county knowledgeable about the scope of the survey (i.e. district gender officers, district health officers, senior nursing officers/clinicians at hospitals and health centres, police, local leaders and cultural leaders) and war-affected women across the districts of operation that are survivors of conflict SGBV.

Conceptual frameworks

Conflict SGBV and revictimisation

The prevalence of sexual violence in conflict has received increasingly greater recognition in public, policy and academic circles. Sexual abuse is defined to include any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of another person.¹ Sexual violence, also termed sexual- and gender-based violence (SGBV) or gender-based violence (GBV), refers to physical, sexual and psychological violence occurring in the family and in the community, including battering, sexual abuse of children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence related to exploitation, sexual harassment and intimidation at work, in education institutions and elsewhere or condoned by the state.² **Conflict sexual violence, or conflict SGBV, refers to incidences of SGBV that occur during armed conflicts by state or non-state actors, and includes rape, defilement, sexual exploitation as well as early and forced marriages.**

In northern Uganda, sexual violence, especially against women, is known to have occurred before, during and after its longstanding conflicts. Organisations like JRP have sought to break the silence on conflict SGBV through documentation, advocacy and direct support to victims. Furthermore, a number of national and international scholars have studied, in long- and short-term, these occurrences and the consequences.³ Still, despite this growing acknowledgment that conflict SGBV occurred in this context, the majority of victims of conflict SGBV have failed to receive redress or accountability from those that harmed them.

Furthermore, in JRP's longstanding engagement with conflict victims, we have come to realise that, for many female victims of conflict SGBV, the violence has yet to stop. Although guns have fallen silent and the insurgency has moved to neighboring countries, female victims of conflict SGBV continue to face ongoing SGBV revictimisation in their daily lives. Violence against women has been domesticated to the private sphere, perpetrated by partners, relatives, neighbours and fellow community members.

Within the psychology literature, sexual revictimisation can be defined as "...the phenomenon in which individuals who

1 Section 2, Domestic Violence Act, 2010.

2 Articles 1 and 2 of the UN Declaration on Violence Against Women, 1993.

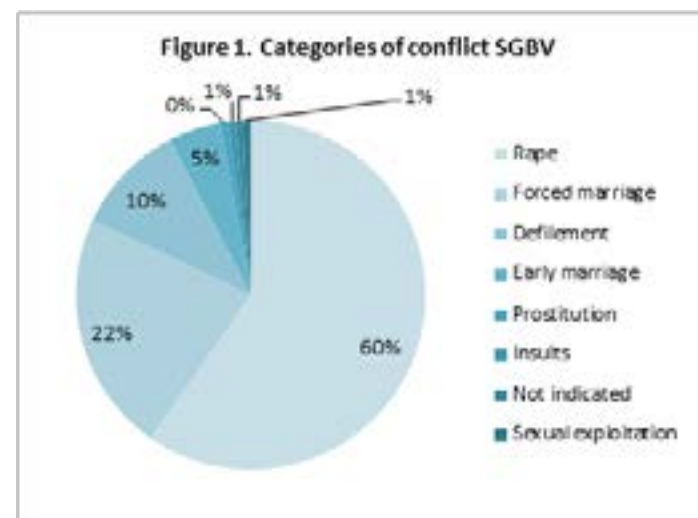
3 For instance, see Porter, Holly E. 2013. *After Rape: Justice and Social Harmony in Northern Uganda*. Thesis, London School of Economics.

have experienced child sexual abuse (CSA) are at greater risk than others for adolescent or adult sexual victimization."⁴ **For the purpose of this baseline, we expand this definition and define SGBV revictimisation as the physical, psychological, economic and socio-cultural abuse victims of SGBV face by individuals and groups as a result of past perpetration of SGBV inflicted on them.** This past perpetration includes childhood and adult incidences of conflict SGBV.

Experiences and effects of conflict SGBV

Categories of conflict SGBV

Of the 144 responses we received to this question, **60% of participating women reported experiencing rape**, 22% reported experiencing forced marriage and 10% reported experiencing defilement. Only 5% reported experiencing early marriage, and less than 1% reported insults, prostitution or sexual violence as a form of conflict SGBV experienced.



Effects of conflict SGBV

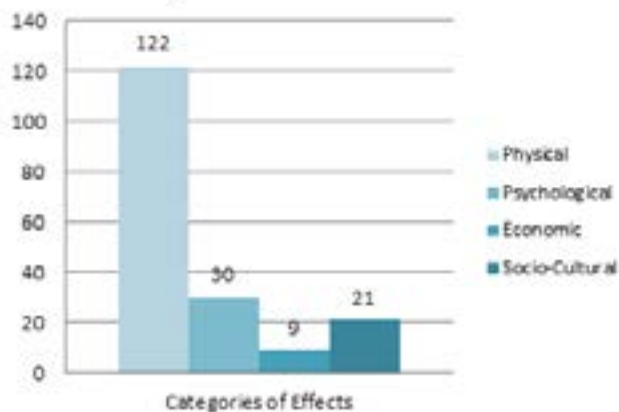
Of the 182 responses we received to this question from female survivors of conflict SGBV, **67% mentioned physical effects of conflict SGBV, including wounds, gynaecological problems, HIV/AIDS, sexually-transmitted infections (STIs), paralysis, barrenness, and general to chronic body pain and aches.** Sixteen percent noted psychological effects of conflict SGBV, including trauma, depression, suicidal thoughts, powerlessness, painful memories, bitterness and sadness. Five percent mentioned economic effects including raising children alone, inability to do heavy work, lost properties, poverty, little or no education, and general "lost opportunities in life."⁵ Twelve percent reported socio-cultural effects of conflict SGBV, including rejection and stigmatisation by families, communities and potential spouses on the women and their children born in captivity (CBC); as well as loneliness, shame, constant quarrels with spouses, divorce and no

4 Muehlenhard, Charlene L., Highby, B. J., Lee, R. S., Bryan, T. S., & Dodrill, W. A. 1998. "The Sexual Revictimization of Women and Men Sexually Abused as Children: A Review of the Literature." *Annual Review of Sex Research*, 9: 1-47.

5 Female survivor of conflict SGBV, individual interview, June 2014, Atanga sub-county, Pader district.

access to land for digging.

Figure 2. Effects of conflict SGBV



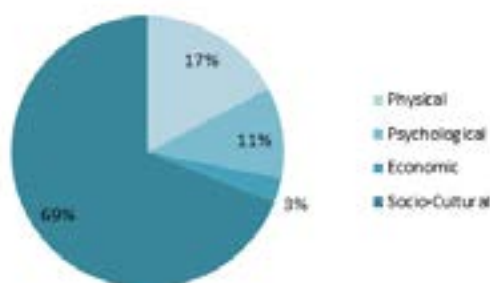
Ongoing revictimisation of SGBV survivors

When asked whether they still face the same threats and sexual violence as they did in the past, 90 out of the 97 interviewed (93%) answered with a resounding “Yes”. That same 93% expressed experiencing at least one form of ongoing revictimisation in their lives.

Types of revictimisation experienced by female victims of conflict SGBV

Seventeen percent of participating women noted physical forms of revictimisation, including, rape (including marital rape), fighting, barrenness, domestic violence, fatigue and gynaecological complications, among others. Eleven percent mentioned psychological forms of revictimisation, including fear and trauma. Only 3% noted economic revictimisation, such as neglect by husbands, sexual exploitation and poverty as a result of the conflict SGBV. **The majority of responses (69%) emphasised the socio-cultural forms of revictimisation experienced by female survivors of conflict SGBV**, including insults from husbands, brothers and drunken men; rejection and stigma, including against their children born in captivity, from relatives and community members; discrimination and divorce.

Figure 3. Types of SGBV revictimisation experienced today



Causes of revictimisation

When asked what could be the causes of the aforementioned revictimisation, the women interviewed often either spoke of qualities in themselves or in those around them. For perceived qualities in the women, victims of SGBV revictimisation mentioned physical causes, such as being

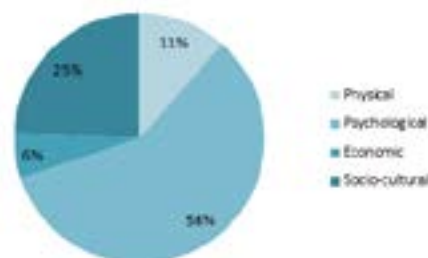
lame, lack of medical and psychological support, and barrenness; economic causes, such as poverty, lack of education and a lack of a male figure for alleged protection and economic benefit; and psychological causes, such as lack of desire for sex, resentment and trauma, isolation and people thinking they are helpless.

For perceived qualities in others, both the attitudes of the community towards survivors of SGBV and formerly-abducted persons (FAPs), as well as social norms, were given by the participating women as major causes of revictimisation. Other causes mentioned are alcoholism, misunderstandings at home and natural hatred. They report widespread ignorance by the community of what women experienced in the captivity of the rebels, saying, “I think it is because they never went through what I experienced.”⁶ Many women report being estranged from their families, leading to increased susceptibility to revictimisation.

Effects of revictimisation

11% of responses from participating women noted physical effects of revictimisation, including infection of HIV/AIDS, domestic violence—including marital rape and forceful sex—difficulties giving birth, urinary infections, gynaecological problems, sexually-transmitted infections (STIs) like syphilis and high blood pressure, among others. **Fifty-eight percent referenced psychological effects of revictimisation, such as hopelessness, shame, trauma, stress, lacking love from people, and suicide, with one woman admitting to trying to commit suicide at least once.** Other examples provided include depression, embarrassment, sadness, crying, reminders of the past, worries (resulting in weight loss), and feelings of uselessness, low self-esteem, and fear from lack of a male figure around. Only 6% suggested economic effects of conflict SGBV revictimisation in the communities, including poverty, struggling alone with children, dropping out of school and lost properties. Twenty-five percent of responses referenced socio-cultural effects of revictimisation, including not being approached for marriage (because the women are known as being returnees), rejection, no peace at home, avoiding company of friends and isolation, being forced to leave home, quarrelling with husbands, being feared by others, divorce and not feeling free in the community.

Figure 4. Effects of SGBV revictimisation



SGBV today: Views of local leaders and structures

In addition to speaking to female survivors of conflict SGBV and revictimisation, JRP also interviewed community lead-

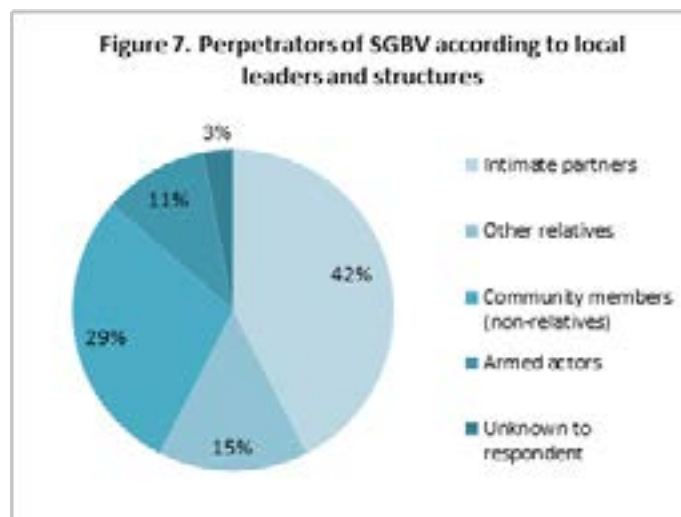
⁶ Female survivor of conflict SGBV, individual interview, June 2014, Atanga sub-county, Pader district.

ers and service providers at the sub-county-level in order to better understand incidents of SGBV and revictimisation taking place today, especially sexual- and gender-based crimes committed on victims of conflict SGBV.

Types of SGBV today and alleged perpetrators

When asked what forms of SGBV have been reported in the area, the local leaders and representatives of local structures responded as follows: 29% defilement, 25% rape, 14% early marriage, 11% sexual exploitation, 9% forced marriage and 12% other. **Many found difficulty identifying how many of these cases involve formerly-abducted women or women formerly from the IDP camps, as they report the same as all other community members.**

When asked, “Who are the perpetrators of these cases?” local leaders interviewed most commonly cited intimate partners, such as spouses, husbands and boyfriends (42%). The second-most common answer was community members who are not relatives—such as teachers, youth and motorcycle taxi (*boda boda*) drivers—with a 29% response rate. Other responses include other relatives who are not intimate partners (15%), armed actors from the army or police (11%) and persons unknown to the official interviewed (3%). **The dynamics of SGBV today suggest a domestication of abuse, in which violence is committed by persons closely known by victims.**



Causes and effects of SGBV today on victims and communities

Interestingly, none of the female survivors cited gender discrimination or inequality as a cause of SGBV, with abduction, nature of camp life and general insurgency as the most-commonly provided response. Suggesting greater interrogation of the causes of SGBV, and awareness and training on the matter, responses from sub-county officials and local leaders more deeply interrogated the root causes of SGBV, with male and/or societal attitudes of disrespect or disregard of females, lack of equality of human rights for all and socio-cultural norms of gender inequality and discrimination garnering high numbers of responses at 12%, 11% and 10%, respectively (33% total). Other responses include: alcohol and drug abuse (17%), poverty (7%) and unequal distribution of resources (10%). Responses that were cited by few respondents—such as HIV/AIDS, discotheques, idleness and poor parenting, which each were mentioned by two or fewer officials—were categorised as “Other” and total 33%.

In terms of effects of SGBV on victims, 21% of responses by local leaders and structures mentioned physical effects, such as disease and damage to reproductive organs. Twenty-nine percent mentioned psychological effects, including hopelessness, guilt, trauma and fear to stay in communities. Eighteen percent mentioned economic effects, including poverty and school drop-outs. Receiving the highest number of responses, **32% of responses by local leaders and structures noted socio-cultural effects of SGBV, including stigmatisation, forced migration, lack of marriages, resentment and divorce.**

When asked an additional follow-up question—What are the effects of SGBV on the community?—the answers are telling. Only one respondent denied any effects, and all others provided at least one response, such as disharmony, tension, misunderstandings, divorce, limits to development, burdens taking care of children, high illiteracy rates, alcoholism and spreading of diseases like HIV/AIDS.

Figure 5. Categories of SGBV reported to local leaders and structures

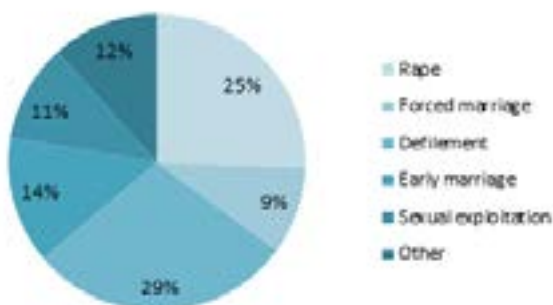


Figure 6. Categories of SGBV affecting formerly-abducted and formerly-displaced women according to local leaders and structures

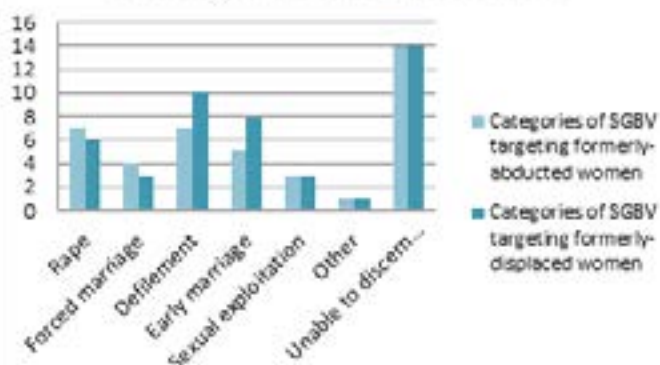


Figure 8. Causes of SGBV according to local leaders and structures

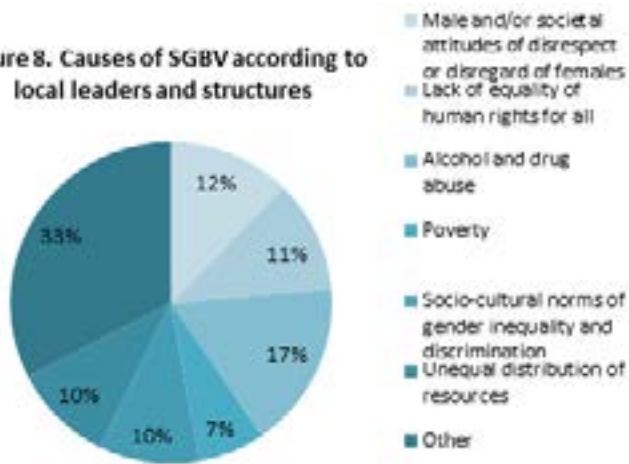
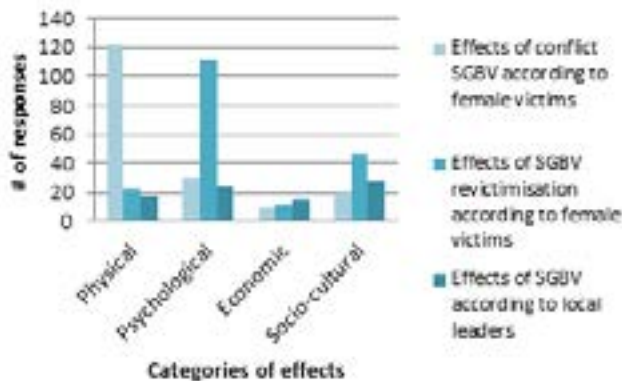


Figure 9. Effects of SGBV and revictimisation on female survivors



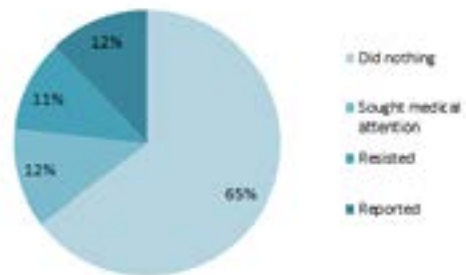
Responses to SGBV and revictimisation

How women responded to incidences of SGBV during the conflict, and how they respond to ongoing forms of revictimisation today, are telling of the services and referral pathways available and accessible in conflict-affected communities.

Women's responses to conflict SGBV

Sixty-five percent of responses by female survivors of conflict SGBV allude to taking no action afterwards because of injuries, force, fear of being killed or rejected, armed perpetrators, and overall lack of energy and strength. Twelve percent alluded to seeking medical attention, including being taken to the hospital or other health facilities by aunts or other relatives, and seeking medical attention much later, such as after returning from captivity. Eleven percent mentioned physical resistance, such as trying to escape or run away and making an alarm. Only 12% of answers refer to reporting as a response to conflict SGBV, oftentimes to relatives (i.e. brothers, sons, parents), local government officials (i.e. local council [LC] I and II, sub-county officials, camp leaders) or security organs (i.e. police, military barracks). Even when arrests were mentioned, it remains unclear whether any legal accountability was pursued or achieved.

Figure 10. Women's responses to conflict SGBV



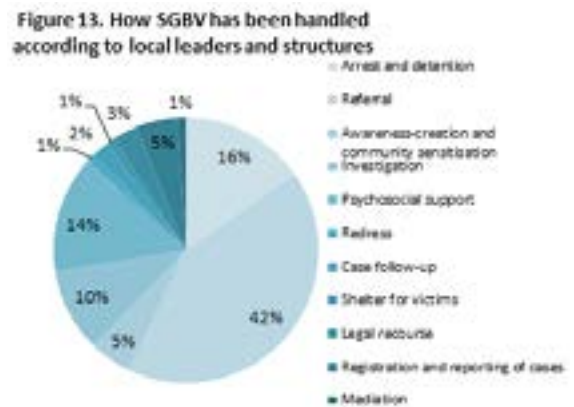
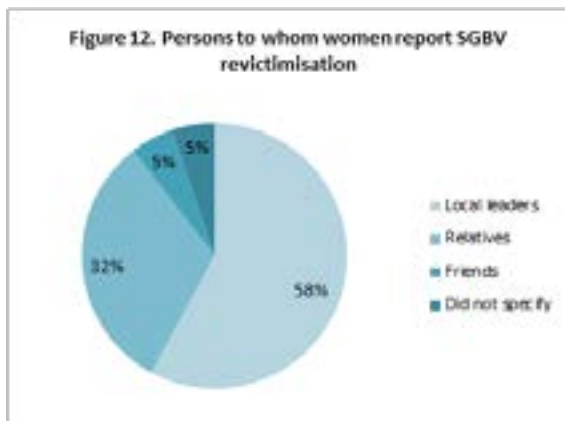
Women's responses to SGBV revictimisation

Women's responses to SGBV revictimisation suggest more opportunities to respond than they had with conflict SGBV, although the options are still less-than-satisfactory for many women. Sixteen percent report doing nothing in response to SGBV revictimisation, including keeping quiet because of fear and because of loving the contact with others, despite the insults. Only 6% refer to seeking medical attention, such as seeking treatment for syphilis and other STIs. Twelve percent suggest that some women use confrontational tactics against revictimisation, including picking quarrels, answering back, fighting in defence and abusing the perpetrators of revictimisation. Twenty-four percent of responses cite strategies of non-confrontational avoidance to respond to SGBV revictimisation, including keeping busy, staying in isolation or moving to another area where people do not know what happened to the women in the past. Others mention prayer as a strategy to respond to ongoing revictimisation. **The majority of responses (42%) point to the women reporting incidences of SGBV revictimisation that they experience in the communities.** This includes reporting to local leaders (58%), relatives (32%) and friends (5%). Five percent did not specify to whom they report revictimisation.

It was commonly explained that they report for one of two reasons: for redress, or for counselling or advice. When reporting for expected redress, the women said they most commonly spoke to their LCs, fathers, clan leaders, grandfathers or police. This often sparked a chain of action, although the final outcome, redress for the victims, was not always satisfactory to the survivors. When reporting for counselling or advice, women often turn to religious leaders, elders, mothers, friends, LCs and even children. It was suggested that such persons provided words of encouragement to the women experiencing revictimisation as a result of SGBV.

Figure 11. Women's responses to SGBV revictimisation





Institutional responses to SGBV and revictimisation at the sub-County-level

Local leaders representing local structures and police who were interviewed were asked whether facilities are in place to handle SGBV in communities. Fifteen (68%) responded “Yes” and seven (32%) responded “No”. They were then asked a follow-up question asking whether the community knows the procedures for responding to SGBV. Sixteen (73%) responded “Yes” and six (27%) responded “No”. Such responses are an early indication of the difficulties communities face in responding to SGBV.

Incidents of SGBV are handled in a variety of manners at the sub-county-level, suggesting various degrees of implementation of official referral pathways and strategies developed by government institutions at national- and district-levels, as well as civil society organisations. The majority of officials reported utilising referral mechanisms, including referring victims for medical assistance (42%). Arrest and detention, psychosocial support and investigation follow, at 16%, 14% and 10%, respectively. Registration and reporting of cases and awareness-creation and community sensitisation each received 5% of responses, and redress, case follow-up, shelter for victims, legal recourse and mediation each garnered 3% or less of total responses.

The challenges mentioned were many. These include:

- **Lack of follow-up and follow-through of cases by authorities, victims and their families;**
- **Difficulty arresting and apprehending suspects of SGBV;**
- **Financial, human resource and infrastructural resource constraints hindering reporting processes;**
- **Accessibility challenges, including lack of reporting locations, knowledge of processes, delays and costs; and,**
- **Corruption.**

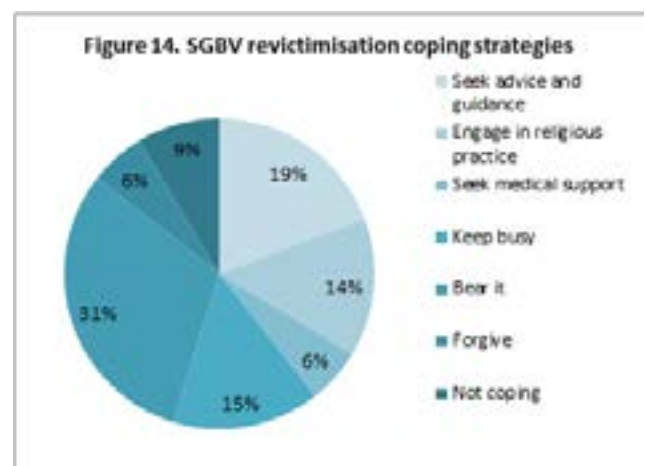
Analysing implications for redress and reform

Despite the multitude of challenges facing female victims of SGBV and the communities in which they live, female survivors of conflict SGBV have undoubtedly adopted strategies to survive and cope with the various forms of ongoing abuse they experience in their daily lives.

Coping with SGBV revictimisation

All of the female victims of SGBV interviewed were asked how they are coping with ongoing revictimisation in the communities. **In addition to highlighting the resiliency of these women in light of immense challenges, their coping strategies speak of the disconnect between official responses to SGBV at national and local-levels, and the on-the-ground ways that survivors get by from day-to-day.**

Nineteen percent of responses from survivors of SGBV revictimisation refer to seeking guidance and advice from others in order to cope with ongoing revictimisation, including guidance from religious leaders, friends, in-laws, children, uncles, elders, community development officers (CDOs), and LCs. Fourteen percent of responses allude to engaging in religious practice as a strategy to cope with ongoing revictimisation. These include praying, confiding in religious leaders and attending fellowship. Only 6% refer to medical support as a strategy to cope, including seeking antiretroviral (ARV) drugs for managing HIV/AIDS. Fifteen percent cite keeping busy as a strategy to cope with ongoing revictimisation in the communities, such as engaging in farming, providing for families and children, selling firewood and other practices to earn income and joining groups, such as village savings and loan associations (VSLAs) and peer support groups. **Thirty-one percent of responses refer to the women “bearing” SGBV revictimisation through various strategies, such as ignoring, accepting and avoiding those who insult them.** Six percent of responses cite forgiving perpetrators as a strategy, whereas 9% suggest that women are not in fact coping with revictimisation. When asked about their strategies, they responded by saying how they are negatively coping, for example by admitting to contemplating suicide.

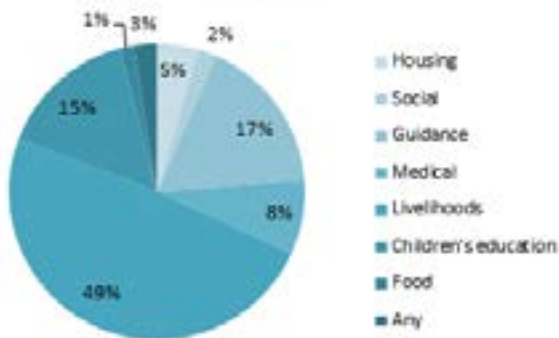


Victims' recommendations for redress and reforms

In order to adopt a holistic approach to addressing ongoing revictimisation for conflict-related wrongs, there is need for approaches that both redress past injustices and reform structures, systems and societies to end future and current revictimisation. To assess their recommendations, participating women were asked what form of assistance they would like to receive as a person facing SGBV revictimisation, and what can be done to deal with the issue of SGBV revictimisation in the community.

In response to the first question on assistance, 5% of participating women specifically requested housing as a reparative measure. Surprisingly, given the previously-reported high-levels of social stigma against female victims of SGBV, only 2% requested social assistance through community sensitisation or more laws. Seventeen percent of responses requested guidance, advice and peer support. A particular focus was put on organising the women into groups, which has since been done through JRP's project on redress, so as to provide peer support. Eight percent requested medical support, such as medical check-ups to determine causes of infertility and investigate reasons for pain. **Coming in as the most requested form of assistance, 49% of responses requested livelihoods and other economic support for women experiencing revictimisation.** Suggestions include: goat-rearing projects, vocational and livelihoods skills training, cattle and other livestock, farming, tailoring, hair-dressing, provisions of ox-ploughs and start-up capital. Fifteen percent of responses alluded to challenges caring for children, especially those born of sexual violence, and the participating women requested assistance in providing for their children's education through school fees and sponsorship. One 1% of responses requested food, and 3% requested any assistance from JRP or others.

Figure 15. Conflict SGBV survivors' requests for assistance

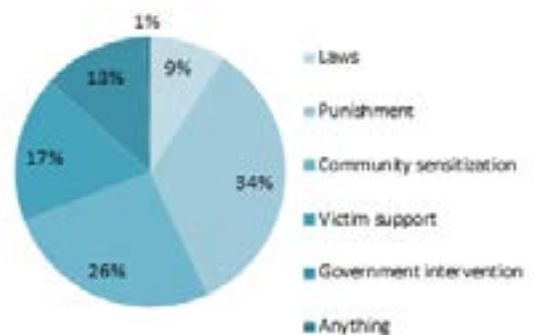


In contrast to their request for assistance, when asked what could be done to deal with SGBV revictimisation in communities, participating women's responses centred much more on recommendations for others to reform. Thirty-four percent of responses recommended that perpetrators of SGBV and SGBV revictimisation be punished heavily through arrest, imprisonment (i.e. for life, for up to a year), fines, paying for medical treatment of victims and excommunication. Furthermore, it was suggested that those leaders and officials who intentionally ignore SGBV incidents and fail to report, refer and/or investigate them should also be punished through arrest and imprisonment. Twenty-six per-

cent of responses requested community sensitisation on SGBV, reporting and the challenges facing victims. Seventeen percent recommended victim support to deal with the issue of SGBV revictimisation, such as providing support for women in groups, providing education for children born in captivity, instating health centres that provide medical support to survivors, providing income-generating activities, providing psychosocial support, opening schools for girls who are defiled and raped, and providing vocational support, among others. Thirteen percent of responses requested greater government intervention to address SGBV revictimisation, including trainings and workshops to build local leaders' capacity and knowledge in handling SGBV cases. Nine percent called for laws to punish SGBV and SGBV revictimisation, suggesting that existing laws are inadequate and under-implemented. Only one (1%) respondent suggested that anything should be done.

Although the women's recommendations for addressing SGBV and revictimisation largely recommended redress and reform, much of the interviews with sub-county officials and local leaders focused on handling aspects of SGBV in the immediate aftermath of abuse. Few considerations were made for the long-term consequences of SGBV and how they affect the wellbeing of victims and the communities in which they live. In particular, in comparing the ways in which sub-county officials report handling matters of SGBV with the experience and recommendations of survivors, the issue of redress is gravely overlooked.

Figure 16. Conflict SGBV survivors' recommendations for dealing with SGBV revictimisation



Conclusions

As this report reveals, victims of conflict SGBV continue to face effects from their experiences. This includes ongoing physical, psychological, economic and socio-cultural forms of revictimisation by relatives, neighbours and community members. This revictimisation is pervasive, affecting nearly all aspects of victims' wellbeing and making them continuously vulnerable to ongoing SGBV. **Acknowledgment that conflict SGBV is not a one-off human rights violation—instead if continues to violate the rights of its victims decades after the initial incident and guns have fallen silent—is perhaps a first step to developing and implementing strategies for redress and reform that are victim-centred and responsive to the multi-faceted needs of victims and communities in which these violations occur.**

Drawing from the insights and lessons learnt from the victims of conflict SGBV and SGBV revictimisation who par-

ticipated in this research, as well as the experiences of sub-county officials and local leaders in these communities who are responsible for handling SGBV, we offer the following recommendations for responding to the issues raised in this report:

1. There is need for greater accountability for SGBV and SGBV revictimisation.

There should be follow-up by local leaders, especially on reported cases of SGBV and revictimisation against SGBV survivors. More responsibility should be given to grassroots-level leaders, such as LCs, because they have their ears most “to the ground” and are accessible to victims. Community by-laws should also be set to complement existing legislation, and those who fail to abide by them must be held accountable to the fullest extent under Ugandan law. Furthermore, there must be repercussions for local leaders who are mandated to address SGBV cases, but fail to do so. Health centres, police, local councils and other institutions should be trained at the local-level to handle SGBV and revictimisation cases. Community members, including female survivors, must be sensitised to know what their rights are under law. A legal framework to counter SGBV exists, but enforcement and implementation is gravely lacking at all levels.

2. Responses to SGBV and ensuing revictimisation must include multi-faceted redress for victims, as well as reform of policies and processes to make justice and accountability more accessible at the grassroots-level.

Perpetrators should be required to provide redress to their victims. In accordance with the Constitution of Uganda and international law, where perpetrators are unable or unwilling to provide redress, the government must step in. This includes a wide range of individual and collective reparative measures, including medical, psychological, educational and livelihoods support. According to one participant, victims must be empowered so “they can sustain themselves and stop being vulnerable.”⁷ This should be coupled with vocational skills training and adult literacy programmes for survivors of SGBV to enable them to be more self-reliant and in control of their daily lives. Furthermore, reviews and consultations should be conducted by government officials with grassroots survivors of conflict SGBV in order to determine how to make these processes more accessible to victims, especially in light of their ongoing vulnerabilities and revictimisation.

3. Adequate funding and resources for relevant institutions must be available in communities to enable local leaders and structures to carry out their du-

ties in relation to SGBV prevention, reporting and accountability.

There must be free and accessible medical, psychosocial, social and legal support for victims and survivors of SGBV and SGBV revictimisation. This includes mobile legal aid clinics, paralegal support and safe houses and shelters for those facing threats to their immediate safety. There is also need for provisions of ARVs, emergency contraceptives, post-exposure prophylaxis (PEP), food, shelter and counselling for such persons. Such support should be coupled with increased training in gender-sensitivity for service providers and staff of institutions that come into contact with SGBV survivors.

4. Communities should be involved in discussions on SGBV and its effects on victims.

Through such conversations, it is envisaged that there will be greater acknowledgment and understanding of the ongoing challenges SGBV survivors face, and how community rejection and stigmatisation exacerbates their suffering. Cultural leaders should play a large role in this work, and ensure that impunity for SGBV and SGBV revictimisation ceases within their jurisdictions. Community groups should also be formed for peer support, as many of the women interviewed report this approach working well for them. Furthermore, such sensitisation must extend to local leaders and structures, such as police and health workers, so they accurately and comprehensively follow protocols for reporting SGBV crimes.

5. The draft national TJ policy and other emerging frameworks for dealing with Uganda’s conflict-related past must take into consideration the gendered needs and experiences of victims.

This report reveals the pervasive challenges facing female survivors of conflict SGBV. Due to their social, political and economic marginalisation, as well as ongoing physical and psychological challenges, their participation and redress may be overlooked, unless there are deliberate strategies to include them and take their needs and views into consideration. More so, the finalisation of this national TJ policy and its supporting legislation must be expedited, so victims can access the justice they deserve.

⁷ Female survivor of conflict SGBV, individual interview, June 2014, Agweng sub-county, Lira district.

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About the Justice and Reconciliation Project

The Justice and Reconciliation Project (JRP) was established to understand and explain the interests, needs, concerns and views of communities affected by conflict and to promote sustainable peace through the active involvement of war-affected communities in research and advocacy.

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