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**A Gendered Analysis of the Experiences of Ugandan Women
War Survivors**

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**A thesis submitted in partial fulfilment of the requirements for the Degree of
Doctor of Philosophy, Ph.D.**

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Declaration

A very small portion of chapter four is included in the following two publications:

Liebling, Helen. and Shah, Shilu. (2001) Researching Sensitive Topics: Investigations of the Sexual Abuse of Women in Uganda and Girls in Tanzania. In, *Law, Social Justice and Global Development*, Issue 1.

Liebling, Helen and Shah, Shilu. (2002) Researching Sensitive Topics: Investigations of the Sexual Abuse of Women in Uganda and Girls in Tanzania. In, *Pandora's Box 2002*. K.Konkoly, Z. Spencer and T. Stephenson (Eds.). A publication of the Women and the Law Society. University of Queensland.

Earlier emerging themes from chapters five, six, seven and eight form a part of the publications:

Liebling, Helen. (2003) Women's War Experiences: Sexual Violence and Torture During Civil War Years in Luwero. In, *Impact: An Annual Publication*, 4, 22-25, Isis-WICCE, Uganda.

Liebling, Helen. (2004a) Phil Strong Memorial Prize: Women war survivors in Luwero District, Uganda. In, *Medical Sociology News*, 30, 1, 36-41.

The following articles due for publication are based on papers presented at international conferences. They contain embryonic excerpts from chapters five, six and seven. These conferences facilitated helpful discussions and feedback that assisted to guide further analysis.

Liebling, Helen. (2002) "*Samanya Agnes - I did not know Agnes*" - Ugandan Women's Experiences of Violence, Rape and Torture during War in Luwero District: Implications for Health Policy, Welfare and Human Rights. Paper presented at Makerere Women's Worlds 2002: The 8th International Interdisciplinary Congress on Women Makerere University, Kampala Accepted for publication in conference book (2004).

Liebling, Helen. and Shah, Shilu. (2002) *Investigations of the Sexual Exploitation of the Girl Child in Tanzania and Women during Civil War Years in Uganda*. Paper presented at Makerere Women's Worlds 2002: The 8th International Interdisciplinary Congress on Women Makerere University, Kampala Accepted for publication in conference book (2004).

The final article was a paper submitted for the Psychology of Women Section Prize and accepted for publication in Autumn 2004:

Liebling, Helen. (2004b) Ugandan Women's Experiences of Sexualised Violence and Torture during Civil War Years in Luwero District: Implications for Health Policy, Welfare and Human Rights. Accepted for publication in *Psychology of Women Section Review*. British Psychology Society. Autumn 2004. Leicester. UK.

Summary

*‘Akwate mpola, atuuka wala’ ‘If you walk slowly, you will reach far’
(A Lugandan proverb)*

This thesis provides an investigation into the experiences of Ugandan women and men during the civil war in Luwero between 1981 and 1986, and analyses the effects of violence, rape and torture, in terms of the resulting needs of the people and future policy implications. It is based on in-depth analysis of twenty-four focus groups and individual interviews with thirty-four women and thirteen men, who were survivors of the violence. Interviews were also held with seven workers in non-government organisations, thirteen health workers, two human rights activists, three local community leaders, two research assistants and a male University lecturer. Inevitably, research of this nature is extremely harrowing, and due to the sensitivities involved, every attempt was made to conduct the study in the most ethical way possible.

It has been argued that the civil war was a planned strategy for a military power struggle (Allen, 1996). Drawing upon a gendered analysis of Bourdieu’s (1984) concepts of economic, social and cultural capital, the thesis relates how the Acholi soldiers were systematically directed to destroy the material power and entitlement to power of the Baganda, using forms of violence which can be interpreted as a gendered form of genocide. Acholi violence was directed against economic, social and cultural targets to destroy the power base of the Baganda. Women’s reproductive roles were reshaped through sexual violations; multiple rapes, impregnation and destruction of foetuses, and acts of sexual transgression have been attributed to causing a crisis of identity in Bagandan women and men (Said, 2003).

In this context war trauma can be understood as a breakdown in cultural identity, manifested in psychological, social, cultural and physical effects, which are integrated and inseparable, not split between mind/body and society (Bendelow, 2000; Sideris, 2003). However, this study reveals how women war survivors reconstructed their identities by taking on male roles as well as engaging in collective activities. Their ability to voice their experiences in the current study, as a political act of resistance, resulted in a shared identity and a decrease in reported levels of depression. In contrast the men in the study largely turned their trauma inwards, using strategies such as alcohol misuse to deal with their distress.

This study concludes that the specific war crimes against women and men in Luwero can indeed be understood as attempted genocide. There are also policy implications arising from the findings in the need to involve women survivors in developing a national ‘women and health’ policy which should include specific provision of specialist reproductive and gynaecological services for women war survivors in Luwero and other war-torn areas of Uganda. There is also a pressing need for gender-sensitive psychological support, health, welfare, and legal services for women and men war survivors and their families utilising empowerment principles and building on local community initiatives (Musisi et al. 1999; Liebling and Kiziri-Mayengo, 2002; Liebling, 2003; 2004a; 2004b).

Abbreviations

ACTV	African Centre for the Treatment and rehabilitation of Torture Victims
AGOU	The Association of Obstetricians and Gynaecologists of Uganda
AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychiatric Association
CEDAW	Convention on the Elimination of all forms of discrimination Against Women
DSM	Diagnostic and Statistical Manual
HIV	Human Immunodeficiency Virus
ICD-10	International Classification of Diseases, 10 th Edition
IRCT	International Rehabilitation Council for Torture Victims
Isis-WICCE	Isis Women's International Cross Cultural Exchange
NGO	Non-Government Organisation
NRA	National Resistance Army
NRM	National Resistance Movement
PTSD	Post Traumatic Stress Disorder
STD's	Sexually Transmitted Diseases
UNLA	Uganda National Liberation Army
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UPC	Uganda People's Congress
WHO	World Health Organisation

Introduction

We suffered too much; I was raped by 25 men, or rather used, three at a go, beating us then sexually using us. (A 39-year-old woman from Bowa, Luwero District, Uganda, talking about her experiences during the civil war years, Liebling and Ojiambo-Ochieng, 2000:5)

There is a need to carry out research on armed conflict situations and to document violations against women and children. (Odida, 1998)

Background to the Thesis

My interest in the area of women, trauma and their subsequent treatment has developed over several years. Whilst training as a clinical psychologist research was carried out in a women's prison and women's hostel in Scotland. During this process the scarcity of services for women who self-harmed and the lack of support and training for staff became evident (Liebling, 1992). Between 1992 and 1996 I worked at Ashworth Hospital. This followed a public inquiry into the Hospital that recommended specialist services for women should be established (HMSO, 1992) and this job enabled me to be part of this process. Initially it involved working with both men and women patients. Latterly this post involved working totally with women as the sole qualified clinical psychologist in the service.

This position involved providing individual and group therapy for several women and listening to their stories of previous maltreatment, resulting distress and their continued poor experiences of mental health services. Along with women colleagues, research was published about self-harm and the services women at Ashworth Hospital still needed (Liebling and Chipchase, 1993; 1996b; 2000a; Liebling et al. 1996; 1997a; 1997b), as well as staff support and training needs. An evaluation of

the process of a feminist therapy group for women who self-harmed was also carried out (Liebling and Chipchase, 1995a; 1995b; 1996a; 1998; 2000b).

I also witnessed and was told by women about several incidents of abuse at the Hospital. After a long process of attempting to take up these complaints internally with no satisfactory outcome, this resulted in an industrial tribunal in which I claimed constructive dismissal and sexual discrimination. The experiences of women at Ashworth Hospital were a central theme in this legal process, in my view, although not it seemed to me in the eyes of the tribunal system. This process took two years to conclude in my favour, although the opportunity was not given to present my statement through verbal evidence. Although the outcome of this Industrial Tribunal was later followed by positive recommendations about the future of women's services at the Hospital (see Liebling et al. 1998; Fallon et al. 1999), this left me feeling traumatised and disillusioned about the situation for women with mental health needs and I decided my career needed to take a different course. I was also interested in extending my knowledge about trauma to try and develop services for war-affected women and their families in Uganda.

In 1992, I first travelled to Uganda and have since been working on developing mental health services there, via the establishment of a master's course in clinical psychology at Makerere University. I developed a love for the country, its people and culture. From October 1998 to July 1999 I worked as a Senior Lecturer in the Institute of Psychology, assisting with the masters programmes in clinical psychology and counselling. Throughout this period contacts were established with organisations working with women who had experienced torture and violence during the civil war years.

Ugandan culture is also a longstanding interest, most notably the traditional music, singing and dance. I have spent many enjoyable hours together with Ugandan musicians learning about the origins of traditional music as well as playing local instruments including the thumb piano, ‘budongo’, xylophone, ‘amadinda’, and various traditional drums, ‘ngoma’. Music plays a central part in almost all aspects of the lives of Ugandans (see Cooke and Kasule, 1999). It has also always played a central part in mine and I perform in two African drumming groups and a Samba group.

One of the visits to Uganda involved a tour of the women’s prison in Kampala. The lack of self-harm was striking compared to the high levels found in similar settings in the UK. Trying to understand how women in different cultures survive traumatic experiences became an interest. Women in Uganda have suffered atrocities during civil war and have been subjected to all types of violence (Musisi et al. 1999). A study by Isis-WICCE, a women’s international non-government organisation based in Kampala, concluded sexual abuse on women by soldiers was a major atrocity in Luwero District, and this had a devastating psychological effect on them (Isis-WICCE, 1998). Musisi et al. (2000) carried out a three-year retrospective study of patient records of men and women war-survivors treated at a centre in Kampala and argued:

Institutionalised torture not only has an immediate dehumanising effect on the victim, it also has long-term psychological, physical, and social consequences. (Musisi et al. 2000: 81)

They further state there is ‘need to institute gender-sensitive treatment programmes’ (Musisi et al. 2000: 86). Hence, I became keen to give war-affected women in Uganda an opportunity to discuss their experiences as survivors of atrocities and listen to their views about their ongoing needs.

In 1998, whilst working in Uganda, I was asked by Isis-WICCE to write a proposal to investigate the long-term psychological effects on women in Luwero District, who had survived violence during the civil war years between 1981 and 1986. This arose as a direct recommendation from previous research conducted by Isis-WICCE in the same area (Lubanga et al. 1998). This proposal resulted in a multidisciplinary intervention project I was involved in and 237 volunteer women were interviewed from the four sub-counties of Luwero. This project concluded women were still suffering the effects of psychological trauma thirteen years after the war had ended (Musisi et al. 1999: 4). Due to the large turn out of women during this project it was not possible to carry out in-depth interviews as had originally been intended. Hence, the current study utilises in-depth interviewing of women war survivors with the aim of giving them the opportunity of narrating their experiences, survival strategies and views on what type of interventions are still required (Liebling and Ojiambo-Ochieng, 2000: 11). Interviews were carried out with women and men war survivors in Luwero between 2001- 2002. This study also aims to provide detailed information that could be utilised for a gender-sensitive torture treatment programme as recommended previously (Musisi et al. 1999:29).

In summary, this thesis aims to provide the first systematic and gendered account of women's experiences of sexualised violence and torture during civil war years in Luwero District, Uganda. It seeks to provide information about women's long-term needs that incorporates their own views, feelings, and opinions. It attempted to give women the opportunity to narrate their lives, particularly the war years and subsequent experiences. Due to the difficulties involved in using highly sensitive interview data, the ethical issues involved in this study are an intrinsic part. The implications of women's needs for current health service policy are also addressed.

According to Jeffords, gendered accounts of women's experiences during war have historically been neglected in the literature (Jeffords, 1989) and this has been true for Ugandan women who have suffered during war. The view is taken that women's resulting health needs in Uganda, as a result of the effects of violence during war, is a human rights issue (see Cunningham et al. 1999).

Plan of the Thesis

Chapters one and two form the body of extensive literature reviews as well as the main conceptual orientations of the thesis. This study takes as its theoretical beginnings the work of Bourdieu (1984) and, using feminist critiques of nationalism and identity, develops a gendered analysis of his theory of social capital, drawing heavily on the work of Anthias and Yuval-Davis (1989). Chapter three broadly outlines the historical context of the 1981-1986 civil war years, briefly describes the current political and health context, as well as the situation of women in Uganda. Chapter four describes the research questions; methodologies used and research design. The study is informed by feminist research approaches drawing on sociological and humanistic practice, within the context of Luwero, Uganda. Chapter four also details important ethical and methodological issues involved in carrying out highly sensitive fieldwork.

Chapters five, six and seven are based on extensive analysis of 99 interviews conducted during the time spent in Uganda. Interviews were carried out individually with thirty-four women and thirteen men. Twenty-four separate women and men's focus groups were held. Twenty-eight key informants were also interviewed. Although this study focuses mainly on women war survivors in Luwero gender comparisons are also drawn from analysis of interviews carried out with men. This analysis builds on an

extensive review of the literature and main conceptual themes. Chapter five provides a greater understanding of violence, rape and torture of Ugandan women during civil war years. It is argued the Luwero civil war was a planned military strategy that amounted to attempted genocide. During this period Acholi soldiers from northern Uganda attempted to destroy the economic, social and cultural capital of the Baganda ethnic group (Bourdieu, 1984). Chapter six discusses the effects of these experiences on Ugandan women and includes debates about models of trauma and identity construction. It is argued that war trauma, in this context, can be understood as a breakdown of cultural identity manifested in physical, psychological and social effects that are integrated and not split between mind/body and society (Finkler, 1994; Bendelow, 2000). The gendering of Bourdieu (1984) in understanding the effects of women's war experiences is broadened out to the social context and Bourdieu's (1990) understanding of the self is also drawn on. Chapter seven describes the resulting needs of war-affected women in Luwero and discusses the implications of these for current health policy, welfare and human rights. It is argued specialised gender-sensitive services are needed and that women's resulting reproductive health needs from their war experiences should be recognised as a human rights issue (Short, 1997; 1999; Cunningham et al. 1999). Policy recommendations are also made. Chapter eight draws together the findings and themes of the analysis and relates these to the main theoretical material utilised. It describes action taken during the process of the research and areas for future investigation, as well as developing the theoretical conclusions and urgent policy recommendations.

Due to the extreme sensitivities involved in this type of research, I have tried my utmost to carry out this study in a highly ethical manner. Although the content of the interviews are extremely harrowing and distressing, I thought long and hard about their inclusion and concluded it would be within the interests of the Ugandan women and

men themselves to have their voices heard. The complex sensitivities of this type of study were always uppermost in my mind and I hope the thesis adequately reflects this.

Chapter One

Literature Review

Women don't feel as men do about war. They are the mothers of the race. Men think of the economic results: women think of the grief and pain, and the damage to the race.

(Dr Aletta Jacobs, suffrage leader, cited in Eastman, 1978: 240)

Introduction

This chapter contains the first two sections of the literature review. Due to the inter-disciplinary nature of the study, the literature in chapters one and two is selective rather than exhaustive, and includes international writings from women's studies, sociology, psychology, clinical psychology, anthropology, psychiatry, health, cultural studies, humanities and law.

Three main bodies of work are covered, including firstly an understanding of violence, rape and torture of women during war, secondly, the effects of these experiences and thirdly, women's resulting needs. International literature focusing particularly on research in Africa has been drawn on. This chapter explores key writings that constitute a historical understanding of violence, rape and torture of women during war situations, the effects of those experiences and how they have been conceptualised. Chapter two summarises literature on the resulting needs of women war survivors and implications for health service policy, welfare and human rights and concludes with the conceptual framework.

International perspectives on understanding violence, rape, and torture of women during war situations

The fact that a situation is ubiquitous does not absolve us from examining it. On the contrary, we must examine it for the very reason that it is or can be the fate of each and every one of us. (Miller, 1983:197)

Sexual violence against women

Violence against women is increasingly being recognised as an obstacle to political and economic development. (Green, 1999: 1)

Rape is recognised by feminists as a deliberate hostile act of sexual violence enacted to intimidate and inspire fear. It enables men to control women (Brownmiller, 1976) and is a weapon of domination and repression, the covert goal of which is to extinguish women's will to resist (Humm, 1992). According to Beneke (1998: 438), 'the threat of rape is an assault upon the meaning of the world; it alters the feel of the human condition'.

Historically, the real conditions of women's lives have been hidden in the sphere of the 'personal in private life' and culture has silenced many women in Africa (Kanyoro, 1996). Feminists redefined rape as a crime of violence rather than purely a sexual act (Brownmiller, 1975). It was renamed as a method of political control, enforcing the subordination of women through terror (Herman, 1992:30). Seifert (1994: 55) argues that, 'studies show rape is not an aggressive manifestation of sexuality, but rather a sexual manifestation of aggression'.

Jones (2000) discusses how from the mid-nineteenth century, the British popular press sensationalised acts of sexual violence against women, including rape and

indecent assault. Jones (2000) takes the view that patriarchal protection was a key aspect to the way legal cases were handled.

Davis (1989: 47) describes how the Ku Klux Klan and other racist groups used rape as a weapon of political terror.' Jeffords argues Vietnam War literature is 'an emblem for the presentation of dominant cultural ideology in contemporary American society,' and that is patriarchal (Jeffords, 1989: 5). The current study finds Jeffords (1989) analysis helpful as she provides an important critical perspective where race and class become visible. Masculine interpretative strategies are challenged and the objectification of women is exposed.

Gender-based violence and torture of women during war: A historical context

The current study focuses on understandings of sexual violence, rape and torture of women during the context of war. Wars are characterised by the use of mass terror, torture, rape and the destruction of social and cultural symbols (Save the Children, 1998). Several authors have documented the mass rape of women during war (e.g. Seifert, 1994; Bassiouni and McCormick, 1996; Lentin, 1997; Cockburn, 1998; McDonald, 1999; Jacobs et al. 2000). The rape of women can be traced long back into history, since the days of the Roman Empire. From 1939, it is documented that soldiers collected body parts, including breasts from the bodies of killed or captured Japanese women (Bourke, 1999: 38). Brownmiller (1973) describes sexual violence during armed conflicts in 1975, including rapes of Scottish women in 1900 during the English occupation, during the German occupations of Belgium and France in 1914, and in World War II. During the First World War, men committed atrocities against women, including gang rape and there was 'extensive military complicity' towards such

atrocities (Bourke, 1999). Mezey (1994: 589) compiled rapes of German women by Russian soldiers during the liberation and the raping of Chinese women at trials in Tokyo in 1946. Bakare-Yusuf (1997) describes the narrative of Mary Prince, a West Indian Slave, and discusses the intense pain experienced within her body following sexual violence. Although the concepts of pain and 'the body' are key to the current study, Zajovic (1993: 3) argues rape of women in Yugoslavia was 'not lived as pain in her body, but as a male defeat; he could not protect his own property'. During the intifada, arrested young women were frequently confronted with sexual acts designed to shame them (Berger-Gluck, 1997). MacKinnon (1993a, cited in Benderly, 1997: 67) describes the Balkans induced genocidal rape during the Yugoslav war rape was used to terrorise populations and inflict humiliation on communities (see Jacobs et al. 2000: 17). Seifert (1994: 69) refers to rape as the 'forgotten war crime' and writes:

The mass rapes of World War II and those in Yugoslavia determine and influence women's social position, their identity, and their self-esteem in a way that transcends historical eras or national borders (Seifert, 1994: 57).

This study finds Seifert's (1994) analysis helpful in addressing the effects of violence during war in Luwero District, Uganda, on women's identity.

Ringelheim (1997: 32) discusses her view of the 'split memory' of the Holocaust, with gender and sexual victimisation of Jewish women on one side, being ignored and hidden, and genocide on the other, neither ignored nor hidden. According to David (1996), violations against women experienced during conflict are often silenced, as male combatants need to be constructed as heroes rather than rapists. The silencing of sexual violence against women during war is relevant to the current study (see Seifert, 1994; Jacobs et al. 2000).

Bourke (1999: 190) cites numerous American servicemen who admitted they were told by instructors that ‘we would rape the women’ and they were taught how to strip women prisoners, ‘spread them open’ and ‘drive pointed sticks or bayonets into their vaginas afterwards’. One man recalls that troops alongside him in the Marine Corps Special Forces, ‘liked the idea of torturing, raping and killing prisoners’ and this was used as an incentive to encourage Marines to volunteer for Vietnam (Bourke, 1999:191), where rapes, torture and murder were a frequent occurrence. However, such rapes are often reported as ‘the inevitable result of combat training and men’s experiences of war’ (Bourke, 1999: 354). Bourke (1999: 347) also relates how American military service men came home and violently raped their wives following successful conflicts. Enloe (1987; 1988; 1989; 1993) has been documenting the connections between masculinity, militarism, war and coerced and organised prostitution, for over ten years. Masculinity and militarism are key concepts utilised in the current study.

Jacobs et al. (2000: 12) state:

When examining conflict, we must question the notion of a ‘one size fits all’ model of masculine aggression and female victimhood. This makes an examination of women’s actions in relation to violence all the more imperative.

The current study finds this analysis useful in relation to understanding women’s actions following rape and sexualised violence during the war years in Luwero. Jacobs et al. (2000: 50) also argue that historically,

Women’s bodies and women as a group have in the process been constructed as the locus or carriers of culture. It is this coupled with misogyny, which marks them as targets in military conflicts. Women’s bodies are constructed as both

territory to be conquered and vehicles through which the nation/group can be reproduced.

The current study draws on the above concepts as well as those of Anthias and Yuval-Davis (1989) to try and understand the targeting of women's bodies during the Luwero civil war years.

The grave consequences of rape have been widely researched and Volman (1998: 160) states, 'violence directed against women has had particularly grave consequences, since women play such a central role in the economies of African countries'.

In many African countries, up to five percent of women aged 25 to 44 are widows. Raped war widows are stigmatised and find it hard to remarry and those with children are ostracised (McKinley, 1996). War also increases isolation and poverty. Amnesty International details evidence of routine rape and sexual abuse of Chadian women by government forces. Sexual abuse of women in government custody is reported as a punishment for hiding members of the opposition (Amnesty International, 1991: 23). Rape at the Cameroonian border was used as a tactic of intimidation and reprisal but sometimes it was merely an opportunistic act by an armed aggressor (Amnesty International, 1996). Sideris (2003) in her work with women war survivors in Mozambique argues sexual violence was an act of terror and intimidation. Layika (1996:40) found that in Rwanda, following the genocide, there were some areas of the country where every woman still alive has been raped. Torture of women and children in Northern Uganda is documented by Amnesty International (1998; 1999a), who argue, 'incidents of rape by soldiers are significantly under-reported and this form of violation is widespread' (Amnesty International, 1999b: 3).

According to the United Nations High Commissioner for Refugees, eighty percent of refugees and displaced persons in Africa and worldwide are women and children (UNHCR, 1995). Refugees are vulnerable and rape, abduction, sexual harassment, physical violence and obligation to grant sexual favours in return for relief or to escape repatriation are daily traumas. Hundreds of thousands of Somali women crossed Kenya from 1991 to 1993 to escape political violence and rape, only to face rape in the camps in which they sought shelter (Human Rights Watch, 1995:120). Lubanga (1998) also notes the high numbers of rape victims in Luwero, Uganda, during the civil war. The current study attempts to provide a greater understanding of this phenomenon.

The extent of sexualised violence, physical and psychological abuse of women has been conceptualised as torture (Amnesty International, 1991; Agger, 1992; Hague, 1997). Torture is difficult to define satisfactorily as each woman's experience is unique, depends on her personal history, the nature and context (Kordon et al.1992; Callaghan, 1996: 252). Torture pervades many areas simultaneously. In some cultures, e.g. Uganda, the individuals concept of self is not separate from that of the community, so political torture can be viewed as an act of aggression against the community through an individual (Callaghan, 1996: 252). The current study finds Callaghan's understanding helpful.

Torture during war takes many forms as Musisi et al. (1999: 6) states:

In common use torture is the intentional infliction of physical or mental pain onto another person by one or more people and thus causing emotional agony and anguish with or without associated physical lesions. The purpose of torture is to punish or revenge, for extortion or confession; to get information, for libidinous (sexual) gratification (s) or for control purposes e.g. power, authority, subjugation or for submission e.g. to an ideology.

‘Rape is also used as a form of torture’ (Twagiramariya and Turshen, 1998:106).

For the purposes of this research rape and genital mutilation suffered by the women of Luwero, is viewed as torture, using the Amnesty International (2000: 5) definition:

It is now generally accepted that, under customary law, rape committed by government officials or armed opposition groups during armed conflict - whether international or non-international - constitutes torture.

In general, women make up the majority of war torture survivors (Bracken et al.1990; CCVT, 1999; Musisi et al. 1999). Evidence from South Africa reveals sexual violation was a common form of torture suffered by women activists at the hands of apartheid security forces (Human Rights Watch, 1995; Goldblatt and Meintjes, 1996). Previous studies in Uganda also cite rape as a method of torture. The civil war resulted in wide scale atrocities meted out to women, including rape (Musisi et al. 1999: 12). In one study of men and women, rape was found to be the second most common method of torture (Musisi et al. 2000).

Torture pervades many areas simultaneously and this thesis argues along with others, that the body is central to the experience. Callaghan (1996: 252) states:

As the physical and psychological site of the torturers attack; as the embodiment of a culture under assault; as a means of defense by victims. Thus the body is simultaneously the place of attack and of defense, which in itself leads to conflict.

Scarry describes how torture can destroy language:

Torture inflicts bodily pain that is itself language destroying, but torture also mimes (objectifies in the external environment) this language-destroying capacity in its interrogation (Scarry, 1985:19-20).

Scarry (1985: 143) also argues:

In both war and torture, the normal relation between body and voice is deconstructed and replaced by one in which the extremes of the hurt body and unanchored verbal assertions are laid edge to edge.

This study aims to explore how far language has been destroyed by torture within the context of women's experiences of war in Luwero.

During apartheid women were very violently tortured and suffered gross violations of human rights. Thenjiwe Mtintso, a commander in the African National Congress describes her experience of detention and interrogation as one of constant physical assault and abuse of her womanhood (Mtintso interview, in Goldblatt and Meintjes, 1998). Women's sexuality was used to undermine their identity and during apartheid young women were abducted to serve as sex slaves. A further dimension of loss was economic and material as the responsibility for maintaining family life rested on women's shoulders (Goldblatt and Meintjes, 1998). Relevant to the current study is the cultural significance of loss, and loss of a husband has a very significant impact on a woman's status in her community (see Ahearn and Noble, 2004).

During civil war between 1979 and 1982 Chadian women and girls suffered sexual violence. Most cases of sexual abuse documented by Amnesty International are of gang rape (Hayner, 1994: 608). Women are sometimes singled out because of the real or perceived political activities of their partners or relatives. 'Sometimes the reasons given were ludicrous, 'they booed the president', or no reasons were given and the rapes seem to have nothing to do with the war'. (Women's Commission of the Human Rights League of Chad, 1998: 120).

Franco points out that women are ashamed to speak about their torture and like Scarry (1985), describes how pain destroys language (Franco, 1992: 112). Although both men and women are tortured differing constructions of gender shape their experiences and treatment. Agger (1989: 313) suggests sexual torture of men aims to induce sexual passivity and abolish political power and potency, whereas behind the sexual torture of women is the activation of sexuality to induce shame and guilt. However, this study finds Nordstrom's (1996) analysis useful as she takes the view that sexual assaults attack the core constructions of identity and security in their most personal and profound sense. It is also argued that sexual assaults are institutionalised acts that make public the private (Goldblatt and Meintjes, 1998).

'Rape was widely used as a political weapon by the apartheid government' (Green, 1999: 88). The police in South Africa developed sophisticated methods of psychological torture that attacked a woman's identity. Targeting women as mothers, by telling them their children are ill or dying, is one of the cruellest forms of torture. This study addresses the ways in which women's identity in Luwero has been affected by their war experiences. Women also take part in violence and torture and become spies for the system, as economically they may be unable to resist the money they receive. Many women are forced to act out of fear by being tricked or threatened. Arguably, their anger regarding their own position in society is misdirected at other women who seemed so completely to defy convention. Women, like men are divided by class, race and ideology (Goldblatt and Meintjes, 1998). Using rape as a political weapon, is discussed by Gertrude Fester, a leader of the Women's Congress who states:

The police want to break down strong women (in detention) because they don't give them the information they are seeking. Sexual violence epitomises that whole dynamic of cutting women down to size, which is why it is such a powerful element in torture (Fester, 1989: 248-249).

The current study argues ‘torture is a political act’ (see Bamber cited in Hattenstone, 2000). The issue of torture as power is complex (see Andermahr et al.1997) and Scarry (1995: 27) states:

The physical pain is so contestably real that it seems to confer its quality of ‘incontestable reality’ on that power that has brought it into being. It is, of course, precisely because the reality of that power is so highly contestable, the regime so unstable, that torture is being used.

Militarism, nationalism and patriarchy

Rape and other forms of torture and ill treatment have long been recognised as part of military strategy (Green, 1999: 90).

Feminists are opposed to and appalled by the prospect of militarisation (e.g. Pierson, 1987) and have posited conflicting theories on women’s relation to war and peace. Pierson (1987: 225) argues, ‘there has not been a consistent women’s response to war and revolution any more than there has been a uniform feminist position of women’s relation to organised violence’.

Violence against women is conceptualised as a military policy, for example, in Bosnia-Herzegovnia and Croatia (see Allen, 1996). In Africa, where the military defines the extent of civil authority and holds budgets, systems are vulnerable to complete breakdown. Green (1999) argues militaries are patriarchal and misogynistic and if the state is military torture is more likely to be institutionalised. Women pay a high price associated with political instability and Volman (1998) describes the militarisation of African countries since gaining independence:

The militarisation of Africa, through arms transfers and other activities, has played a major role in promoting and prolonging conflicts, increasing their

intensity and destructiveness, and making them more intractable and difficult to resolve. This, in turn, has created a pervasive situation of violence and insecurity in many parts of the continent, which has a particularly grave impact on women, as well as on children and the elderly (Volman, 1998:161).

Militarisation is disenfranchising: it is politically as well as economically and physically debilitating. In militarised societies, violence becomes a crisis of everyday life (Turshen and Twagiramariya, 1998). Militarism intensifies women's subordination, because so few women are decision-makers and men are the ones engaged in power struggles. In this setting, gender is not an obvious basis for solidarity, especially in already divided societies. Women may split each other over many things, like men, humanitarian aid, and membership of human rights groups. Enloe (1988: 214) argues that wartime rape provides soldiers with 'masculine-reinforcing incentives to endure all hardships of soldiering'. She also provides insight into the vulnerability of the military in terms of its dependence on women and recognised the importance of ethnicity and imperialism in sexual violence. This study analyses the effect of militaristic regimes during the civil war years in Uganda.

In Liberia, as civil wars progressed, the nature of rape changed; between 1990 and 1993 victims were from all age groups, but between 1993 and 1995, the majority were between 40 and 65 years. It is argued with the passage of time younger women fled from displaced persons camps to safer areas, leaving behind older women who became prey to rapists. It was mainly young men who raped and in African tradition older women regard young men as their sons. Hence these experiences are particularly shameful (AFELL, 1998) and the present study addresses the effects of rape on women in Uganda.

A study by a Liberian psychiatrist found women between the ages of ten and seventy had been raped. He confirms rape cases increased in areas where there was active fighting and conflict was intense and protracted (Harris, 1995). Shikola (1998) details rape of Namibian women by South African soldiers and concludes:

No one mentions the contributions women made during the liberation struggle. That's true all over the world. You never find an appreciation of what women did. (Shikola, 1998: 47)

In line with Shikola's view, the current study analyses women's contribution to the war effort in Luwero.

In Namibia rape was used against the local population as an antiguerilla tactic by South African forces (Hubbard, 1991; Namibian Department of Women's Affairs, 1994). Military regimes have designed patterns of torture specifically for women e.g. forced sterilisation, forced pregnancies, and custodial violence or abuse (Bunster-Burotto, 1986). The strategy of raping or forcibly abducting women during war was used systematically in Mozambique, Uganda and Zimbabwe (El-Bushra and Mukarubuga, 1995). de Berry (2000: 1) describes women in Teso, Eastern Uganda, who were abducted during civil conflict to provide sexual services for fighters often under the guise of the fighters providing 'protection' for their female charges. However, for some women the military represents security and during Uganda's civil war, the National Resistance Movement oversaw the destruction of the Teso economy and women fled villages to seek security next to armed military camps (Joan Vincent personal communication, 2 April 1993).

Scarry (1985: 63-81) argues that rape engages both the physical and symbolic battlefields of war whereas Brownmiller (1975) describes how sexualised violence was unleashed on women of the losing side of war. In this way women are liable to be controlled through their sexuality and hence rape is a political issue. The state perpetuates and promotes gender violence through action, omission, practice, endorsement, neglect (Bazilli, 1991), and most powerfully through its abdication of responsibility to protect women.

Male control over women is central to laws and policies governing gender violence. Violence is sanctioned by state power, especially during the circumstances of war. Liberal feminists seek to protect against violations of individual rights through what they consider to be the gender-blind mechanism of the law (Smart, 1990). However, it is difficult to implement policies that threaten what has been deemed 'traditional' and this has certainly been the case for women in Africa. To calm traditionalist fears and avoid the instability set off by patriarchal backlash, reforms contributing to gender equality become politically invisible (Everett et al. 1989). Walby (1986) contends the biased treatment of rape and violence against women more generally is no mistake as the state is patriarchal, capitalist and racist. The state minimises social change that may be harmful to the patriarchal family. Gender violence is privatised by the state and its goals and consequences are obscured (Copelon, 1994). The state's decision not to intervene against gender violence is therefore characterised as an 'aggressively patriarchal policy' (Freeman, 1980).

Maynard (1996) claims that during periods of economic, political and social upheaval and uncertainty violence against subordinated groups escalates. Gender violence expresses the economic relations of power and can be understood as a

historically produced phenomenon closely related to the accumulation of capital (Mies, 1986).

Women in Rwanda often married their rapists. Some soldiers who repatriated from Uganda explained forced marriages by saying it was 'custom' to kidnap brides (Turshen and Twagiramariya, 1998). Many women had to exchange sex when claiming their family property and some that did were raped and threatened with death. Once the Rwandan Patriotic Front took power young girls and women offered themselves to the military to congratulate them for victory. Work on the mass rape of women in Bosnia-Herzegovina argues that 'in the perpetrator's psyche i.e. {rape} serves no sexual purpose but is the expression of rage, violence, and dominance over a woman (Seifert, 1994: 55) or 'the demonstration of power' (Folnegovic-Smalc, 1994: 175). Mass rapes, particularly when accompanied by forced impregnation, has been used as a mechanism of humiliating women and of altering the construction of ethnic collectivities during war (see Lentin, 1999). However, despite the argument about their inevitability, they have not been included in histories of war until quite recently (Littlewood, 1997). Rejali (1998: 27-9) critiques feminist theorists such as Enloe and Brownmiller for failing to theorise mass rapes during the war in Bosnia as salient indicators of ethnic and racial categories. This study finds Rejali's analysis helpful as she argues that the effects of rape differ depending on the societies ethnic construction where not only gender and ethnicity gain saliency but 'rape in war context is the means by which differentials of power and identity are defined' (Rejali, 1998: 30). Along with Lentin (1999), the current study views rape during war as being about taking the enemy's territory and therefore it must ultimately be seen as 'rape of the nation' (Boric, 1997: 39).

According to Yuval-Davis (1998:32), ‘the relationship between the feminist and nationalist movements has always been complex’ (Jayawardena, 1986; Rowbotham, 1992; Yuval-Davis, 1997). Jayawardena (1986) points out that loyalty to one’s national liberation movement does not necessarily mean that women do not fight within it for the transformation of women’s position in society. This thesis views gender within a social constructionist framework (see Kimmel and Messner, 1998), and therefore theorises wars and genocides as gendered. War is therefore seen as a masculine construction and rapes during war serve as the means for ‘destruction of a nation’ (Nikolic-Ristanovic, 1996: 202). The current study finds Lentin’s (1999) analysis helpful as she takes the view that genocide is not only gendered but also feminised via the symbolic representation of ‘woman as victim’ and via targeting mothers, sexual objects, repositories of family and national honour and shame, and the symbolic representational trope of the nation (Yuval-Davis and Anthias, 1989). Nation as beloved mother, ‘the defeated nation is reborn as a triumphant woman’ (Boland, 1989: 13), to be defiled, protected, fought for and liberated (Lentin, 1999). As victims and as symbolic representations of the nation (see Dejeux, 1987; Cherifati-Merbatine, 1994) it is women, not men, who are required to fulfil codes of moral behaviour during war, when familial, class, communal, religious and national politics affect the construction of women’s familial roles (see Rozario, 1997). Lentin (1999) also understands women not only markers of collective boundaries during war, but also as symbolic representations of national and ethnic collectivities. Women have taken part in struggles against apartheid in South Africa and have been hailed as the ‘mothers of the nation’ e.g. Winnie Mandela and Miriam Makeba (Mangaliso, 1997; Meintjes, 1998).

Hague (1997) theorises the mass rapes in Bosnia in terms of constructing a hetero-nationalism. In this way Hague links constructions of gender and ethnicity and argues:

The Serb and Bosnian Serb military policy of genocidal rape imagined, and then constructed a specific type of masculinity, consistently aggressive, violent, powerful and dominating (Hague, 1997: 53)

Hague further argues that the powerful Serb masculinity that genocidal rape constructed operated through the feminisation of the rape victim, male or female, combining heterosexual military masculinity with constructions of Serb superiority to create a hetero-nationality and a different national identity from that of the rape victim (Hague, 1997: 54).

Yuval-Davis (1998: 24-25) takes the view that there is 'an inherent connection between ethnic and national projects'. 'Women play crucial roles in biological, cultural and political reproduction of national and other collectivities, and gender relations have proved to be significant in all dimensions of national projects' (Yuval-Davis, 1998: 31-32). The current study finds Yuval-Davis's concepts useful. Anthias and Yuval-Davis (1989) have delineated five ways in which women have tended to participate in ethnic and national processes and these are utilised for the analysis of the data from Uganda and expanded upon in chapters five and six. Bourdieu's (1984) concepts of 'social field' and 'habitus' are drawn upon to analyse the social field of the civil war in Luwero, that is, the forms of economic, social and cultural capital targeted for destruction by Obote's army (Bourdieu, 1984).

The current study also addresses whether gendered violence in Luwero was a form of torture and whether it amounted to genocide using Anthias and Yuval-Davis' (1989) conceptualisation of women as both objects and subjects of ethnic conflicts as well as Bourdieu's (1984) concepts of economic, social and cultural capital. It aims to (en) gender Bourdieu's (1984) theories by adding Anthias and Yuval-Davis' (1989) concepts to his theoretical framework.

Identity, culture and ethnicity

According to Anthias and Yuval-Davis (1989) during war women may be targeted as external enemies or serve as symbols of the nation. They conceptualise women as both objects and subjects of ethnic conflicts. Sideris (2003) argues women are the main *bearers of culture* and giving birth to a child through rape often leads to rejection from families and communities (Nordstrom, 1991: 7). The sexual protection of women has a long history in patriotic discourses linked to nationalism and the defence of ethnic and religious boundaries (Obbo, 1989). This is used to rationalise the controls placed on women. Women challenging traditions are viewed as subversive, anti patriotic and enemies of the people (Brah, 1991; Eisenstein, 1996).

Feminists brought the use of rape as a strategy of war to the international attention during the Yugoslav civil war when it was estimated, between 20 000 and 50 000 women were raped (Valentich, 1994). Five times that number were estimated to have been raped in Rwanda (Human Rights Watch, 1996). Mass rape was used in former Yugoslavia as a strategy to destroy community identity in the name of ethnic and religious purity (Cockburn, 1998: 32). Kenyan soldiers and police raped thousands of Somali refugees (Sancho, 1997). Rape as a method of torture and as a war crime in

Yugoslavia has been discussed (see Loncar, 1994). According to Amnesty International (1993: 52), 'ethnic repression characterised the Yugoslav civil war. Bosnian women were forced to bear children of their Serbian captors, to reproduce and thus embody their intended servility'. In 1996 for the first time, war tribunals in former Yugoslavia and Rwanda recognised rape as a war crime for which perpetrators might be held accountable.

de Berry (2000: 7) found sexual violence against young girls in Teso by the military occurred through the moralities of interpersonal relations, which were affected and given violent expression within the arena of war. Iteso men also singled out their own girls for rape by NRA soldiers.

According to Halim (1998) women were raped in Sudan to show southerners how they were defeated or because they were thought of as 'booty'. Men from the west or north intentionally impregnated women to change the demography of the whole area. Women endured mental and physical violence and rape that 'destroyed their souls and their self-esteem' (Halim, 1998: 94). Women in some areas suffered violence from the government military and rebels. In the religious conflict from 1885 to 1889, many women avoided rape by throwing themselves into the Nile River (Halim, 1998).

Carballo et al. (2004: 464) argue, 'in the case of Bosnia and Rwanda, it {the wars} gave expression to a scale of ethnic cleansing not seen since the Second World War. Rape is a central tactic for 'ethnic cleansing' that takes the form of mass rapes and forced impregnations where the identities of individual women raped are lost and replaced with the notion of the 'rape of the nation' (Boric, 1997:39). As Eisenstein argues:

Ethnic cleansing directs its fears and desires onto the bodies of women. On the one hand, women are idolised and revered, on the other hand, they are brutalised, tortured and raped, and often killed. The rape associated with ethnic cleansing is set on destroying and annihilating the 'mother.' Because women are cultural symbols, representing particular communities, their rape represents the conquest of a territory (Eisenstein, 1996, in Green, 1999:90).

In Somalia, women were raped because they belonged to a particular clan or ethnic group. The breakdown of Somali society meant all women were vulnerable to attacks (Human Rights Watch, 1995). During the Barre government, rapes were staged in front of family members and girls were rushed into marriage in an effort to protect them (Human Rights Watch, 1995; Somalia Country Report, 1995).

Investigations in Rwanda show women bore the brunt of civil war (Twagiramariya and Turshen, 1998:102). In Rwanda ethnicity obscured the power struggles taking place and impeded any lasting resolution. Women were targeted because of their gender and ethnicity, and 'their bodies were used as the figurative and literal sites of combat' (Bunch and Reilly, 1994:38). Hutu militia raped Tutsi women and educated Hutu women, targeting members of the intelligencia' (Desouter and Reyntjens, 1995: 19). Raped women were cast out along with their children who also suffered trauma. The babies of rape became known as 'devil's children' or 'little interahamwe' (Royte, 1997:38). According to (Twagiramariya and Turshen, 1998: 105), 'women in Rwanda believe that even if they were allowed to complain, their rapists would not be punished'.

When rape is attributed to ethnic hatred, women are given no specificity. To emphasise the horror of genocidal rape is to render the individual invisible. The woman who is raped becomes a hollowed vessel for the rapist's nation. To name only the ethnic hatred is to make the gender hatred, and the individual tragedy invisible (Copelon,

1995; Eisenstein, 1996). The concept of ethnic cleansing normalises violence against women by not naming it. According to Eisenstein (1996), this invisibility of violence towards women sustains it. The persistent failure to acknowledge the gender dimension of rape and sexual persecution is a most effective means of perpetuating it (Copelon, 1995).

Rejali (1998: 30) argues that where racial and ethnic relations are in danger, rape might serve as an instrument of renegotiation and thus constitute an ethnomarker and as this study also argues, Lentin (1999) takes the view that thousands of women are raped by the enemy as a way of marking the boundaries and altering the ethnic composition of the collectivity. The current study finds Lentin's concept useful as wartime rape is viewed to be not only about sex and power, but also about the social construction of gender, and in times of war, the gendered construction of ethnicity and nation.

Genocide

In Rwanda, during the genocide, rape took place on a massive scale and both Hutu and Tutsi women were targeted. Tutsi women especially suffered and rapes were fuelled by propaganda that portrayed them as seductresses who sought to corrupt Hutu society (Human Rights Watch, 1996; McKinley, 1996). There are two to five thousand unwanted children now living in Rwanda known as *enfants mauvais souvenir*, 'children of bad memories' (McKinley, 1996). According to a report by a French relief agency, rape was systematic, arbitrary, planned and used as a weapon of ethnic cleansing to destroy community ties (Lorch, 1995). Muhimakazi, a Rwandan women's rights activist, maintains rape is a strategy of war and argues:

They chose to rape. There were no mistakes. During this genocide, everything was organised. Traditionally, it is not the custom to kill women and children, but this was done everywhere too' (Human Rights Watch, 1996:74).

The mass rape of women during the war in Bosnia is also conceptualised as genocide (Hague, 1997; Arcel, 2000) involving a politically motivated act that constitutes sexual torture (Arcel, 2000: 179). One of the aims of this study is to determine how the concept of genocidal rape is relevant to the context of the women war survivors of Luwero (see Nordstrom, 1994; Allen, 1996; Hague, 1997; Lentin, 1999).

Women's agency and resistance: Collective empowerment

Gender specific treatment programmes are not well documented and the psychological concerns of women after wars are neglected (Desjarlais et al. 1995). Yet 'women and children make up most of the world's refugees, poor and victims of war and violence against women escalates during war time where sexual violence against women is often used as a weapon of war' (Benderly, 1997; Canadian Centre for Victims of Torture Newsletter, 1999).

During war women are also combatants and Turshen (1998) describes Ugandan women's involvement in the civil war of the 1980s. Women were soldiers, integrated into the National Resistance Army; others provided key intelligence information or supplied food. In the Mau Mau war of liberation in Kenya, some women fled to the forest to join other freedom fighters and escape torture by loyalists and British troops (Wachira, 1984; Gitahi, 1984 cited in Kanogo, 1987). Women 'flirted' with the enemy to gather vital information, weapons and other resources. Revolutionary feminism

argues for the right for women to take up arms (Randall, 1981). This study details women's resistance during the civil war years and analyses their varied roles.

Most of the casualties of war are women and children (Amnesty International, 1995). 'Rape is a torture performed on men and women by civilians and soldiers alike. However, it has gendered dimensions and is employed disproportionately against women to humiliate and punish them' (Green, 1999: 87). According to Amnesty International (1995: 22):

Rape is not an accident of war, or an incidental adjunct to armed conflict. Its widespread use in times of conflict reflects the special terror it holds for women, the special power it gives the rapist over his victim, the special contempt it displays for its victims. The use of rape in conflict reflects the inequalities women face in their everyday lives in peacetime. Until governments live up to their obligations to ensure equality, and end discrimination against women, rape will continue to be a favourite weapon of the aggressor.

The strength and survival of women during wars is an important source of inspiration (Kelly, 1988). It has been suggested that African women are potentially the more resistant and subversive force because of the multiple forms of oppression they experience (Mbilinyi, 1989). 'Disengagement' should not be viewed as women's withdrawal from politics rather through these strategies women seize power and rectify an intolerable situation. Women have designed strategies in order to avoid male violence (Stanko, 1985). Women in Africa may not accept men's authority but choose not to confront it either; they may prefer instead to simply evade it (Sacks, 1982).

Women show conformity of domination, resistance and survival strategies in active or passive ways; for example, fasting, or even committing suicide. hooks (1984) show women who face exploitation daily cannot afford to relinquish the belief that they exercise some measure of control over their lives. Obbo (1989) notes that most urban

women in Uganda capitalised on the traditional virtues of submission and service because it allows men to think they are in control. Women in South Africa dealt with their husbands' abuse by denying him sexual relations, or by throwing him out of the house (Ridd, 1983). Ahn (1999:255) describes the 'multifaceted forms of resistance developed by 'Comfort Women' during the war' in Korea as an important challenge to patriarchal domination. The current study analyses women's resistance strategies during the Luwero civil war years.

In many places traditional systems of protection have disappeared and women have found other mechanisms (Potash, 1995). Female solidarity is a starting point for resistance and collective action is a highly effective political weapon that can take many forms (Shanklin, 1990; Wipper, 1995). During war in sub-Saharan Africa, women seized control of assets, directed political outcomes and demanded their right to fair treatment (Ifeka-Moller, 1975). Many survival mechanisms embrace traditionally defined female roles. Women take their conventional roles and expand them to include caring for one another in ways that elevate their spirits, keep them from despair and teach them to be able to struggle for freedom (hooks, 1990).

Kelly (1988: 163) defines 'coping' as an act of resistance as permanent changes in attitudes, behaviour and circumstances may occur as a result. She recognises the active ways in which women survive sexual violence. Green (1999: 195) argues, 'whether it involves physical struggle, verbal challenge, or a refusal to be controlled, resistance is a coping strategy that denies the abusive man certain forms of power over the woman'. Due to the invisible nature of resistance women are often mistaken for victims when they are survivors. Instead of conforming to dominant ideologies of control that only recognise efforts in the public sphere, women have long worked within

the spaces available to them to gain more command over their lives (Leacock, 1986). Cockburn (1998) describes how women following war in Yugoslavia created safe spaces to work together provided support for each other across ethnic boundaries and contributed positively towards peace processes. In Bosnia, women have organised to enable rape survivors to tell their stories and rehabilitate their lives (B.A.B.E, 1999). Cockburn (1998) describes how rape survivors need to be believed and respected and the current study addresses whether Ugandan women find this approach useful.

Padarath (1998:) writes about ‘the extraordinary power, strength and endurance of the ordinary women of KwaZulu/Natal’. She states, ‘the gendered nature of the experiences of women during the low-intensity civil war that has plagued the province from the 1980s has received scant attention’ and further argues ‘it is known widely that security forces brutalise women in detention: that rape, sexual harassment and humiliation are not uncommon methods of torture’ (Paradath, 1998:64). The Truth and Reconciliation Commission women’s hearing in Durban on 25th October 1996 states women are targeted because of the role of their family and friends, and others because of where they live. Some were activists, but even those who were not were constantly targeted and violated because they were seen as support structures in the communities. The struggle for national reconciliation largely overshadowed the gendered nature of women’s war experiences although it was the women who kept families together and hope alive during those dark days. As touched upon earlier in this chapter, Bourdieu (1984) gives us a way of understanding society as fields of power that are organised by the distribution of economic, social and cultural capital. Bourdieu’s (1984) concepts are described in more detail in chapters five and six and utilised for the analysis.

Yuval-Davis (1997) discusses how women have always participated in wars but have been traditionally excluded from the military domain. Along with others (e.g. Mangaliso, 1997), Yuval-Davis (1997) argues that women who enter the military during the war have a higher chance of getting economic and political positions in society. It is theorised that this is a way 'women can assert their national and cultural identity' (Bouatta, 1994: 33). The transition to democracy in South Africa provided a setting for women across race, class, and ethnicity to come together (Meintjes, 1998: 84). This is relevant to the context of Luwero where several women who fought during the Luwero war now occupy important positions in politics.

Research has shown that women have often played an integral part during wars (e.g. Cherifati-Merabtine, 1994; Moghadam, 1994; Yuval-Davis, 1997; Wilford and Miller, 1998). Women have worked as nurses, carrying messages for, and assisting soldiers amongst other tasks (see Bouatta, 1994). According to Abdo (1994: 150), 'in almost all liberation movements when women were actively involved, a general reversal of their roles became the fact of life after the national liberation and the establishment of the nation-state'. This study utilises the concepts of agency and collective empowerment to analyse women's roles during and following civil war in Uganda.

The effects of women's experiences

The common denominator of psychological trauma is a feeling of intense fear, helplessness, loss of control and threat of annihilation.

(Andreasen, 1985, cited in Herman, 1992: 33)

Kelly (1988) discusses the effects of sexual violence on women in the United Kingdom including loss of security and safety, feeling vulnerable to future victimisation, distrust of men, effects on sexuality, loss of control over fertility, self-blame, and loss of self-respect. Janoff-Bulman (1985; 1992) refers to the notion of 'shattered assumptions', where the experience of a major trauma shatters the individual's assumptions about the universe and self. Janoff-Bulman (1985; 1992) proposes three fundamental assumptions: (1). The world is benevolent (2). The world is meaningful, and (3). The self is worthy. Major trauma can cause these assumptions to be shattered. One is left feeling the world is not safe, is not benevolent, and that one is not invulnerable.

Hinshelwood (1997:3) discusses the physical and psychological effects of gender-based persecution of refugees. She details the effects of rape including physical damage e.g. tears, syphilis, infertility, miscarriages, pelvic infection, HIV/AIDS, and pregnancy. Common psychological problems include depression, anxiety, post traumatic stress disorder, and psychosomatic conditions. Hinshelwood (1997:4) argues there are four 'crisis' emotions including grief, fear, anger and shame/contempt. Women have unresolved fears about injuries and diseases inflicted on them. These fears are often somatised and women frequently suffer headaches, back pains, abdominal pains, breathing difficulties, and palpitations, which they relate in their mind to damage inflicted by their torturer. Often they cannot discuss their experiences and are desperate to forget them only to find them return in the form of nightmares and persistent violent thoughts at night (Hinshelwood, 1997:5). However, refugees fleeing their country are in a different context to the women in this study who were subjected to torture and remained in their own country.

Traumatic experiences are often dealt with by banishing them from consciousness; survivors of disasters often silence themselves or may be silenced by society (Lentin, 1999). Often survivors of torture become dissociated or 'cut off' from themselves as well as other people. Bamber describes the effects on one torture survivor, 'he suffered depression, panic attacks, guilt, in addition to considerable physical pain' (Bamber in Hattenstone, 2000:19). 'Protracted depression is the most common finding in virtually all clinical studies of chronically traumatised people' (Walker, 1979 cited in Herman, 1992: 94). Snider et al. (2004: 396) in their study of the impact of political violence in the Peruvian Andes found 'frequent symptoms of depression and anxiety were reported by 90% of respondents'. Carballo et al. (2004: 463) also reported 'widespread depression' in survivors of the war in Bosnia and Herzegovina. However, in some cultures 'depression' and social withdrawal may be viewed as signs of wisdom and not symptoms of mental disease (Kirmayer, 1989, cited by Almedom and Summerfield, 2004).

Ahn details the long-term consequences of the sexual abuse of Korean 'comfort women' during the Second World War including:

Trauma or illness such as gynaecological infections, venereal diseases, endometriosis, vaginitis, urethritis, prolapse of the uterus, high blood pressure, tuberculosis, stomach trouble, heart trouble, mental disorders, suicide attempts, insecurity, negative attitudes towards men and sex, loss of self-respect, alcohol or drug addiction (Ahn, 1999: 129).

Torture has been defined as a 'catastrophic existential event' (Bendfeldt-Zachrisson, 1985) and Turner and Gorst-Unsworth (1993: 711) discuss four main psychological effects including incomplete emotional and cognitive processing with intrusive avoidance and hyperarousal symptoms, depressive reactions, somatic features,

and the ‘existential dilemma’ of the survivor. This relates to the double dilemma of coming to terms with the full reality of torture in their world and surviving the pressure of the torturer to change, act or react in relation to the torturer’s wishes. The latter may be the most difficult to overcome as it requires a broadly political perspective and improvement in functioning has been found using a narrative method (Butalia, 1997). This study adopts a narrative approach (see Mehdid, 1996: 100) to hearing Ugandan women’s experiences of war.

Interpersonal relationships are changed following torture and qualities of love and goodness, religious faith or even a political ideology may be damaged (Turner and McIvor, 1997 cited in Black et al. 1997:210). Survivors of torture report feeling the experience has changed them and feel misunderstood by others who have not shared their experiences and by friends, doctors or lawyers trying to help them. This sense of alienation is common and may be an important reason behind the development of self-help groups (Gorst-Unworth et al.1993).

Recurrent and intrusive distressing recollections of the traumatic event are very common and sometimes cause inconsolable crying or aggressive outbursts (Yule, 1999:167). Horowitz (1979) cited in Joseph et al. (1997: 7) states:

Reactions to trauma within an information-processing model in which, post-trauma, the person is initially assailed by intrusive and emotionally disturbing memories of the trauma and tends to use avoidant strategies to ward off these distressing thoughts, images and feelings.

Bunster-Burotto (1994: 168) writes about the torture and rape of women in Latin America and argues the extent of their treatment was so horrific that women never feel able to recover from their trauma. ‘Psychological torture leaves scars which are

almost impossible to heal' (Bunster-Burotto, 1994: 170). Agger (1992: 120) describes the effects of trauma in women on their ability to trust:

Trauma had created chaos in the foundation of basic trust, and she has come to doubt whether the world has anything good for her; whether the world is meaningful; and whether she has any value.

Burgess and Holmstrom (1979) conducted a study in the United States of America. They interviewed 92 women and 37 children who were raped and found a pattern of responses they termed 'rape trauma syndrome'. Women experienced rape as a life-threatening event that caused insomnia, nausea, startle responses, and nightmares, as well as dissociative and numbing responses. Women who suffer sexual assault are likely to suffer from a range of psychological problems including anxiety, fear, depression, sexual dysfunction and problems in social adjustment (Joseph et al. 1997: 59). Bamber describes how those who are tortured express themselves through their non-verbal behaviour: 'so many of my clients put their hand on their heart when they want to express something. It's a language of the body' (Bamber in Hattenstone, 2000: 19).

Flashbacks are common phenomena in women who have suffered sexual abuse Kelly (1988:193), as well as survivors of traumatic experiences (see Frankel, 1994). The reclamation of anger is also important. Writing about incest, Wisecchild (1988) cited in Tal (1996: 216), views the anger she once saw as evil – 'a fire that might consume her - became a tool by which she claims her freedom'. Substance misuse has also been reported in sexual assault survivors (Yeary, 1982).

Research on combat veterans legitimated the concept of post-traumatic stress disorder in the 1980s (Veterans Administration, 1986; Dean, 1992). It is only since this time that psychological symptoms in survivors of rape, domestic violence and incest have been recognised as essentially the same as those of survivors of war. Herman argues (1992:32):

Recognising the commonality of affliction may even make it possible at times to transcend the immense gulf that separates the public sphere of war and politics - the world of men - and the private sphere of domestic life - the world of women.

According to Ahearn and Noble (2004: 402), ‘the direct relationship of war with decreased health has been seen’. There is evidence for several physical health consequences of traumatic events and trauma has been associated with declines in subjective health ratings (Logue et al. 1979; Melick, 1978; Price, 1978), increased use of medical services (Abrahams et al. 1976; Price, 1978) and the development of a wide variety of physical health conditions, including tiredness, headaches, chest pain, gastrointestinal disorders, cardiovascular disorders, renal disorders, respiratory diseases and infectious diseases as well as impairments in the immune system (Abrahams et al. 1976; Price, 1978; Logue et al. 1979; Clayer et al. 1985; Raphael, 1986; Solomon et al. 1987; McFarlane et al. 1994). ‘After being subjected to traumatising events, you can react spontaneously, physically, when you are in situations which resemble the trauma’ (Ochberg, 1988, in Agger, 1992: 123):

The body remembers what another part of the system, the consciousness, has ‘forgotten’. The body and the ‘brain’ cannot be separated. They are one comprehensive, dynamic system.

Sideris (2003) discusses how somatic complaints also described a sense of disorder that embodied the overall suffering of the war e.g. ‘general sickness in the

body'. This study analyses the effects of Ugandan women's war experiences including those on their physical health.

Exposure to traumatic events affects social relationships causing increased irritability, fighting, withdrawal, and decreased enjoyment from shared activities (McFarlane, 1987). In their study of people subjected to violence in the Peruvian Andes, Snider et al. (2004: 395) found villagers spoke spontaneously about the social effects of the violence with widows facing particular difficulties in rebuilding their houses and surviving without assistance from their husbands and sons who were killed. This study has relevance to the situation in Luwero where widows were left rebuilding their lives following the war years. Agger (1992: 12) also describes the words of a Chilean psychiatrist who was tortured, 'you turn yourself off - you dissociate... what I lived through during my own experience of torture was something inconceivable which I could not contain' (Agger and Jensen, 1993). Weinstein and Lira (1987) emphasise the process of dissociation as central in understanding a person's experience during torture and that a dissociative process is an essential part of the subsequent reactions to the trauma. It is a psychological survival technique (Agger, 1992: 12). This study seeks to understand how such demoralising experiences can shake the foundation of our cultural system of meaning. This has been conceptualised as a state of '*being outside of culture*' (Agger, 1992: 14) and the current study finds this concept helpful.

According to Black et al. (1997:149), in Brazil people express physical and emotional responses to violent oppression and poverty through the metaphor of mental disorder. It is safer to be ill than name the political factors that make their lives so distressing. Some researchers view somatic complaints as stress-driven physiological responses; others emphasise they are the only available expressions of collective

distress of powerless and persecuted people denied social validation of their suffering and humanity (Farias, 1991 cited in Black et al.1997: 149). In Nicaragua terrorised rural peasants express themselves in a mixed somatopsychological idiom: for example, 'there is sadness in my body' and 'my blood is frightened' (Black et al. 1997: 149). The current study analyses the physical manifestations of trauma within the Ugandan context.

The Medical Foundation for Victims of Torture defines torture as a 'social, political and moral problem that arises and co-ordinates in terms of time and geography which are frequently planned as a political strategy at local and global levels' (Bamber, 1993: 2). According to Foucault (1979: 198), 'torture is 'a technique; it is not an extreme expression of lawless rage. It is a widely used power technique, one form of power among others'.

Rosenthal (1998:1) discusses the traumatic experiences of sexual violence Jewish women suffered under national socialist persecution. They experienced rape by Russian and German soldiers, forced sexual relationships with women prison guards, soldiers or concentration camp prisoners and forced prostitution in brothels inside the camps or in special brothels for soldiers. Rosenthal (1998:10) concludes one of the effects of trauma is suppressed aggression and that women are more affected by their experiences than men. A wall of silence and denial developed over the years that survivors found it hard to overcome. Rosenthal (1998: 2) writes:

Research studies on massive trauma through sexual violence, rape or forced prostitution are still rare and it is a theme that is mostly avoided and put off by researchers.

In Uganda, a research team carried out an intervention project providing psychological and gynaecological services for women war survivors of the civil war in Luwero. In this context, common forms of torture included sexual traumatisation (58.3%), beatings and kicking's (47.9%), followed by witnessing atrocities committed to family, relatives or friends (37.5%). Fifty-four point two percent of the women experienced post traumatic stress disorder. All the women interviewed expressed disturbing intrusive thoughts, recollections, dreams, feelings and painful emotions regarding the war, which impaired their psychological, social and occupational well-being. Their experiences resulted in sexually transmitted diseases, including AIDS and serious reproductive complications (Musisi et al. 1999: 4).

de Berry also cites the effects of young women's experiences of rape during armed conflict in Teso, Eastern Uganda. One woman illustrates how the psychological and physical effects of violence are intrinsically linked (de Berry, 2000: 4):

Until my heart was full of thoughts and I became thin, thin. I got ulcers in my heart and there was no sleep in my mind...And what of AIDS? Too much thinking.

Feminist understandings: Agency and power

It was not until women's liberation movements in the 1970s, that it was recognised the most prevalent post-traumatic problems, according to feminists, were not those of men in war, but of women in civilian life (Herman, 1992: 28). Much trauma literature placed soldiers in a victim role, helpless to readjust to their war experiences. Feminists voice disapproval of an interpretation so drastically at odds with reality and instead emphasise the strengths and coping ability of trauma survivors (Tal, 1996: 138). They argue women's psychology is *woven in context* (Walker, 1989) and have sought to

understand the differential context of social violence for women and men (e.g. Sideris, 1999; 2003; El-Bushra, 2000; Idriss, 2000; Pillay, 2000).

Herman (1992: 28) states that traditionally women who spoke about rape were not believed. According to Tal (1996: 156) 'when the first anthologies of sexual abuse survivor testimony appeared, narratives by women of colour were ignored, decontextualised or appropriated'. However, in the protected environment of consciousness-raising groups, when women spoke of abuse other women believed them (Herman, 1992: 29). A feminist understanding of abuse empowers survivors to breach barriers of privacy, support one another, and take collective action to try and effect social change. Feminist research exploded in western countries on the previously ignored area of sexual assault in the mid-1970s. Where women's resistance fails, Kelly (1988:184) believes women engage in strategies that attempt to limit the impact of violence on them such as 'minimising' and 'cutting off' from it. Breakwell (1986:79) suggests this might be a semi-automatic psychological self-protective mechanism. Women's survival strategies are directed towards controlling the impact of sexual violence and protecting themselves from further abuse. This study analyses women's survival strategies during and following war in Uganda.

According to Herman (1992: Chapter 3), the core experiences of psychological trauma are disempowerment and disconnection from others. Recovery is therefore based on empowerment and creation of new connections. Women's lack of power within traditional medical settings is concerning and the medicalisation of their experiences can pathologise them. This may in turn reproduce similar conditions to their abuse and torture experiences (Liebling et al. 1997). Bamber argues about Belsen that 'the strongest formed political committees, held religious meetings, started a

theatre, forced themselves into being more than helpless victims' (Bamber, in Hattenstone, 2000). Agger (1992:126) describes one woman's adjustment to her trauma as a tortured refugee: 'she saw how a traumatic experience can lead to insight, to rebellion, to greater wisdom about life'.

According to Bunster-Burotto (1994: 173):

The subservient, dependent, passive and unequal position in society that women experience in a machista-patriarchal society is exacerbated in torture. The courageous women who have managed to survive this brutal appropriation, colonisation and objectification of their bodies, as well as psychological suffering derived from the cruelly premeditated deprivation of their human womanly dignity have set an example of bravery for us all.

Jardine (1987) argues the inscription of struggle and pain is the essential characteristic that differentiates feminist text from all others. According to Tal (1996:136), 'the struggle and its painful nature may be necessary precursors for the new knowledge that makes feminism possible'. All feminist writers, in Jardine's estimation, have suffered, and then have struggled to express, trauma. The relative number of women who have been traumatised far exceeds the number of men who have survived combat' (Tal, 1996: 136).

In the Ugandan context, de Berry (1999:8-9) considers how young women in Teso coped with the emotional ramifications of suffering and loss during conflict in the East. They used humour to remember the past with positive rather than negative emotional implications. In a more recent paper, de Berry (2000:14) concludes:

Indeed whilst many young women in Teso have been victims of the most appalling abuse, their resilience and fortitude in coping with their experiences gives the greatest incentive to not only consider people's suffering but the

resources they have to come to terms with that suffering...There is need for the realisation that 'not only do violence and warfare produce suffering and alienation, but they may also give rise to human and humane possibilities.'
(Green, 1999b: 113)

Ahn (1999:122) describes the countless acts of resistance by 'comfort women' to deal with long term sexual coercion:

The strategies of resistance were attempted at a multiplicity of levels: for example, escape from comfort stations; resistance against the soldiers' demand; fighting back; killing the soldiers; suicide attempts; becoming mad; taking drugs or drink to escape from the harsh reality; cultivating closeness with officers.

She argues strategies used to avoid violence resulted in women internalising their anger and desire for revenge. 'They were silent, because they were silenced' (Ahn, 1999:127). For at least twenty years, the subject of language as a limitation on the expression of woman's trauma has been a topic of discussion in feminist circles. According to Tal (1996: 124):

If a trauma victim perceives herself as suffering alone, and has no sense of belonging to a community of victims, she will remain silent, imagining that her pain has no relevance to the larger society. She will likely come to believe that she has, in some way, brought her suffering upon herself.

In an impassioned text by Armstrong (1987) entitled *Kiss Daddy Goodnight*, Armstrong explains that she survived by immersing herself in practising the piano. Music provided her with a reasonable and ordered world, and a way to repress her unpleasant experiences (Tal, 1996: 167). Golub uses art therapy in the treatment of post traumatic stress disorder and suggests the creation and transformation of symbols provides her Vietnam veteran patients with a new approach toward achieving self-integration and mastering trauma (Golub, 1985). These are examples of the function of non-verbal ways of communicating and coping with abuse experiences that have

particular relevance to Uganda where music and dance is inextricably part of society (Cooke and Kasule, 1999).

Several authors have discussed the silence surrounding women's abuse experiences (e.g. Griffin, 1980; Gubar, 1982; Olson, 1983; Lentin, 1999). Rich's (1986) text *On Lies, Secrets and Silences*, focuses on the ways in which spoken and written language fails to articulate women's experience. Feminists such as Plath (1966) and Randall (1987) made use of Holocaust metaphors because they found these comparisons useful in illuminating the traumatic experiences of their own lives. They, and other feminists are engaged in a struggle between the dominant masculine discourse and the needs of women to represent their own experiences (Tal, 1996: 326). Danica, an abuse survivor states (1988:77):

Years of silence. Silence wrapped around life like a cocoon. I learn to live in a world where nothing is as it seems. Nothing is as I think it ought to be. Silence. Fear...There is something wrong with me. Everyone tells me. The world is not how you imagine it to be. You've imagined everything. Your pain is imaginary. You are imaginary. You are crazy.

Craziness is a mask for truth and feminists are committed to dropping the mask and giving voice to the truth as women experience it (Tal, 1996: 226).

Armstrong (1987:291) concludes:

In a society where violence against women is supported and condoned, excused and rationalised, the testimony of survivors of sexual abuse is silenced, ignored, distorted, and drowned out by the thundering voices of the patriarchs.

Issues of abuse are inextricably linked to power and patriarchy (Foucault, 1979).

According to Tal (1996: 197):

We bear witness not simply to individual crimes of abuse and brutality, but to an entire system of oppression that keeps women and men in thrall, subject to the whims and desires of a privileged masculine class - a system in which maleness and violence are closely linked.

Randall (1987: 71) concludes about women's experiences of abuse, 'this is about power, on every level.' Scott (1989:99) writes:

Power relations among nations and the status of colonial subjects have been made comprehensible (and thus legitimate) in terms of relations between male and female...Gender is one of the recurrent references by which political power has been conceived, legitimated, and criticised. It refers to but also establishes the meaning of the male/female opposition.

This study analyses the effects of Ugandan women's experiences of war drawing on concepts of agency and empowerment. A collective empowerment approach has been utilised successfully in the Philippines with women torture survivors (Pearson et al. 1998) and their application in Luwero is addressed. A feminist approach allows women's experiences of sexual violence and torture during war to be heard. It recognises the active ways women survive and recognises the positive growth that can occur from traumatic experiences (Joseph et al. 1993). The effects of women's experiences within this context are viewed as 'normal responses' rather than labelled as a disorder.

Models of Trauma

Social judgment of chronically traumatised people tends to be extremely harsh (Herman, 1992:115) and the 'tendency to blame the victim has strongly influenced the

direction of psychological inquiry' (Herman, 1992: 116). Studies in psychiatry show a connection can be made between the trauma of soldiers and of other persons subjected to severe stress (Veterans Administration, 1986; Young, 1995). However, several argue that post traumatic stress disorder, PTSD, was developed in research on male combatants (Andreasen, 1985; Wilson and Lindy, 1994; Sideris, 2003). As Tal stated (1996: 119): 'Trauma is a transformative experience, and those who are transformed can never entirely return to a state of previous innocence'. According to Langer (1982:88):

The survivor does not travel a road from the normal to the bizarre back to the normal, but from the normal to the bizarre back to a normalcy so permeated by the bizarre encounter with atrocity that it can never be purified again. The two worlds haunt each other.

In 1980, the American Psychiatric Association, APA, formally acknowledged the existence of post traumatic stress disorder (see APA, 1980; 1994; ICD-10, 1992). According to Boulanger et al. (1986) PTSD symptoms include panic attacks, nightmares, flashbacks, or persistent thoughts about the trauma that intrude into everyday affairs; a numbness that takes the meaning out of life and makes it hard to relate to other people.

'The violent crime of rape has been reported to be followed by very high rates of PTSD' (Herman, 1992:57; O'Brien, 1998:71). The rate of post traumatic stress disorder following rape in the USA has been reported at 80% (Breslau et al. 1991; Breslau and Davis, 1992). However, there is evidence to suggest that the symptoms of post traumatic stress disorder can be understood as a normal reaction (O'Brien, 1998: 38). Initially the official recognition of post traumatic stress disorder was useful to feminist critics who had searched for new ways to understand women's experiences of

sexual violence (Tal, 1996: 135). Large numbers of women reporting anxiety-related symptoms have often been treated in an 'off-hand manner' by the medical profession and subjected to large doses of tranquillisers (Suleiman, 1986). According to Herman (1992) open sexism has pervaded in psychiatric diagnostic terms for women subjected to abuse. 'While this unabashed, open sexism is rarely found in psychiatric literature today, the same conceptual errors, with their implicit bias and contempt, still predominate' (Herman, 1992: 117). Therefore, women who suffer from the complex after effects of chronic trauma still risk being misdiagnosed as having personality disorders.

According to Yule (1999:130) even in countries where the predominant worldview accepts hardships and disasters as entirely in the nature of things, those who experience major traumatic events are no more protected against PTSD than people in the west. Account making is a social phenomenon and the role of sociocultural context is imperative (see Lebowitz and Roth, 1994; Carballo et al, 2004; Pupavac, 2004). It is important to examine the cultural context of rape and how various beliefs might operate to impede emotional processing in women. The current study revises Bourdieu (1984) through a critique of Anthias and Yuval-Davis (1989) and others, in order to broaden the analysis of the effects of women's experiences of war in Luwero, to the social context. The 'social field' of culture (Bourdieu, 1984) as well as Bourdieu's (1990) understanding of the self is drawn on.

The tendency to misdiagnose survivors of trauma was at the heart of controversy that arose in the mid-1980s. Women's groups were outraged by the ignorance of male psychoanalysts understanding of the effects of trauma on women and the consequent diagnoses of personality disorders that resulted. Feminists raised the lack of

understanding of women's experiences and concerns remain about the use of psychiatric criteria in trying to understand the effects of abuse (Meeting of APA, 1985).

According to Herman (1992:116), the diagnosis of post-traumatic stress disorder does not fit survivors of abuse and/or repeated trauma. Herman proposes the diagnosis of 'complex post-traumatic stress disorder' that covers a spectrum of conditions rather than a single disorder. These range from a brief stress reaction that gets better by itself, to classic or simple post-traumatic stress disorder, to the complex syndrome of prolonged repeated trauma which includes; alterations in affect regulation e.g. chronic suicidal preoccupation, self-harm anger, alterations in consciousness e.g. depersonalisation, dissociation, amnesia, self-perception e.g. helplessness, shame, guilt, sense of complete difference from others, alteration in perception of perpetrator e.g. sense of special relationship, preoccupation with relationship, alterations in relations with others e.g. isolation and withdrawal, disruption of intimate relationships, distrust and in systems of meaning e.g. loss of sustaining faith, and sense of hopelessness and despair. Herman (1992: 28) argues naming complex post-traumatic stress disorder is an essential step towards granting those who have endured prolonged trauma the recognition they deserve. Although critical of PTSD diagnoses, this study finds Herman's attention to the effects of trauma on identity helpful in understanding the effects of Ugandan women's war experiences.

Bracken and Gorst-Unsworth (1991:657) state:

Survivors of torture describe preoccupation with images from their trauma: violent nightmares or 'flashback' phenomena. Many are left with symptoms of post-traumatic stress disorder (APA, 1987) and sometimes with depressive reactions.

Previous research with women war survivors in Luwero District found:

On a daily basis all (100%) of the women expressed disturbing intrusive thoughts, recollections, dreams, feelings and painful emotions regarding the war, which impaired their psychological, social and occupational well-being.
(Musisi et al.1999: 4)

The diagnosis of complex post traumatic stress disorder can assist with the understanding of the effects of trauma on thinking processes that result in the shattering of important core values and assumptions as well as changes to identity construction (Herman, 1992). According to Young (1995: 289), changes to PTSD classification included in DSM-1V (APA, 1994), enlarge the variety of experiences and memories that can be used to diagnose PTSD and one can now accept not only that encounters with death affect people in different ways but also that different people can have profoundly different conceptions of what constitutes a realistic ‘threat’. PTSD is a concept that is understood internationally but there are problems associated with using a western concept in non-western situations (see Summerfield, 1997; Carballo et al. 2004; Snider et al. 2004). Additionally, the pathologising of women as victims is of great concern (Liebling et al. 1997) rather than the recognition of their strength and agency in dealing with extreme adversity (Liebling and Ojiambo-Ochieng, 2000). As several authors have found, positive growth can occur following major atrocities (e.g. Yule et al. 1990; Joseph and Linley, in press), and some have found perceived benefits following disaster (e.g. Joseph et al. 1993), rape (e.g. Burt and Katz, 1987), and sexual abuse (e.g. McMillan et al. 1993; Woodward and Joseph, 2003). This study seeks to analyse if Ugandan women war survivors perceived positive from their experiences.

Humanistic/Social Rehabilitation Models

According to Summerfield (1997), consultants from aid organisations have

made claims hundreds of thousands of the worlds' community are suffering from post traumatic stress disorder. However, a study in Northern Ireland argues war trauma is also associated with moral complexities. Civil violence has complex meaning; political background, the breakdown of social order, and the effects of terrorisation transcend single events individually experienced (Loughrey et al.1988 in Black et al. 1997: 159). Attacks on social and cultural norms are a distinctive feature of contemporary warfare (Nordstrom, 1991). War also results in the loss of social belonging and social dislocation has grave consequences. Women following war in Mozambique describe feelings of aloneness, destitution, abandonment, alienation and economic security (Sideris, 2003).

Summerfield (1997:33) argues, 'social devastation and the loss of a way of life is sometimes worse than mental trauma for survivors of violence. Stable and coping adults can help children to live through war in remarkably good emotional health'. In a community sample of war-displaced rural peasants in Nicaragua, all survivors of atrocities expressed many post traumatic stress disorder symptoms but were 'active and effective in maintaining their social world as best they could in the face of poverty and the continuing threat of further attack' (Summerfield cited in Black et al. 1997: 150). Summerfield cited in Black et al. (1997: 154) states:

We need to know more about traditional coping patterns mobilised at a time of crisis in a particular society, and what ensues when these too are engulfed by the conflict on the ground.

Along with others (e.g. Carballo et al. 2004; Pupavac, 2004; Snider et al, 2004), Summerfield (1997) discusses the dangers of attaching western psychological concepts

and practices to diverse war zones worldwide, as if western psychology was the only psychology and represented definite universal knowledge and states:

Western-led trauma work seems to reflect a narrowly pathologising approach in which the normal and understandable distress or suffering of war is relabelled as psychological disturbance. (Summerfield, 1997: 34)

One alternative approach, that avoids pathologising people, is seen in the ‘quiet therapies’ of Japan. These are grounded in Buddhist principles that accept the complexities of human thought and behaviour (Reynolds, 1980). This is one example of a range of alternative approaches that may or may not be appropriate in the Ugandan context. The role of traditional care providers is often not recognised, despite community preferences for such services (Leslie and Gupta, 1989; Snider et al. 2004). This study analyses women war survivors’ perceptions about their effectiveness within the Ugandan context.

Summerfield (1997:33) further argues: ‘trauma’ is a dangerous label for a normal reaction’ and ‘it is important that this debate is conducted within a human rights framework’ (Summerfield, 1995:28). Summerfield points out (1997:35):

We need a social rehabilitation model that takes into account the whole context of affected populations and aims to help people retain their dignity, take back control of their lives and rebuild the roles and institutions they have lost.

The World Health Organisation, WHO, stresses that mental health must be viewed as an integral part of public and social welfare programmes. Summerfield (1995) suggests emphasis must be on the capacity to function and to distinguish between those who are coping and those who are not. The current study finds Summerfield’s approach useful as he states, ‘collective recovery over time is

intrinsically linked to reconstruction of social and economic networks and of cultural identity' (Summerfield, 1995: 25). He also recommends:

Possibilities for collaboration with international aid and development organisations, like Oxfam or Save the Children Fund that have witnessed what the upheavals of war have done to their development programmes and are responsive to contributions from the mental health field
(Summerfield, 1995: 25).

Giller et al. (1991) also found in Luwero that even the most brutalised people could regain some sense of 'normality', given a positive and supportive environment.

Summary

The effects of violence, rape and torture during war on Ugandan women are neglected in mainstream literature and this study provides a forum for starting to overcome these silences. The concept of genocide is (en) gendered and this helps to deepen our knowledge (see Lentin, 1999). Feminist approaches are utilised that recognise the multiplicity of women's experiences firmly grounded within their cultural context. Analysis of how Ugandan women have dealt with their war experiences are provided and they are viewed as survivors of atrocities not 'victims'.

This study draws on the work of Bourdieu (1984) and adapts this to include a gender analysis, primarily utilising the work of Anthias and Yuval-Davis (1989). A greater understanding of the way emotions and traumatic memories (see Young, 1995) can be expressed and understood by others in circumstances of rape, violence and torture during war, and the responses women make to such experiences, within this specific cultural context, contributes to ongoing theoretical debates about power and agency. Ugandan women's own constructions of their experiences are a central theme

rather than viewing these as part of a disorder. The multiplicity of effects on women's identity and health are key aspects of the analysis. A narrative approach is used that incorporates a political perspective, allows Ugandan women's claims to be heard and understands violence against women and the resulting effects as human rights issues (see Lentin, 1999). As Tal (1996: 247) concludes:

I wanted to make it clear why I believe that traumatic metaphors - the stories of survivors - are always political, even when they are most earnestly intended (or pretended) not to be. And I wanted to demonstrate that at the same time they are political, they are intensely personal - that the personal *is* political, without exception.

Chapter Two

Literature Review: The Resulting Needs of Ugandan Women Following War and Conceptual Framework

Violence against women is perhaps the most pervasive yet least recognised human rights abuse in the world. It is also a profound health problem sapping women's physical and emotional vitality and undermining their confidence - both vital to achieving widely held goals for human progress, especially in the developing world. (Heise, 1993:171)

Introduction

This chapter discusses literature on the health effects of women's experiences of violence, revealing how rape, violence and torture of women have major consequences for their physical, psychological and reproductive health. Alongside the potential for harm, rape carries with it the risk of HIV/AIDS infection so some discussion on the development of these services in Uganda is included. Particular attention is given to needs of women following war and it is proposed that their resulting health needs should be viewed as a human rights issue (see Short, 1997; 1999). Hence, the response of the legal system to the effects of violence against women is discussed. The chapter concludes by describing the conceptual framework.

Global health issues for women

Despite widespread agreement on the value of providing health services of adequate quality, the care available to women in the developing world is thought to be far from satisfactory. Women are presumed to suffer disproportionately, reflecting pervasive gender discrimination and their marginal status in many societies. However, very little is known about the quality of health care in most developing countries. (Das Gupta, 1989; United Nations, 1991).

According to Secundy (1995) women are more susceptible than men to disease, have a worse overall health status, a greater prevalence of health problems and respond differently to them. The World Bank argues the most important obstacle the poor face in gaining access to health services remains lack of physical infrastructure (World Bank, 1991). This has particular relevance for women in Luwero, who are living in areas devastated by civil war.

Secundy (1995) discusses the need for health policies based on research with women and recommends, 'a specific women's agenda for research and attention to health care needs is necessary' (Secundy, 1995: 237). In Brazil an alliance between the Ministry of Health and women activists led to the creation of a comprehensive programme for women's health care. In Colombia women have implemented a national women and health policy. This model provides a useful guide for women's health care in Uganda.

The previous chapter reviews key understandings of violence and torture of women during war. This chapter focuses on the health effects of women's war experiences and recent research illustrates a direct relationship of war with decreased health (see Carballo and Simic, 1996; Ahearn and Noble, 2004). Heise et al. (1994b: 1169) states in relation to women:

The World Bank estimates that in established market economies gender-based victimisation is responsible for one out of every five healthy days of life lost to women of reproductive age (see Heise et al. 1994a). The health burden imposed by rape and domestic violence is roughly equivalent in both the industrialised and developing world.

Over the last twenty years campaigns in a number of countries have tried to make the huge burden of violence against women visible (United Nations, 1989; Dobash and Dobash, 1992). Isis-WICCE feminist network documented nearly four hundred groups fighting violence against women in Latin America (Heise, 1993). According to Doyal (1995), there remains a lot to be done with growing landlessness and poverty, greater militarism and a shift towards fundamentalism in social values.

A primary focus on the physical dimensions of women's health has resulted in poor access to mental health care for women in both developed and developing countries (Paltiel, 1991). Paltiel (1993) challenges the myth that women's mental health is a luxury concern for wealthy countries only, to be addressed after more basic problems. She argues mental health systems are required that promote, protect, and restore the mental health of women and policies should ensure workers have a better understanding of gender inequalities. The current study attempts to analyse inequalities in the provision of health care for women war survivors in Luwero.

According to Bunch and Carrillo (1992: 19), 'violence against women deprives society of the full participation of women in all aspects of development' and 'health is recognised as an important development issue'. 'One of the clearest facts about violence against women is that it is detrimental to women's physical and mental health, including women's very survival' (Bunch and Carrillo, 1992: 20). Research by Eng (1995) in the Asian/Pacific Island communities found more than half the women who reported abuse never received medical attention for their injuries and cries for help were often unheard. The responses to women's health needs during and following the war in Luwero are a focus of the current study.

Violence against women has been identified as a significant cause of female morbidity and mortality leading to psychological trauma, injuries, sexually transmitted diseases, suicide and murder (Palmer et al.1999: 1696). The World Bank (1993a) highlights violence against women as a legitimate area of international health policy concern, accounting for 5% of the burden of disease among women aged 15-44 in developing countries. This proportion is likely to be higher in conflict settings but accurate data is difficult to obtain. The World Health Organisation, WHO, established a Global Commission on Women's Health in 1992 and adopted 'global security for women throughout the life span' as its platform for advocacy (WHO, 1996).

Data from developing countries highlights the link between violence and health. A cross-cultural survey of suicide by Counts (1987) found in some Oceanic societies female suicide enabled the politically powerless to revenge themselves on those who made their lives intolerable. In Sri Lanka the rate of suicide in young women aged fifteen to twenty-four is five times that from infectious diseases and fifty-five times the rate of obstetric related deaths (WHO, 1985).

Sen (1990) notes in China fifty million women were 'missing' including victims of female feticide, selective malnourishment of girls, lack of investment in women's health and various forms of violence. Sen (1990) argues that in politically repressive countries women are unlikely to seek help from the police or government authorities but may admit abuse to a supportive health worker. The current study finds Sen's (1990) views helpful in analysing the support women war survivors have received in Luwero.

Bradley (1990) argues violence against women is of primary concern to women from developing countries and they act with little or no support from their governments or funders. Heise states (1993: 187):

Given both the indigenous demand for anti violence programmes and the links between violence and existing health and development priorities, there is a strong case for greater international investment in gender-violence research and services. Preliminary data suggests that gender violence may be among the most significant causes of morbidity and mental distress among women.

‘Violence not only limits a woman’s control over her own sexuality and reproduction, but may also have a direct impact on her reproductive and sexual health’ (Njovana and Watts, 1996: 50). Reproductive health services for war-affected women are lacking and in 1994 there was little other than anecdotal evidence about their status (Palmer and Zwi, 1998). However, during recent years there has been more focus on their development (Palmer, 1999). Research in Sudan confirmed reproductive health is a priority need, particularly sexually transmitted diseases and that rapid appraisal is a useful tool for involving communities to identify their priorities (Palmer, 1999). The current study aims to provide an analysis of women’s views about their reproductive and gynaecological health needs using a qualitative approach.

Our previous intervention project with women war survivors in Luwero District, Uganda, concludes:

Since women were sexually targeted during the war, many of the crimes against them resulted in the damage of their reproductive organs or problems with sexually transmitted diseases including AIDS. (AGOU, 1999: 4)

As this previous study found, sexually transmitted diseases and HIV/AIDS are major effects of women’s war experiences. Sabri and McGee state:

Women in developing countries are particularly vulnerable to HIV infection due to their unequal position in communities across the world. Women are also particularly vulnerable to sexual violence including rape, which escalates during conflict and war. (Sabri and McGee, 1999: 34)

The bottom line is, the people who are dying from AIDS don't matter in this world. (Sherry in Yamey and Rankin, 2002)

The National Resistance Movement government in Uganda was one of the first in Africa to acknowledge the presence of HIV/AIDS. In 1993 HIV/AIDS was the leading cause of death for adults in Uganda (Kadama, 1993) and resulted in loss of breadwinners and parents in families (STD/AIDS Control Programme, 1993). In 1994 it was estimated over one-tenth of the population were infected with HIV and expected to die prematurely of AIDS and related illnesses (Barton and Wamai, 1994). However, Uganda has been cited as a success story in its efforts to reduce HIV prevalence and the estimated number of adults and children living with HIV/AIDS in 2001 was 5%. Rates have dropped significantly, particularly in urban areas (WHO, 2003).

Gupta states (2002: 184), 'violence against women is a gross violation of human rights that has important implications for the health of women and communities'. HIV/AIDS has particular relevance to the present study as many women are infected through rapes during war (Heise et al. 1994a: 1169; Human Rights Watch, 2000). A study in the United States found, 'sexually transmitted infection...in up to 43 percent of rape victims' (National Research Council, 1996). Armed conflict has also contributed towards the geographical spread of HIV (Brown, 1999) and 'the degree to which the movement of HIV into certain areas may be the consequence of rape in war are dimensions that have not yet received adequate attention' (Garcia-Moreno and Watts, 1999: 12). According to Akeroyd (1994:173) and others, improvements in sexually transmitted diseases and other aspects of reproductive health would help avert the

transmission of HIV and benefit women and children (see Turshen, 1991; Gordon and Kanstrup, 1992; Dixon-Mueller, 1993). Garcia-Moreno and Watts (1999: 21) suggest the growing recognition that sexual violence contributes to the transmission of HIV/AIDS needs to be translated into policies and programmes. This has implications for the current study as women in Luwero were infected with HIV/Aids through their rape experiences (see Isis-WICCE, 1999: 11). Emily Bass (in Akiiki, 2002: 247), a Ugandan woman, calls on the world, 'to acknowledge that you cannot talk about prevention without treatment'.

Health and Human Rights

Violence against women has recently been recognised by the United Nations as a fundamental abuse of women's human rights (UN Resolution 48/104).
(Heise et al. 1994a: 1165)

In 1978 an International Conference on Primary Health Care adopted the World Health Organisation Charter's definition of health as 'a state of complete physical, mental and social well-being, and not merely the absence of infirmity' and 'a fundamental human right' (Koivusalo and Ollila, 1997; Petchesky, 2000). The link between human rights and health is of relatively recent origin (Short, 1999: 83) and in 1994 Harvard University led the first international conference. This recognised human rights are an essential pre-condition for physical and mental health (Holst, 1997: 73) and 'human rights have been argued to have a central relationship both to violence and development' (Peters and Wolper, 1995). Every day women continued to be denied their right to physical security that is enshrined in the 1948 Declaration of Human Rights (Bunch and Carrillo, 1992). Yuval-Davis (1997: 22) states, 'the struggle of women for reproductive rights has been at the heart of feminist struggles since the

inception of the movement'. According to Petchesky (2000: 12) both the Cairo and Beijing conference documents affirm reproductive and sexual health are part of fundamental human rights. The current study analyses the serious implications of their experiences of war for women's reproductive rights in Luwero.

The United Nations (2001: 4) argue that the international community has begun to develop precise legal standards to make clear rape and other gender-based violence can be war crimes, crimes against humanity and components of the crime of genocide, as well as torture or other cruel inhuman and degrading treatment.

Research has been carried out in Tanzania with respect to the issue of civil liability and litigation to broader issues of health care provision (Harrington, 1998). Harrington (1998) found a persistent bias toward curative medicine in the organisation of health care services, chronic under-resourcing, and growing commercialisation of the medical system. According to Harrington (1998), patients needs have been privatised and are invisible. Privatisation of medicine, in this context, has been accompanied by drastic cuts in public health care provision making it a condition of foreign aid and debt relief. This study seeks to analyse relevant aspects of the Ugandan health system in its response to women war survivors in Luwero.

Of several blind spots in the development of the human rights movement, most striking is the failure to give violations of women's rights the attention and priority they require. The basic treaty in the field - the Convention on the Elimination of all Forms of Discrimination against Women (see United Nations, 1998) has exceptional reach but according to Amnesty International (2000):

The continuing failure to protect women's rights reflects many governments lack of political will to bring about real change in the lives of women.

'Feminist visions of human rights both add to previous human rights thought and transform it' (Bunch, 1993: 967). The prevention of gender violence is a crucial aspect of addressing human rights abuse and violence conflict throughout the world. Bunch (1993:972) suggests four basic approaches, which this study views as helpful, for linking women's rights to human rights:

1. Women's rights as political and civil rights. This involves raising the visibility of women who suffer general human rights violations as well as those because they are women.
2. Women's rights as socio-economic rights e.g. rights to food, shelter, health, care and employment.
3. Women's rights and the law by the creation of new legal mechanisms to counter sex discrimination.
4. Feminist transformation of human rights so that it takes greater account of women's lives.

Many governments refuse to recognise rape and sexual abuse are serious human rights violations. In Peru for example, where dozens of reports were received of members of the security forces raping women and girls, MacKinnon (1993b) describes her view of the cover-up and tolerance by governments and officials of the abuse of women. The current study attempts to analyse the Ugandan governments response to violence and abuse perpetrated against women during the Luwero war years.

Ashworth provides a detailed analysis of the UN Declaration of Human Rights and argues the Charter fails women by not addressing and eliminating violence against them (Ashworth, 1986). Worldwide agitation had success in establishing The Convention on the Elimination of All Forms of Discrimination Against Women,

CEDAW, adopted in 1979, and the appointment of a UN Special Rapporteur on Violence against women following the 1993 Vienna Conference on Human Rights (Sen, 1998). This states: 'the human rights of women and the girl child are an inalienable, integral and indivisible part of human rights' (Nowakowska, 1999: 42).

The achievements of the Vienna Conference were developed further in the Beijing Platform of Action adopted at the IV UN Conference on Women in September 1995 and 'violence against women' and 'women's human rights' were identified as two of twelve areas of concern constituting the main obstacles to the development of women (Nowakowska, 1999: 42). The current study draws on these two areas as relevant to the situation of women war survivors in Luwero.

Various recommendations were made to the International Criminal Tribunal for Former Yugoslavia, following personal testimonies of rape by women. Rape is recognised in this context as a 'crime against humanity' (United Nations, 1998: 8). It was recommended to the United Nations that a specialist unit be developed with expertise in the investigation of rape crimes and treatment required (Human Rights Watch, 2000).

UNIFEM has funded projects specifically addressing war crimes against women (Heyzer, 1998:21). Many non-government organisations have set women's empowerment as a priority for tackling violence and women's groups in Bangladesh campaigned for the enforcement of laws to protect the rights of women, making efforts to mitigate violence as a development issue (Zaman, 1999: 45).

Randall (1998) discusses the importance of women seizing opportunities to engage with the State and argues success is more likely where participation in state institutions is reinforced by the activities of a vibrant autonomous movement. Randall's (1998) analysis is relevant to the context of Uganda where the women's movement continues to produce significant change (Tripp, 2002).

Health policies

Policies are usually seen as a framework for rules or goals which guide day-to-day decision-making and action in organisations
(McNaught, 1988:18).

Although many writers have attempted to define policy, there is little agreement on the meaning of the word. For Easton (1953: 130), 'a policy ...consists of a web of decisions and actions that allocate values.'

In the late 1960s and early 1970s women's health policies in developing countries focused mainly on self-help and their capacity to take care of themselves and each other. As part of this process women challenged the belief that all medical knowledge was superior to their own. Though these groups have declined, local health groups continue to be a vital source of support for women.

McNaught (1988) discussing race, concludes policies should be developed with consideration of the needs and views of users. In reviewing health policy in Mozambique, Walt and Melamed (1984) argue policy-makers are sometimes out of touch with realities of people in the country, setting goals too difficult to attain and not focusing on priorities. The current study analyses the implications of the health needs of women war survivors for policy makers in Uganda.

According to Doyal (1995), women's health politics have shifted to developing countries where campaigns have become increasingly vigorous in the face of recessions, structural adjustment policies and widespread environmental deterioration. Latin America in particular has a very powerful and growing tradition of women's health advocacy and the practice of women's health politics is becoming increasingly international (Kisekka, 1992).

Reproductive rights are central to women's health politics in most parts of the world. The International Women's Health Coalition is a charity dedicated to promoting reproductive health and rights in Southern countries. Garcia Moreno and Claro (1994) found reproductive rights activists often came into conflict with doctors and health workers who continue to exert considerable control over this important aspect of women's lives.

The current study finds agreement with Sen (1998:14) who suggests policy approaches must recognise the 'endemic nature of violence against women' and policy makers could make a difference by strengthening community organisations and tackling issues through funding and consultation. Palmer et al. (1999) conclude, 'despite clear evidence that reproductive health is on the agenda in conflict settings, there remain significant impediments to effective implementation'. The current study analyses potential restrictions to the implementation of reproductive health services for women war survivors in Luwero.

The legal system and women's rights

Within Uganda there are vocal groups working for women's rights and an elected woman Member of Parliament in every district (Museveni, 1997). Uganda is also a signatory to the 1989 Convention on Elimination of all forms of Discrimination Against Women. However, Barton and Wamai (1994) identify 'lack of voice for women' as one of the six leading problems and recommend:

The voices of women, adolescents and children need to be heard in the process of identifying problems and developing strategies relevant to needs.

(Barton and Wamai, 1994: 205)

Violations of women's human rights and lack of an effective criminal penalty for rape make women especially vulnerable to AIDS in Africa. Uganda has a dual system of law: customary and formal statutory law but the latter is unknown or inaccessible to the vast majority of women. In Uganda rape and indecent assault are increasing and women are unwilling to testify in humiliating court proceedings (Steiner and Alston, 1996). The current study analyses the experiences of women war survivors who have taken action for the atrocities committed against them.

Many laws restrict women more than men and gender biases exist and persist mainly because customary laws and practices consider women to be 'minors' (World Bank, 1993b). Women may be prevented from participating in politics, community activities, groups and income-generating activities. Forcible abduction of girls for marriage associated with areas of public insecurity is not uncommon in several districts of Uganda (see Amnesty International, 1999).

Abuses exist in Uganda's male-dominated society, where most of the enforcers are male, and 'culture' is used as a rationalisation to justify actions. Community participation in reporting and resolving abuses is weak and abuses have tended to remain secret. This has implications for the present study as revealing the nature of abuses committed against women during war may challenge and destabilise 'cultural' value systems (Barton and Wamai, 1994: 140).

In Africa the legal system legitimises male violence (Lees, 1996) and resorting to its use has been described as 'a hateful scandalous process for women' (Halim, 1994: 28). In Kenya it is not uncommon for the prosecution's case to be impeded by lost or altered police forms and bribes are taken to conceal cases (Okie, 1993). Cases of violent rapes in South Africa show incompetence and bias leads to unnecessary acquittals (Human Rights Watch, 1995). District personnel in Uganda describe the systems of legal protection of women, adolescents and children as 'weak and inappropriate'. Women's rights are ignored, women lack awareness, and the law does not protect them e.g.:

Unless the law comes to the grassroots level, women are not likely to know, and women are scared of going to court.

(Kampala focus group, in Barton and Wamai, 1994: 142)

The Ugandan court system is based on the complicated English system and the language used is English which limits rural women's ability to take charge of legal matters for themselves. Lawyers are expensive and women do not generally have money to be represented. In 1995 Uganda established a special gender issues desk and trained police officers to deal with rape cases (U.S. State Department, 1996). In 1988, the Ugandan Association established a legal aid clinic called FIDA. This is run by

Women Lawyers and provides free legal services for women and children. Activities are restricted to mainly urban areas around Kampala, but paralegal training has taken place in many districts (Government of Uganda, 1991). Cases involving abuses against women and children are often mishandled leading to unfair judgments and some cases are unlikely to come for prosecution:

The law of rape is too harsh for women. This is because proving you have been raped is very difficult. Also the way of handling rape cases is not good. Usually it takes a long time, and even magistrates are corrupt.

(Interview in Hoima, in Barton and Wamai, 1994: 142)

Many legal measures against violence against women have been put in place without adequate analysis of the problem (Connors, 1994:199). The current study analyses women's attempts to pursue justice for the atrocities committed against them. However, on a positive note, a number of non-government organisations, including those working at a national level, such as FIDA, ACFODE, Action for Development, and NAWOU, National Association of Women's Organisations, are promoting greater awareness of the rights of women and children. Although the picture is bleak, women cannot give up on the state, 'not least because it will not give up on women' (Stewart, 1996: 39).

With respect to health Short (1997: 1999) argues the link between human rights and health is of relatively recent origin and Cunningham et al. (1999) feel the resulting health needs of refugee women's experiences of sexual violence should be viewed as a human rights issue. The current study adopts this approach for analysing the situation of women war survivors in Uganda.

Since independence, Uganda has had a centralised government with major responsibilities for policy. In 1993, decentralisation occurred and gave responsibility to districts. Several major policy documents envisaged the health care system being rehabilitated (Ministry of Health, 1993a; 1993b; 2000). However, much of the recent funds have gone into refurbishing existing structures. The White Paper notes the unequal distribution of health centres, with more concentrated in urban than rural areas. The documents place greater emphasis on primary health care, empowering local communities to participate in their own development. District leaders are concerned policies do not reach vulnerable groups e.g. women and children, and are often made with little research (Barton and Wamai, 1994: 192). The current research aims to influence future policy approaches for women war survivors in Luwero.

District leaders identify the greatest constraints to the implementation of policies as, 'misadministration of policies', 'too great a gap between implementers and the community,' and, 'no implementation at all in the worst cases'. (Barton and Wamai, 1994: 192). The report concludes donors are not channelling resources to the truly needy. It also recommends funds could be relocated from acute care to community and preventative interventions (Human Development Technical Group, 1997: 63).

A striking feature of policy development in Uganda in the immediate 'post-conflict' period is the failure to acknowledge the need for reform of the organisation and health sector. Government and donors failed to identify long-term development strategies required to ensure health system sustainability. Post-conflict situations are complex and fragile policy environments because of the high degree of political uncertainty, weak civil institutions, high public expenditure and a high burden of ill health. Policy analysis can offer methods to highlight the potentials and obstacles to

alternative strategies and to initiate dialogue between key actors. However, many opportunities are present and success depends on an approach to policy formation which is modest in its objectives and which prioritises interventions according to need (Macrae et al. 1996: 1106). The current study makes recommendations for policies and interventions required based on the needs of women war survivors in Luwero.

Gender-sensitive services

Several authors have documented the urgent need for creating gender-sensitive services for women war survivors in Uganda and internationally (e.g. Herman, 1992; Heise et al. 1993; Musisi et al, 1999; Isis-WICCE, 2001a; 2001b; 2002a; 2002b).

A Ugandan-led intervention team interviewed 237 women war survivors in Luwero District about their long-term needs. This recommended, ‘a gender sensitive torture-treatment intervention programme for the women war-survivors and their families in Luwero District should be set up as a matter of priority’. (Musisi et al. 1999: 29) A retrospective study of 310 war torture survivors in Uganda argues there was a significant symptom reduction with treatment at a specialist centre. This included psychotherapy, physiotherapy and drugs (Musisi et al. 2000: 81). Basoglu (1992: 348-362) and Montiel (2000) argue torture survivors who undergo therapy may experience a significant improvement in psychological functioning but few outcome studies exist (Mollica et al. 1990; Herman, 1992; Joseph et al. 1997; Basoglu, 1998) and there is doubt over their effectiveness in non-western contexts (e.g. Summerfield, 1995). Approaches that facilitate recovery in war-affected areas should support resilience in those affected (Pupavac, 2004: 492). Integration of western and indigenous healing has shown success in South Africa (Eagle, 1998). The current study finds Kleber et al.

(1995: 304) and Pupavac's (2004) approaches helpful as they argue, it is imperative treatment of trauma takes account of the social and cultural context as well as the communities' own resilience.

Organisations have worked together to develop gender-sensitive care for women survivors of torture in the Philippines (Pearson et al. 1998). Women care givers and survivors of torture come together in focus groups to share their experiences and address strategies for empowerment utilising feminist values and principles (Pearson et al, 1998: 69). There are also examples worldwide of women supporting each other in community groups, projects, counselling and legal services, and education (see Macleod et al.1994; MATCH International Centre, 1994; Oller, 1994; Silard, 1994). In Dar es Salaam, Tanzania, a crisis centre was established that provides counselling and legal aid to women who have suffered abuse (Gawanas, 1993). Cockburn (1998) describes several successful women's support groups arising out of the Yugoslav war years. Payne and Smyth (1999: 175) discuss the work of Oxfam in trying to place gender concerns at the centre of their practice in Uganda.

The Mukasa project, an organisation that confronts violence against women, was founded in Zimbabwe in 1988 (Taylor and Stewart, 1991). It also strives to improve women's reproductive and sexual health (Njovana and Watts, 1996). The prevention and control of both violence against women and HIV transmission require context specific strategies to improve women's status, and/or increase their ability to protect themselves against violence and HIV infection' (Garcia-Moreno and Watts, 1999: 20). Bunch and Carrillo (1992: 23) recommend:

Projects dealing with violence towards women are building blocks for a more comprehensive, empowering and therefore sustainable effort which will tap women's full participation in the development process.

and The World Health Organisation (1997: 2) states:

The recognition of violence as a public health issue requires that WHO develop appropriate public health guidelines and standards...It confirms WHO's commitment to addressing this most urgent problem.

It cites activities to try and counter the effects of violence against women as multi-country research, documentation of interventions, development of a database, advocacy and information, as well as more in-depth country projects on sexual violence against women and girls in Rwanda and on domestic violence in sixteen countries (WHO, 1997).

The United Nations High Commissioner for Refugees, UNHCR, (1999: 39-41) recommends responses to sexual violence against refugees should include protection, medical care and psychosocial treatment. However, as Nowakowska (1999: 62) concludes in her article about violence against women in Poland:

We need more than verbal commitments! We need political will and concrete remedies. We know what to do; we have to do it.

Palmer et al. (1999: 1697) argue, 'despite efforts at advocacy and programme development, services to address the needs of women affected by sexual or gender-based violence in conflict remains contentious' and concludes 'despite the neglect of reproductive health issues in the past there is now a considerable commitment to addressing reproductive health needs in conflict settings. This commitment is obvious both at high levels within organisations and among key actors at country and field level' (Palmer et al, 1999: 1701). Rapid appraisal techniques are suggested for assessing

health needs of women in conflict settings (Williams et al. 1994; Byrne and Baden, 1995; Palmer, 1999: 748). Palmer and Zwi (1998: 244) recommend:

There should be progress in building and supporting the coping strategies of refugee and displaced women and ensuring their viewpoints are heard, understood, respected, and enacted.

The current study attempts to ensure women's views on their health needs are heard through the use of qualitative methods.

Support of widows of the 1994 genocide in Rwanda is provided by an organisation, Avega-agahoza, 'a poem to dry one's tears'. This approach to supporting war survivors has been very successful (Mujawayo, 1995). Rwandan women are providing trauma counselling and survivor support groups, credit unions, legal advice centres and other services (Human Rights Watch, 1996). There is also call for improved medical treatment of rape victims and the current study analyses Ugandan women's needs in this area.

The use of testimony is known from the work of the women's movement, anthropology, as well as other disciplines (Agger, 1992). It is possible to facilitate psychological recovery from symptoms by utilising this method as well as improved understanding of their social and political causes. It is possible to assist the survivor to create a new life, retell the story and step forward with dignity into a future that holds hope and opportunity (Turner, 1992: 174). Cox (1994:130) discusses the importance of 'listening to women' who have suffered violence in order to define their needs, secondly, a community base should be established and thirdly, non-government organisations have found key contacts in the Ministries of Health to work with in

creating services. The current research was carried out through a non-government organisation using a community base and in collaboration with local health services in Luwero.

The United Nations (2001: 4) suggest women must be brought into all levels of their organisation to protect and assist women and girls during and after armed conflict and that they should have a greater role in the peace process. Sideris (2003: 718) argues, ‘an essential aspect of interventions for women war survivors is to help them sustain the economic gains they have made during war’. The current study finds de Berry’s (2000: 14) approach helpful as she states, ‘it is time that those who study war and violence give credit to people’s ability to pick up the pieces and put their lives together’.

Conceptual Framework

In this section relevant key concepts used in the current study are outlined. The relationship between these will further emerge from the analysis.

Gender-based violence and torture during war: A case of Genocide.

Rape, like other forms of torture, is outrageous bodily closeness, violent touching, a travesty of intimacy. (Cockburn, 1998: 223)

Some researchers argue white feminist analyses have been insensitive to racism that constructs black men as rapists and ignores the ways in which black women’s experiences can be disqualified (Carby, 1982; Davis, 1982; hooks, 1989). The current study takes as its focus the experiences of Uganda women war survivors and highlights

their experiences.

Earlier in this thesis the Amnesty International definition of torture was outlined (Amnesty International, 2000: 5). Torture is difficult to define satisfactorily as ‘each person’s experiences of torture is unique, and depends on personal history and the nature and context of the torture’ (Kordon et al. 1992, in Callaghan, 1996: 252). This study seeks to go beyond the current literature and reconceptualise and develop a gendered understanding of torture relevant to women war survivors in Luwero (e.g. Stover and Nightingale, 1985; Bamber, 1993). Bourdieu’s (1984) concepts of ‘social field’ and ‘habitus’ are drawn upon to analyse the social field of the civil war in Luwero, that is, the forms of economic, social and cultural capital targeted for destruction by Obote’s army (Bourdieu, 1984). Bourdieu’s (1984) analysis is revised to include a gendered analysis that primarily draws on the work of Anthias and Yuval-Davis (1989).

Raphael Lemkin first described the term ‘genocide’ in 1944. More recently Fein (1993) broadened and (en) gendered his definition to include ‘the sustained purposeful action by a perpetrator to physically destroy a collectivity directly or indirectly, through interdiction of the biological and social reproduction of group members’. Due to the fact women ‘usually’ bear the next generation they are put uniquely at risk as members of a group targeted as ‘racially inferior’. Lentin (1997:2) argues in accounting for the construction of women as ethnic and national subjects, the definition of genocide must be gendered, to include sexual slavery, mass rape, forced impregnations, aimed, through women, at the elimination of a future ethnic group. Catastrophes, genocidal or otherwise, target women in gender-specific ways due to their social, ethnic and national construction (Lentin, 1997: 2) and several texts have addressed the issue of gender,

nation and nationalism (see Walby, 1986; Enloe, 1989; Yuval-Davis, 1989). The use of mass rape as a political strategy highlights and further (en) genders the link between racism, sexism and genocide. During the 1970-71 West Pakistani occupation of Bangladesh between 200 000 and 400 000 women were raped by the Pakistani army in order to create a 'new ethnicity' (Rozario, 1997) and forced pregnancy has been used as a kind of biological warfare employed by the Serb and Bosnian Serb policy of 'genocidal rape' (Cockburn, 1998). The current study argues genocidal rape, which has a political aim, is relevant to the social, ethnic and national construction of women in Luwero (e.g. Nordstrom, 1994; Allen, 1996; Lentin, 1997).

Women's tortured bodies in pain

What is remembered in the body is well remembered (Scarry, 1985: 109)

Several feminists and sociologists utilise embodiment as a conceptual tool for rethinking major issues for example, sex, sexuality and gender; disease and illness (e.g. Bordo, 1990), pain and self-alienation (Scarry, 1985). The tortured body is a site of physical and psychological trauma and enforced sexual practices (Bakare-Yusuf, 1997). According to Scarry (1985: 19-20) this physical pain has the capacity to destroy the sufferer's language because it has no referential content in the external world:

Torture inflicts bodily pain that is itself language destroying, but torture also mimes (objectifies in the external environment) this language-destroying capacity in its interrogation.

She states 'world, self and voice are lost, or nearly lost, through the intense pain of torture and not through the confession' (Scarry, 1985: 35) 'in both war and torture, the normal relation between body and voice is deconstructed and replaced by one in

which the extremes of the hurt body and unanchored verbal assertions are laid edge to edge' (Scarry, 1985: 143). However, Bakare-Yusuf's writings on the African body (1997: 173) views pain as resisting everyday speech and states, 'what cannot be spoken in language is evoked through cultural representation such as dance'. The current study argues the body is central to the experience of torture in Uganda and investigates whether Scarry's (1985) concept of language-destruction is relevant. It also finds Bakare-Yusuf's (1997) analysis is useful for Ugandan society where music, dance and theatre play an intrinsic part.

Anthias and Yuval-Davis (1992) argue women's biological destiny, in other words motherhood, is central to the nations' view of itself. However the concept of women as biological subjects is problematic and according to Lovell (2000: 23) 'investments by girls and women in their own bodies are not exclusively as sexual or reproductive bodies and women are not necessarily under any biological or other compulsion to use their reproductive capacity'. Throughout history population programmes have targeted women in order to control, enlarge or alter existing demographic patterns in favour of dominant ethnic groups (Anthias and Yuval-Davis, 1992: 115). One example of women's biological destiny shaping their targeting by genocidal projects is Nazi ideology, which, resting on the eugenic conviction of German racial superiority, inevitably discriminated against women as child bearers (Lentin, 1997: 9). Tillion (1975) describes women Shoah survivors who spoke out about sexual humiliation, rape, sexual exchange, pregnancy, and vulnerability through their children whilst the Japanese military used a complex system of sex slavery during World War 11 where women were subjected to degrading acts of sexual violence (see Sancho, 1997). The current research investigates how the military specifically targeted women's bodies in Luwero.

Militarism, nationalism and patriarchy

Sexual violence against women, particularly mass rape, is viewed as a military strategy, for example in Bosnia-Herzegovina and Croatia (see Allen, 1996; Bassiouni and McCormick, 1996; McDonald, 1999) and Japan (Sancho, 1997). Sexualised violence is used as a 'weapon of war' (Medica Mondiale, 1999:1; Amnesty International, 2000:5). Feminists brought the use of rape as a war crime to international attention during the Yugoslav civil war around 1993, when it was estimated between 20 000 and 50 000 women were raped (Valentich, 1994). The connections between militarism, nationalism and male violence; including rape, forced prostitution and torture during invasions and civil wars, have been made by several authors (Enloe, 1989; Hughes and Foster, 1996; Seifert, 1996). Male violence is viewed by some writers as inextricably enmeshed in state violence; including rape, murder and beatings in police custody (Rai and Lievesey, 1996) and hence a human rights abuse (Amnesty International, 1997; 2000). Evidence from South Africa reveals sexual violation is a common form of torture suffered by women activists at the hands of Apartheid security forces (Goldblatt and Meintjes, 1996). In this thesis, the numerous functions of sexual violence and torture of women during war as opposed to peace, is analysed (Richters, 1998).

Culture and identity

The rape of women of a community, culture or nation can be regarded – and is so regarded – as a symbolic rape of the body of that community.
(Seifert, 1996: 39)

Scarry (1985: 63-81) argues rape engages the physical and symbolic battlefields of war and aims at annihilating culture Callaghan (1996) takes the view that in some

cultures e.g. Uganda, the individual's concept of self is not separate from that of the community, so political torture can be viewed as an act of aggression against the community through an individual. Like Scarry (1985), she argues the body is central to the experience and states: 'as the physical and psychological site of the torturer's attack; as the embodiment of a culture under assault; as a means of defence by victims. Thus the body is simultaneously the place of attack and of defence, which in itself leads to conflict' (Callaghan, 1996: 252). Sideris (2003: 716) describes how the biological body provided a record of trauma not only in physical scars but also in the embodiment of external violation through the senses. Degradation is 'inscribed' on the body through the senses, which later recall the ill treatment (Axelsen and Sveaass, 1994).

Seifert (1996: 35) states about war crimes against women

They destroy the physical and psychological existence of the women concerned and, moreover, inflict harm on the culture and collective identity of the whole group, ethnicity, or nation under attack. War crimes against women have a symbolic meaning and must be analysed within the symbolic contexts of the nation and the gender system.

She argues only hatred of femininity could account for acts perpetrated against women in Croatia such as women's breasts being cut off, their stomachs lashed open or their vagina torn apart following rape by military personnel (Sabalic and Seifert. 1993). Similar acts were committed against women in Luwero.

Csordas (1994) uses the term *embodiment* to convey how the world is experienced bodily. He argues this notion goes beyond the view that the body is both biologically and socially constructed to suggest the body as the experiential base of biology and culture. For women in Mozambique, the physical sensation of having been raped, still feeling dirty and in immense pain, cannot be separated from the emotion of

feeling spoiled and rejected, a common social construction of raped women and the embodiment of gendered dimensions of sexuality (Sideris, 2003).

Nordstrom (1991) argues a distinctive feature of contemporary warfare is that it is characterised by attacks on the civilian population and their social and cultural foundation. Sideris (2003) takes the view that in war the social fabric unravels and those social arrangements and relationships that provide people with inner security, a sense of stability, and human dignity are broken down. In Mozambique, sons killed fathers and children raped mothers. The dead were left unburied and the inversion of social norms and perversion of accepted values constitute destruction of the social order that undermines a coherent sense of life and meaning, in itself a traumatic experience. Sideris (2003) suggests that in a conflict where the domestic sphere was a primary site of conflict, women are at the centre of the battlefield. Nordstrom (1991) also argues women are linchpins of domestic life and therefore strategic targets of attack. Hence the devastation of social and economic infrastructure causes immense human suffering. This analysis by Nordstrom (1991) is helpful in understanding the effects of civil war on women in Luwero.

Sideris (2003) argues war causes ‘injury to the spirit’ of individuals that led to a loss of social belonging/identity. The loss of culture in its broadest sense is one of the worst outcomes of war for Mozambican women refugees. The destruction of social and cultural order becomes manifested in subjective forms of distress and plunder of their land was an attack on women’s personal and social identity. As individual identity is very closely linked to sexual identity, sexual assault is also an assault on the very core of a person’s self (Feldmann, 1992: 6). Sideris (2003) argues it is the social construction of what it means to be a man or woman that places one of the heaviest

burdens on women as ‘bearers of culture’. The effects on identity as described by Sideris (2003) help us to conceptualise the experiences of women war survivors in Luwero.

The current study explores torture in relation to power and identity. Agger (1989) suggests sexual torture of men aims to induce sexual passivity and abolish political power and potency, whereas the sexual torture of women is the activation of sexuality to induce shame and guilt. Gender intersects with other social forces, such as race, class and ethnicity, to frame experiences of organised violence (e.g. Agger, 1989; Sideris, 2000). Nordstrom (1991) argues that sexual assaults attack the core constructions of identity and security in their most personal and profound sense. Whilst Goldblatt and Meintjes (1996) take the view that sexual assaults in the context of war are institutionalised acts that make public the private. In Luwero, it will be demonstrated that sexualised torture can be understood as gendered attacking of the core identities of men and women, leaving men powerless and women guilty and ashamed. Hence, for the purposes of the current study to Agger’s (1989) analysis it is useful to add Nordstrom’s (1991) conceptualisation.

Halim (1998) discusses the rape of women as ‘war booty’ in Sudan. Women endure mental and physical violence of forced labour and forced reproduction, but over and above this rape ‘destroys their souls and their self-esteem’ (Halim, 1998: 94). In the religious conflict from 1885 to 1889 many women avoided rape by throwing themselves into the Nile River (Halim, 1998). Women combatants were also subjected to forced marriages. Likewise in Luwero, it is argued rape and impregnation were an attempt to destroy the souls and self-esteem of the Baganda ethnic group.

Halim (1998: 91) describes culturally it is women's brothers and husbands who feel injured because rape is an act against their honour as women live through others and carry honour for the men in their families. Halim's (1998) analysis can be applied to the context of Luwero where men's ownership of women's sexual conduct positions women as the first property to be attacked and violated in times of conflict.

According to Green (1999: 90), 'rape and other forms of torture and ill treatment have long been recognised as part of a military strategy' and 'sponsored by the state or not, rape is a weapon of political terror' (Green, 1999: 87). Women are exposed to a distinctive pattern of torture e.g. forced sterilisation, forced pregnancies, and cultural violence or abuse and 'rape was widely used as a political weapon by the apartheid government' (Green, 1999: 88) and 'violence against women is increasingly being recognised as an obstacle to political and economic development' (Green, 1999: 1).

Rape during war, in whatever context, is founded upon the assumptions of power, domination and gender identity (Hague, 1997: 30). The current research analyses construction of gendered identities and gender relations during and following civil war, as they are not well understood (see Hague, 1997). Rape is also a central tactic for 'ethnic cleansing' taking the form of mass rapes and forced impregnations where identities of individual women are lost and replaced with the notion of the 'rape of the nation' (Eisenstein, 1996). According to Gonsalves (1992) ethnic cleansing tends to involve attempts to eradicate vestiges of cultural and collective identity. The current study explores how ethnic cleansing was directed onto the bodies of the Baganda women in Luwero. As Eisenstein (1996) states in Green (1999: 90):

Ethnic cleansing directs its fears and desires onto the bodies of women. On the one hand, women are idolised and revered, on the other hand, they are

brutalised, tortured and raped, and often killed. The rape associated with ethnic cleansing is set on destroying and annihilating the 'mother'. Because women are cultural symbols, representing particular communities, their rape represents the conquest of a territory.

Nationalism is expressed through gender and ethnicity and previous research indicates rape, violence and torture of women during war destroys the enemy's culture. Jeffords (1989) analysis of the Vietnam War literature enables race and class to become visible. Research in Somalia found women were raped because they belonged to a particular clan or ethnic group (Human Rights Watch, 1995) and in Rwanda both Hutu and Tutsi women were targeted (Human Rights Watch, 1996; McKinley, 1996). Cockburn (1998: 222) writes how aggression during wars is focused on women's identity. Rapes have meaning specific to the ethnic and patriarchal relationships of war. In Bosnia rape was described as 'the assassination of the subject self' (Medica Women's Therapy Centre, 1995:1). This study aims to determine how culture and ethnicity were used as a military strategy with a political aim in Luwero and how women's identities were reconstructed by their experiences.

Constructions of power and empowerment

As Foucault (1979) shows, issues of abuse are inextricably linked to power. Randall (1987: 71) views power relationships as gendered and that women should unite in common cause. This may not always be possible particularly when there are differences of class and race. The research recognises the powerlessness women can experience following sexual violence and torture during war, and seeks to determine the processes they have used to gain control over their lives and deal with trauma. Agger (1992: 126) describes one woman's adjustment to trauma: 'she saw how a traumatic experience can lead to insight, to rebellion, to greater wisdom about life'.

The current study takes a critical stance to the empowerment approach. Herman (1992) argues that in the protected environment of consciousness-raising groups, when women spoke of abuse other women believed them. However, writers such as Tal (1996) argue some women are believed and others, especially black women, may be ignored. Rozario (1997: 53) points out that effective empowerment models have limitations as they ignore the direct power blocks such as lack of access to basic resources or real political power. She identifies two concepts of empowerment: the individual and collective. Individual empowerment focuses on changing the person rather than changing the power relations in society. Friere (1985) uses the term collective empowerment in the context of Marxist liberation theology, of collective action against an oppressive system. He prefers the term liberation of conscientisation, which he conceptualises as a group process and social act, since the individual alone cannot change power relations in society. This conceptualisation includes education and political action to critique domination, challenge inequality and transform oppressive social structures. However Rozario (1997) points out the conscientisation approaches fail to tackle the causes of women's poverty-stricken subordinate position and development programmes work through existing power relations rather than questioning them, so the benefits go to those who are already powerful reinforcing existing inequalities (Friere, 1985; Brooke, 1995.). Kabeer (1999) conceptualises empowerment as a process of change moving from disempowerment to empowerment. Choice is central to this concept of power and is qualified by the conditions, consequences and challenge to or reproduction of social inequalities. This study finds Kabeer's (1999) conceptualisation useful in understanding how Ugandan women war survivors might become collectively empowered. It also recognises the role Non-government organisations play in this process (Yuval-Davis, 1997: 120).

Taking back control of one's life is an important aspect in successful approaches to therapy and incorporates a political and feminist approach to recovery (see Summerfield, 1997: 35; Liebling and Chipchase, 1998: 2000). Research has found an overwhelming loss of perceived power and self-esteem in war survivors (e.g. Carballo et al. 2004) and strategies related to increasing self-reliance and optimism show success for adolescents coping with conflict in Gaza (see Hundt et al. 2004). A focus on resilience is a key aspect in recovery (see Rutter, 1985; Littlewood, 1991; Almedom and Summerfield, 2004) and approaches that emphasise community participation, empowerment and self-help have also shown success (Midgley, 1997). The current study explores women's expression and recovery from the effects of sexual violence and torture through collective community activities that increase power and control over their lives.

International research discusses the fact that women have been actively involved during wars (e.g. Cherifati-Merabtine, 1994; Yuval-Davis, 1997; Wilford and Miller, 1998). Anthias and Yuval-Davis (1989: 7) described the various roles women have played in national and ethnic struggles. They take the view that 'women are constituted through the state but are also often actively involved in countering the state processes' (Anthias and Yuval Davis, 1989: 11) and that 'the roles that women play are not merely imposed upon them'. The ways in which women have tended to participate in ethnic and national processes and in relation to state practices, according to Anthias and Yuval-Davis (1989), are used for the analysis in chapters five and six.

Tripp and Kwesiga (2002:71) feel the current political environment in Uganda has encouraged women's participation in politics and development programmes. The current study utilises the concepts of agency and collective empowerment to analyse

women's roles during and following civil war in Uganda. It also provides an analysis of the ways in which women's participation in political processes increased following the Luwero war (Museveni, 1997: 90-92).

The current research views the process of testimony as resistance and seeks to provide further understanding of Ugandan women's acts of survival and agency. Using in-depth qualitative interviews and a feminist approach to analysis, the experiences of Ugandan women are highlighted not only in terms of their vulnerability during the war years, but also with recognition of their acts of resistance. As Zur (1977) argues the act of remembering often turns private memories of victimisation into articulated political acts of resistance. The current study attempts to provide knowledge about whether women focus groups are one effective way of starting to heal traumatic war experiences within the Ugandan context.

Challenging the medicalisation of women's experiences: A holistic framework

Much literature on the effects of women's experiences of sexual violence uses a trauma model and studies have indicated the psychosocial and mental health consequences of conflict have been neglected (Medecins Sans Frontiers, 2000). In 1980, the American Psychiatric Association (APA) acknowledged the existence of Post Traumatic Stress Disorder, PTSD (APA, 1980: 236). However, in situations where women have experienced persistent atrocities, the experiences themselves may have become normalised (see Ahn, 1999). PTSD, as a concept is not gendered and is western. The current study finds Herman's (1992) model of complex post traumatic stress disorder helpful as it covers a spectrum of conditions, rather than a single disorder. However, an alternative conceptualisation of trauma is proposed as a

deconstruction of identity by drawing on Bourdieu's understanding of the self (Bourdieu, 1990). Bracken and Petty (1998) state, very serious problems arise if the trauma discourse is used within non-western societies, as it tends to neglect the social, cultural, and moral reality of people's lives, as well as the significance of meaning (Pupavac, 2004). Bracken (2002: 187) argues PTSD is an exaggerated form of the pervasive cultural anxiety over meaningfulness and personal identity, a disorder of meaning. According to Shepherd (2000), PTSD overlooks how distress is mediated by political or religious convictions, cultural beliefs, social circumstances, and previous experience of adversity and not simply by the distressing events themselves. Some of the dangers of the application of Western schema to developing countries include pathologising normal responses, lack of attention to the socio-economic context and cultural bereavement, bias towards individualised treatment approaches, misperception of symptoms, and reduction of the meaning of the traumatic experience (see Snider et al. 2004: 390). According to Wessells (1999), the meaning people give to traumatic events have powerful implications for recovery. Examination of the origin and usefulness of PTSD in relation to war veterans have demonstrated the social constructions of disease categories (Young, 1995; Shepard, 2000).

Bracken and Petty (1998: 58) recommend establishing ways of supporting people through times of suffering by listening and hearing their different voices in a way that does not impose an alien order. The experience of a disaster may in fact pull a community together (Rogers, 1993) and Snider et al. (2004) suggests approaches are required that are respectful of local cultures, beliefs, resources and avenues for healing based on community priorities. However, the recognition of PTSD may provide space for war survivors to be listened to and Cockburn (1998: 188) describes one woman in Bosnia who was seen by visiting therapists from Germany. She says, 'nobody had

asked me in my work before how I was feeling.’ Cockburn argues the socialist system left no room for that.

The analysis used in the current study challenges medical diagnostic criteria as an individualised western concept of trauma that may not be transferable to a Ugandan context, where women usually re-establish their social connections through cultural processes rather than therapy (see Hundt et al. 2004). A framework of deconstructing PTSD and the effects on identity construction is found to be a more useful means for analysing women’s war experiences in Uganda. The process of being listened to is adopted and the usefulness of this approach for Ugandan women is elaborated upon.

Notwithstanding the above, previous research in Uganda with women war survivors found the existence of trauma symptoms (Bracken and Gorst-Unworth, 1991: 657; Musisi et al. 1999: 4). However, women’s lack of power within traditional medical settings is problematic and research in secure settings has indicated the medicalisation of women’s traumatic experiences pathologises and disempowers them (Liebling et al. 1997). Waysman et al. (2001) argue those who view themselves in charge of their fate are more likely to have positive outcomes following traumatic experiences. According to Giller in Bracken and Petty (1998: 125) little is known about how women in different sociocultural circumstances have coped with their experiences. The current study finds Parker (1996) and Summerfield’s (1999) approaches helpful as they argue if mental health care strategies are to be effective they have to account for cultural differences. Hence the current study challenges diagnostic approaches and aims to extend knowledge about Ugandan women’s own ways of dealing with extreme adversity (Liebling and Ojiambo-Ochieng, 2000), whilst recognising their unmet needs.

The current study views the effects and resulting needs of women's war experiences in Luwero within a holistic framework that takes the 'whole person' into account. This encompasses the idea of positive health and well being that values lay perspectives. Medical sociologists such as Nettleton (1995: 37) describe how beliefs about health are rooted in the wider socio-economic structures in which individuals live. Lay health beliefs are shaped by people's structural location, cultural context, personal biography and social identity. Illness is a social as well as a medical phenomenon, which also has gendered aspects (Lorber, 2000). This study places emphasis on Ugandan women's own perspectives of their health needs within their social context and this approach is a crucial element to further health interventions.

Women's health cannot be divorced from international political and economic structures due to the fact that women are often poor and powerless, as in the present study. Gender together with race, culture and social class, constitutes the grounding for understanding individual pathologies. Illness and health are deeply embedded in women and men's social worlds and how this impacts on their bodies (Lorber, 2000: 101-102).

Health as a human rights issue

Violence against women is perhaps the most pervasive yet least recognised human rights abuse in the world (Heise, 1993: 171).

The issue of women's rights within and following civil conflict is of great importance (e.g. Moghadam, 1994). The current study analyses Ugandan women's experiences during war and the consequences of these as a human rights issue. Gender violence has escaped sanction as it has not been viewed as violence and because the public/private dichotomy has insulated its most common, private forms (Bunch, 1990). Rape and other gender-specific violations are still not recognised in humanitarian laws

as crimes of violence against women by reason of their gender. However, as Brunet (1998) notes, the horrific crimes perpetrated against women in Rwanda and former Yugoslavia are addressed in the wording of two ad hoc tribunals created to judge the perpetrators of crimes against humanity and of war crimes committed in these two contexts. The UN World Conference on Human Rights held in Vienna in 1993 clearly points out that women's rights are to be recognised and protected as human rights. This declaration also acknowledges violence against women is a serious violation of fundamental human rights (see Muthien and Combrinck, 2003).

In Uganda, Tamale (1999a: 99) describes article 33 of the Ugandan Constitution that articulates women's rights and fully reflects the spirit of the convention. However, Muthien and Combrinck (2003: 18) conclude the development of international human rights law of a right to be free from violence is currently of little more than 'symbolic' value for many African women. The current study finds Martin and Hashi's (1992) approach helpful as it emphasises the need to remove the legal barriers to economic empowerment.

Little is known about the quality of health care in most developing countries' (Das Gupta, 1989: United Nations, 1991). Gender violence has particular implications for reproductive health and choice and rape gives men the ability to 'undo' in a single act, all the reproductive freedom and autonomy women's rights activists have fought so hard to guarantee (Heise, 1995). This is particularly the case during war.

Summary

If the quality of women's health care in developing countries is to improve, it is essential that policy makers and donor agencies make this an explicit item on their agendas. Without their commitment, it is difficult to envision how services can change for the better. (Mensch, 1993: 246)

The specific health needs of women war survivors who experienced rape, violence and torture during war in Luwero is an area that is historically neglected in the literature. The current study builds on previous interventions in Luwero (see Musisi et al. 1998; 1999) to provide further in-depth analysis of women's narratives of their war experiences and resulting needs. As Rist (1994), in Heise et al. (1994: 1174-1175) states 'research plays an important role in three stages of the policy-making process: policy formulation, policy implementation and policy accountability'. The study also aims to have a positive effect for the women who participate as Rosenthal also writes (1998: 10):

Further research is necessary if one is to get a clear insight into the specific problems caused by sexual violence across different generations. Only if these women are allowed to talk openly of the suffering they went through will they be able to take some distance from the past.

A feminist approach is adopted for understanding the experiences of women war survivors in Luwero and this is firmly grounded within their social and cultural context. Whilst recognising women's extreme vulnerability to sexual exploitation and torture, this study aims to provide further knowledge of their agency, resistance and action (see Anthias and Yuval-Davis, 1989), as well as the processes used for collective empowerment.

A gendered analysis demonstrates what took place in Luwero amounted to

genocide and women were targeted due to their social, ethnic and national construction (Lentin, 1997). The torture of men and women by the warring factions was an act of aggression by Acholi soldiers against the Baganda tribe and the body is central to these experiences (Scarry, 1985; Bakare-Yusuf, 1997). Concepts of militarism, nationalism and patriarchy also play a central role within the analysis. The total devastation of the social and economic infrastructure in Luwero is an attack on the culture and identity of the Baganda people fought on the bodies of local women and men. Nordstrom (1994) argues because societies derive their specific form, their self-image and their definition of reality from cultural cohesion, its destruction is of outstanding importance.

Existing diagnostic criteria of PTSD are challenged and a greater understanding of the effects of Ugandan women's war experiences are created by listening to and analysing their narratives. War trauma is understood within the social and cultural context of Luwero as a deconstruction of identity and Bourdieu's understanding of the self is utilised (Bourdieu, 1990). This is combined with approaches that recognise the various roles women play in ethnic and national struggles (e.g. Anthias and Yuval-Davis, 1989).

The study seeks to determine how far health policies have assisted Ugandan women and assesses their ongoing needs with a particular emphasis on reproductive and gynaecological health. Priority areas for action by the Department for International Development include 'universal access to reproductive health services by 2015' and 'a more effective global response to HIV/AIDS' (DFID, 2000: 32). The current study investigates the implications of the needs of women war survivors for changes to current health service policy in Uganda. Women's resulting needs are viewed as a human rights issue (see Holst, 1997: 73; Short, 1997; 1999; Cunningham et al. 1999).

The study recognises how power and politics affects decisions about health policy (see Walt, 1994). It also aims to incorporate women's voices into proposals for creating gender-sensitive services for women war survivors (e.g. Cunningham et al. 1999), within a political framework that promotes resilience and galvanises dormant communal responsiveness (Joseph et al. 2003). It also attempts to determine how effective a human rights discourse has been in obtaining justice for women war survivors in Luwero. As Bunch and Carrillo (1992: 22) conclude:

Attempts to integrate women into development are doomed to failure if they do not address the issue of violence against women.

Chapter Three

Background and context of the civil war years (1981 to 1986)

Introduction

Chapter three provides an analysis of the context of the civil war years between 1981 and 1986 in Uganda. An argument is provided as to why the civil war took place and this is related to the complex historical context. The effects of imperialism on power struggles and relations between different ethnic groups, religion and class are considered. Relevant concepts for the current study are highlighted from Uganda's turbulent history. In the light of this background, the health context within Uganda is considered as well as the impact of the current political system on women's development.

Background to the civil war years and current government

Introduction and the pre-colonial period

The British forged Uganda between 1890 and 1926 and the name was derived from the ancient kingdom of Buganda. There are over thirty ethnic groups. The Bantu occupy the southern part of the country and constitute 50% of the ethnic groups and they comprise: Baganda, Banyoro, Basoga, Bagisu, Banyankore, Bakiga, Bafumbira, Batooro, Bakonjo, Bamba, Batwa, Banyole, Basamia-Bagwe and Bagwere. The remaining 50% are composed of the Atekerin group who originated in Ethiopia, the Luo group from Southern Sudan, and the Sudanic speakers of West Nile. It is difficult to categorise the confines of different ethnicities in Uganda but the Baganda are the largest

single ethnic group. They occupy the central part of the country, previously called the Buganda province. They are a Bantu-speaking people said to have originated from the Congo and their language is called Luganda (Nzita, 1997:2).

The Baganda believe in superhuman spirits and Gods who have particular functions. Within their culture marriage is a very important aspect and the more women a man has the more of a 'man' he is regarded. Hence the Baganda are polygamous and this has placed men in a position of power over women. The concepts of patriarchy and power are key in the current study.

The Baganda fear death very much as they do not believe that it is a natural consequence. All deaths are attributed to wizards, sorcerers and supernatural spirits. After almost every death a witch doctor is consulted. According to Kasozi (1994) and Nzita (1997: 12-23), the Baganda are very proud of their society and some believe their culture is superior to others in Uganda. Their sense of superiority was enhanced by colonialism when the British made them their allies in subjugating other ethnic groups and thereafter gave them a special status and power within the Protectorate of Uganda.

The Baganda are generally agriculturists, growing crops and keeping animals. Land is an asset of economic importance and it was all supposed to belong to the *Kabaka*, the king of Buganda. The Kabaka could grant and remove land to and from anyone without notice. Granting of land went hand in hand with political office. If any chief lost political power he would also lose control of the land. Land was not only an asset of economic status but also of political importance. The Kabaka used the land as an instrument for winning the loyalty of his chiefs. They remained loyal for fear of losing their land (Nzita, 1997: 18-19).

The Baganda had a centralised system of government that by 1750 was one of the best organised in the region. The head of state was the Kabaka, the King. After 1750 the Kabaka assumed a position of superior political importance. The other persons occupying positions of political and social importance were: the Prime Minister known as the *Katikiro*, the royal sister known as *Nalinya*, the Queen mother known as *Namasole* and the Naval and Army commanders known as *Gabunga* and *Mujasi* respectively. In the 18th Century Buganda usurped the position of Bunyoro as the centre of trade. When the colonialists arrived in the 1890s the Baganda supported them and adopted a new mode of economy based on trade and cash crop production (Nzita, 1997: 20).

According to Kasozi (1994: Chapter One), the nature and extent of violence in Uganda during the pre-colonial period was related to the structure of society and its level of development. African societies were divided into two categories, *stratified and nonstratified*. In nonstratified societies the power was not centralised under a king or ruling clan but spread horizontally through the social unit that was also the political and military unit. In both societies the *clan* was the main unit of social organisation. A clan consists of a group of people who claim the same ancestor by blood or kinship. In some areas clan members live in a single locality whereas in others they did not. Each ethnic group consists of several different clans.

Before colonial rule, most people of the northern and eastern regions of Uganda lived in nonstratified systems, and a few in the southern part. Disputes were resolved by the consensus of clan elders rather than an individual. However, interclan violence resulted in deadly conflicts where hundreds of people were killed. Maintaining harmony in the north of the country was also difficult (Weatherby, 1962).

Stratified societies were where power was distributed vertically through a graded system of status groups or individuals. At the top was the king, chief or clan leader. Power was centralised at the hands of the leader. The people of the kingdoms, Baganda, Banyankore, Batoro, Banyoro and Basoga, lived under hierarchical social systems. In Buganda there was no rigid division of society but power was concentrated in the king, clan leaders, fighters and chiefs. The rest of the people were viewed as 'commoners', enjoying no status beyond that of ordinary human beings. Power to make war and peace became further concentrated and the kings of Buganda usurped control of the use of violence for both external and internal purposes. Buganda's history is littered with the violence of kings who massacred their subjects whenever it pleased them (Kasozi, 1994: Chapter One). The concepts of power and its' abuse is a pattern in Uganda's long history of turmoil (Furley, 1987).

Prior to colonialism, Buganda was the most powerful kingdom; and as the administrative and commercial centre of the country it had always played a key role in the politics of Uganda, with the Baganda making up one fifth of the population (Furley, 1987: 2). It was also the area where Protestant and Catholic missionaries established themselves (Tripp, 2000: 29).

Women's political position in Uganda underwent substantial changes between the fourteenth and nineteenth centuries. A Baganda state from the seventeenth to the nineteenth centuries was brought together under the Kabaka involving people of different clans, customs, and languages in a common territory sharing a common language and culture. In early centuries women ruled as Kabaka's and two of the three kings were women. However, the practice of elite polygyny in the nineteenth century became an integral part of state formation, resulting in women's loss of claim to

political leadership (Tripp, 2000: 30-31). In the other three Ugandan kingdoms, Ankoli, Teso and Acholi, female chiefs were common at the turn of the century and women leaders could have extraordinary powers (Maddox, 1946). Women were foretellers in Iteso society and were able to predict the future and therefore virtually able to control the military leaders of the nineteenth century. Hence, within this context of Uganda's history women had status and power and empowerment is a central theme within the current study.

By the nineteenth century the king of Buganda had absolute right to use violence and an uncontested right to make war or peace. State violence was concentrated most firmly in the hands of the Buganda Kabaka. Buganda had become a military machine that terrorised and spread its' violence to other areas of Uganda (Kasozi, 1994:21). According to Furley (1987: 1) the problem of the Baganda wanting to maintain their own kingdom, originated by the British, has been a difficult issue for all governments to deal with up until the present day.

The mixture of religion and politics can also be traced back to the later 19th Century, when Protestants and Catholic missionaries tried to gain converts (Furley, 1987: 4). Religious violence caused substantial damage to human and animal life in Buganda. Beginning in 1888, political parties based on Protestant, Catholic and Muslim religions, overthrew the king of Buganda. They wanted to gain power and formulate laws derived from their new religious beliefs. Foreign religions became the springboard for political mobilisation. Kasozi (1994: 27) argues that the bitterness of religious wars has continued to colour the relationships between Protestants and Muslims in Buganda ever since.

Ethnic and religious fragmentation increased the possibilities of conflict as different groups competed for the country's meagre resources. Greedy politicians exploited these cleavages. In the religious wars in Buganda from 1888 to 1893, religion became not only a basis for identity but also a tool for political mobilisation. After the 1900 Agreement between the colonial officials and the Baganda elite, religious delineation's also signalled class distinctions as the elite obtained access to political power and resources. When Ugandans voted for leaders who would steer the nation to independence in 1961-1962, religion influenced voting behaviour as much as ethnic and personal considerations (Furley, 1987; Kasozi, 1994: 8).

The colonial period (1892 -1962)

Before the Europeans arrived in Uganda, the political system was viewed as the 'largest and mightiest African political system in East Africa' (Gukiina, 1972: 43). Lunyiigo-Lwanga (1989: 24) argues that 'colonialism failed miserably through omission or commission to lay the foundations for the building of a nation out of the Protectorate'. According to Odongo (2000: 33), the British, who did not find it desirable to empower local Uganda people, ignored this elaborate democratic system of governance and kingships that existed prior to colonisation. Policies were made by the British and implemented by the Kabaka's government in the Buganda kingdom. In 1900 the colonial government divided all land into crown land. This was said to be the property of the Queen of England granted to chiefs and members of the Kabaka's family. This resulted in the creation of a collaborating land-owning elite. In Buganda, the original component of British rule was established by exploiting internal conflict between politicised religious groups, the Roman Catholics and Anglican Protestants,

and traditionalists who allied themselves with the Protestants. Hence, violence was used to consolidate Uganda as a geopolitical entity (Kabwejere, 1972; 1974).

In the 1890s Uganda suffered a religious war, as rivalry was so intense between the two Christian communities. The Muslim faction also played a part, and this pattern recurred again during Amin's time. According to Furley (1987) little was done to inhibit the religious rivalry in the colonial era and:

There were few non-sectarian government schools and mission schools based on one or other denomination predominated: the 'old boys clubs', which were so influential in politics, were the same and sectarian loyalties tended to permeate many aspects of life, above all politics (Furley, 1987: 4).

Nabudere (1980) states that Africans led the violence and uprising against colonial rule. The British practice of using Baganda agents as subimperialists to help establish colonial rule was a further cause of violence. The British treated other groups, apart from the Baganda as inferior and one British man wrote 'the Lango are raw savages'. It is interesting to note that Obote belonged to the Langi ethnic group (Ingham, 1994). Hence, the Baganda were often at the receiving end of anticolonial violence. Wherever Baganda agents were sent the administrative structure they introduced resembled Buganda's hierarchical structure that gave complete control of violence to a single individual. The influx of Baganda into neighbouring ethnic group areas and their obtaining of chieftainships enabled them to impose their language customs and Christianity on local people and this created hostilities, conflicts and resentment (Gukiina, 1972). Part of the anti-Baganda resentment in the rest of Uganda arose from this injustice and many died in conflicts. The nonstratified societies detested the introduction of stratified social institutions. The chief in Buganda enforced law and order, collected taxes, mobilised labour for public works, implemented colonial orders,

and had to be obeyed by all (Low and Pratt, 1960). Many Ugandans were exiled in the struggle against this regime that resulted in further violence and dislocation.

In 1892 Catholics and Protestants fought for control of the state at Mengo Palace, Kampala. The Protestants won with the assistance of Imperialists. Muslims staged a comeback and another war was fought. The Protestant victory at Mengo was enshrined in the terms of the 1900 Buganda agreements with the British. Furley (1987: 1) expresses the view that superior British military strength lay behind this agreement. Henceforth, Protestants became the established religion, Roman Catholics took second place and Muslims were marginalised to the lowest stratum, of society and owned little land (Kasozi, 1994: 28).

From 1894 to 1922, Uganda was subjected to a colonial pattern of development planning based on demands of an external market in industrialised Europe and the domestic demands of an urban elite (Jorgensen, 1990). Like other former colonies, it was linked to an international economic system as a dependent peripheral nation. As its' economy was dependent so too was its' class structure. Independence was granted to Uganda before an indigenous class structure was solidified (Nabudere, 1980).

Barongo (1989: 87) discusses the importance of political decentralisation in controlling group conflict, particularly of an ethnic kind, as being important in Uganda's history. He argues that the colonial government used this principle with some success. According to Roberts (1962), the colonial period was violent but less blatant and cruel than the violence that erupted under African leadership. Under British rule, all major ethnic groups were organised separately as independent autonomous states. Once independence was granted, there was no political system to unite different ethnic

groups. Hence in 1961, there was a failure to formulate a suitable system for Uganda and a British colonial system was adopted.

Traditionally to most Baganda, full participation in politics was an outright fundamental conflict of loyalty that a citizen owed to the Kabaka (Gukiina, 1972: 91). The economic advantages of the Baganda made them very unpopular with other Ugandans. However, they were disadvantaged with one respect as the colonial government had armed the economically disadvantaged Lwo and Sudanic speakers and demilitarised the Baganda and other Bantu speakers. This created a dangerous imbalance (Mazrui, 1973) whereby those who controlled the means of violence could dictate terms to the unarmed and since they were economically disadvantaged, the temptation for them to use these tools in order to rectify their apparently inferior social position was great.

Furley (1987: 2) argues that the North and South divide in Uganda was not just a matter of ethnicity and military power; there were also regional social and economic differences. Explorers and Christian missionaries favoured Buganda and development in terms of trade, education and religion blossomed in this region. Hence, the Buganda, produced the western-educated elite of colonial times and there was an unequal distribution of wealth and economic productivity within the Country. According to Mamdani (1983:6), British interests in Uganda were protected from those of the rival imperialist powers. Mamdani (1983: 8) argues, in the 68 years of colonial rule, Britain systematically cultivated and firmly established an intrinsic system that would keep Uganda dependent on imperialism.

Colonialism was also characterised in Uganda by a special mixture of ethnicity and religion with politics. Indirect rule meant political development within the four kingdoms tended to be sharply delineated according to their boundaries. Hence, in Buganda political activity was highly developed with different groups permeating the courts, government and representative assembly (Furley, 1987). Furley (1987) goes on to criticise the colonial government for forming administrative districts in the rest of Uganda based closely on ethnic groups.

With respect to women during this time, those belonging to the royal family wielded considerable informal power through their lineage positions. Schiller (1990: 462, 472) wrote in his 'The Royal Women of Buganda' article:

The hierarchy of political status took precedence over the hierarchy of gender status.

According to Musisi (2001), women in Kampala were labelled as 'bad' or 'wicked' and this came about in a period of cultural uncertainty created by colonialism, fostering the connection between urban women's marginalisation through economic dependency and control of their sexuality. Whilst the colonial powers privileged male labour, women's freedom in the city offered chances to scorn patriarchy and associate with men on their own terms. Women had seriously begun to threaten patriarchal control. The concept of women's agency is a central aspect of the current study.

The modernising and colonising processes gave rise to various different organisations including the women's movement. The Uganda Council of Women was created in 1946 to promote women's rights. One of the first major political actions by Ugandan women involved a group formed out of the Mother's Union who mounted an

anti-colonial protest surrounding the deportation of the Kabaka of Buganda by the British governor in 1953. Women formed an alliance of subgroups to rally support for the Kabaka. The governor would only speak to five women but they refused to leave the three busloads of women behind and brought all the women with them. In protest they refused to drink tea, only spoke Luganda, the language of the Baganda, did not comb their hair as they were in mourning, refused to sit on chairs and put their cheeks in their palms. They handed the governor a memorandum reprimanding him for not consulting the mothers of the nation before deporting the Kabaka. Several women's protests followed and years later in 1967, the governor admitted the women had been right (Tripp and Ntiro, 2002).

These actions represented the beginning of women's involvement in politics. After 1955 when the King was returned, women were brought into all local councils up to government. In the mid-1950s women raised concerns about marriage, divorce and concession rights. They took on issues surrounding the hypocrisy of the church, protested inheritance laws and debated marriage laws, property rights, and the right to work. The late colonial period was especially important as it was the prelude to independence and marked the beginning of efforts by Ugandan women to become more visible in the public sphere and mount protest to defend their rights (Tripp and Ntiro, 2002).

Independence (1962)

On 9 October 1962, Uganda achieved independence from Britain and became a republic. Independence was granted to Milton Obote, leader of the Uganda People's Congress, UPC, and a reportedly anti-Baganda party who were 'power hungry'. Obote

played a key role in the negotiations towards gaining independence (Ingham, 1994). He belonged to the Langi ethnic group from Northern Uganda and the majority of his party were Protestant. The centre of the party consisted of petty bureaucratic bourgeoisie from the disadvantaged regions of Uganda, especially the North. Kasozi (1994) argues they were intent on correcting the regional inequality that at that time favoured Buganda (Kasozi, 1994). Barongo (1989: 88) states that in 1966, when Obote embarked relentlessly on the process of political centralisation, a period of acute conflict and violence was established that has since characterised Uganda's political history.

Between 1964 and 1985 Ugandans were exposed to a level of violence that far exceeded that of any other people in East Africa. Well over one million Ugandans were killed during this period. The number of Ugandans slain for political reasons during the first Obote administration (1962-1971) ranged between four hundred and one thousand (Ryan, 1971) and during Amin's regime (1971-1979) those killed was estimated as high as 300 000 (Amnesty International, 1978). Between 300 000 and one million Ugandans were murdered during the second Obote regime, 1980-1985 (Uganda Resistance News, 1985a). In 1984, it was estimated that the Ugandan army had killed between 100 000 and 200 000 people, most of who were non-combatants, since 1980 (Washington Post, 1984).

From the time of independence in 1962 women's organisations were expected to demonstrate their allegiance to the UPC in order to gain any recognition. After 1966 women's organisations operated in a context of political instability with banning of large meetings making it difficult for them to thrive and members being reduced to 'social hostesses' (White, 1973: 239; Tripp, 2000: 48).

Kasozi (1994: 6) in his book entitled 'The Social Origins of Violence in Uganda' gives some other reasons for this period of violence that he describes as the *Ugandan holocaust*. These include: social inequality, substates and ethnic groups, flimsy mechanisms for conflict resolution, ethnic and religious factionalism, absence of an indigenous property-owning class, decrease in national production, parochial, weak and poorly educated leaders, and language problems. These ideas are expanded on briefly.

By the time Uganda achieved independence, it was structured around various inequitable and potential volatile social relationships, some of which predated the colonial era, others were instilled by the colonial regime, nearly all of which were exacerbated by foreign domination before 1962 (Furley, 1985). Uganda was linked to the industrialised world in an unequal relationship resulting in impoverishment of local people and transfer of resources to other countries in East Africa. At local level inequalities were manifest in overlapping disputes between regions, races, ethnic and religious groups, classes and genders. These resulted in income differentials that often coincided with ethnic and racial divisions of society, as did social stratification based on education, occupation and location. The higher incomes of Asian businessmen for example set them apart from African people leading to social fragmentation and violence.

There was also inequality in terms of access to the means of violence. In most countries those who wield political, economic and ideological power also control the means of coercion. However, in Uganda, it was the economically disadvantaged groups from the northern parts of the country that controlled the instruments of violence.

According to Kasozi (1994: 6-7), this generated structural violence out of which political, military and civilian violence erupted.

The presence of four substates made it difficult to form a strong central government. Buganda, the central region, had a strong sense of its own nationality and occupied a privileged and resented position within the protectorate (Lee, 1965). The rulers of Bunyoro, Ankole, and Toro considered their small kingdoms equal in status to Baganda and demanded similar privileges from the central government (Ibingira, 1973; Kasozi, 1994: 7).

The colonial government had failed to create a central political institution where all Ugandan leaders from each region could sit and resolve disputes, draw up common legislation and strategy. Directly elected Africans did not sit on the Council until the 1950's. There was too short a time for the parliament to take root as a political institution. At independence in 1962, more than forty percent of members of parliament were freshmen. They had not learned the procedures nor learned to respect it as the ultimate source of law or a legitimate mechanism of conflict resolution (Kasozi, 1994: 7).

According to Kasozi (1994: 9-10), levels of violence were also expanded by Uganda's negative performance in the economy during the period 1969 to 1985. Obote's second regime ruined the economy and choked Baganda's productive and entrepreneurial spirit. This led to violence as the struggle to control reduced resources escalated and violent social behaviour spread throughout Uganda's social fabric. Political participation was confined to a weak group, the petty bourgeoisie which, having no economic base in society, participated in politics for personal gain. There

could not be lasting political institutions and hence peace because of economic insecurity (Kasozi, 1994: 10).

The absence of a common language to join ethnic groups was a major obstacle to national integration. To date more than thirty distinct languages and dialects are used in Uganda belonging to four language groups the Bantu, Low, Sudanic and Nilo-Hamitic. Since independence, English has been used as the official language of administration but English speakers are few (Ladefoged, 1967). As the majority of Ugandans do not speak English it is clear it is a stratifying agent separating society into two groups; the privileged who speak it and the deprived who don't (Mazrui, 1967).

Following independence political violence grew out of the deadly competition amongst various members of the fragmented political elite to grab state power as a means of securing economic benefits for themselves. Obote's main goal was to address the challenges of Bagandan subnationalism and dominance in an independent Uganda. Obote himself was not highly educated and dropped out of Makerere University before completing his bachelor's degree. Hence, politics was his main source of income. Although he tried to build his party, the UPC, as a nation-wide party, it tended to be a composed of ethnic groups from the north. (Furley, 1987:4). A political struggle emerged between the Baganda neotraditional members of the Protestant rulers and the moderates in Buganda. These moderates faced nationalist extremists who hated Buganda (Kasozi, 1994: Chapter Three).

On 23 May 1966 Obote sent his then loyal lieutenant, Idi Amin to surround the Kabaka's palace and Sir Edward Mutesa II, the Kabaka, fled to Britain, where he died in 1969. The palace fell to Amin. As Kasozi (1994: 86) wrote:

The Kabaka was the core of Buganda's collective identity. When the Kabaka died active social life ceased, everyone felt the loss, the state was literally dead. Law and order broke down, civilised life ceased. The vandalising of the Kabaka's palace was to the Baganda more than a political error. The Kabaka was not only the political head of the Baganda but the expression of what they were as individuals. He was the leader of the clan heads and therefore the clan head of every Muganda (Kasozi, 1994: 86).

Obote alienated the Baganda redistributing wealth to other regions of the country. Obote's party held other ethnic groups back in terms of economic development, regardless of the risk this posed to national development. The state or 'white' immigrants, but not black Africans were allowed to participate in economic development. Nothing was permitted if it benefited the Baganda. Obote also tried to influence religious policy. He was partially able to influence the Protestants and Muslims due to weaknesses in their institutions. He disseminated his views in Muslim gatherings and mosques. Obote failed to influence the Catholic Church (Mujaju, 1976) but used the Pope's visit in 1969 to try and win their sympathies.

Amin eventually deposed Obote in a bloody coup d'état on 25th January 1971 and the Baganda rejoiced as they 'hated' Obote after what he had done to the Kabaka, their beloved king (Furley, 1987). Many writers claim imperialists masterminded this coup but this has not been corroborated by history (Odongo, 2000: 58).

Idi Amin Dada (1971-1979)

Initially Amin was very popular in Uganda and Britain also supported the regime (Furley, 1987:6). However, Amin used violence more openly than his predecessors in his 'reign of terror' and eliminated all of his enemies. According to Kasozi (1994: 104), 'his aim was merely to have power and reap the benefits'. He

recruited members of his own ethnic group, the Kakwa, from the extreme northwest of Uganda, into his army regardless of their citizenship. He was a Muslim himself and used the 'Islamic-Arabic card' to his advantage and wielded ideological power (see Mamdani, 1983). He used foreign powers that Obote had alienated and played on religious groups to increase his own authority. He wanted to build a popular political base on the religious emotions of Ugandans of all faiths, and portrayed himself as a religious man. However, although initially good to all faiths in time he wielded tight control over Muslims. According to Jorgensen (1981), Amin tried to reverse the effects of colonial rule, during which the British bias against the Muslims and state subsidies to mission schools had steadily eroded the status of Islam. Religious affiliations became increasingly politicised under his regime, so much that Muslim supporters were presumed to be Amin supporters and Christians, especially Protestants, were assumed to be opponents (Jorgensen, 1981: 306). Amin alienated many Christians and brought Muslim-Christian relations in Uganda to their lowest level and several Christians were killed. He also failed to restore the kingdoms and this upset the Baganda. He alienated the Acholi and Langi from the army and built his base with Kakwa and Nubi soldiers from northern Uganda. This created further violence and ethnic hostilities. Hence, the concepts of militarism, power, ethnicity and religion were key to understanding Amin's rule.

Mamdani (1983: 46-47) argues that during this era a military regime was developed into a fascist dictatorship and this also included the militarisation of the economy. Hence, state control over economic activities was increased. Jorgensen (1981: 276) takes the view that in handling conflict, Amin's regime followed the Obote regime's pattern of virtual capitulation to the military. Rather than facing the risks of denying demands for more arms, Amin redistributed resources from the non-military to

the military. According to Furley (1987: 6), this period was devastating for the economy and the whole infrastructure.

According to Kasozi (1994), Amin also passed a law that undermined the status of women. The 1973 Customary Marriage decree allowed official registration of African customary marriages and undermined all Christian efforts to stabilise the institution of marriage in Uganda. This jeopardised the status of women as a man could marry as many wives as he liked, marry into any ethnic group, transfer a marriage from one customary law to another or change it into a Christian or Islamic marriage. Amin's decree devastated the structure of the family because men were in positions of power and family violence, particularly wife battering, increased (Kasozi, 1994: 198-199).

Women experienced Amin's rule as particularly oppressive (Tripp, 2000: 49). He initiated various anti-immorality crusades and sought to clear the streets of unmarried women, who he regarded as prostitutes. According to Mamdani (1983: 52), during this era, 'fascism tried to hide its anti-women practices under a cloak of morality'. Amin's militia attacked women who allegedly violated these bans on the pretext of law and order and rape was a frequent terror tactic (Akello, 1982). In 1978 Amin passed a decree that established the National Council of Women but at the same time banned all women's organisations and controlled them with meagre budgets. Women's organisations remained suppressed under this and the second Obote regime. The relationship between the National Council of Women and the UPC was very uneasy and their attempts to control the delegation that attended the 1985 United Nations Nairobi conference became an important catalyst that spurred the move for an independent women's movement (Tripp, 2000: 51).

Human rights were completely disregarded during this era and political parties and activities were prohibited. A major incident by Amin's government was the expulsion of 75 000 Asians of Indo-Pakistani origin from Uganda (see Jorgensen, 1981: 287) who fled to different countries, although 20 000 were unaccounted for. Asians comprised the commercial and industrial class hence following their expulsion; the tax burden was shifted to the rural sector. The rural people revolted against Amin by not growing cash crops but instead selling subsistence crops in their local markets.

According to Furley (1989), the United States cut off trade with Uganda, after Amin threatened and harassed their citizens in July 1978. That Autumn Amnesty International, United Kingdom, published a report on Human Rights Violations in Uganda endorsed by the Ugandan Human Rights Committee with the plea that:

We urge this and other governments to cut off all trade with General Amin because this can create the conditions in which Ugandans themselves can remove the regime (The Guardian, 1978).

According to Furley (1989), this crucial point was apparently ignored by the British government'. Tanzanians assisted Uganda in eventually overthrowing Amin but Uganda's pride as a nation was hurt. They had failed to change their government without the aid of external forces. The country was in chaos and according to Jorgensen (1981: 300), the race for wealth, as much as Amin's capriciousness, explains the increase in personal violence under the regime. There was a quick succession of leaders including Yusuf Lule, former head of Makerere University (Jorgensen, 1981: 320), then Godfrey Binaisa. Binaisa was removed from power by the UPC in 1980 and there then followed allegedly rigged elections when Obote seized power again later the same year. This process caused resentment and most Ugandans thought there was no alternative

but to fight to dislodge Obote and the UPC from its illegal assumption of political power. From February 1981, civil war and chaos raged in Uganda (Furley, 1987; Kasozi, 1994).

Civil War Years (1981-1986)

A good Muganda is a dead one shoot to kill (An inscription on a former Hotel at Nakaseke turned into an officers' mess for Obote's army during the Luwero war years, Kasozi, 1994)

According to Kasozi (1994: 145), 'if Obote had allowed the country to run its democratic course, the bloodbath of 1981 to 1986 could have been avoided'. However, he did not and civil war erupted in 1981. Obote's power base was within the military (Furley, 1987: 11). Ethnicity was a key to joining his army and political education identified the Baganda in particular and other Bantu speakers in general, as the enemy (Kasozi, 1994). There is much evidence that Obote victimised several ethnic groups that would not support him, including the people of West Nile, Kakwa, Lubara, Madi, Alur and the Nubi. These people, ethnically akin to Amin were perceived to have participated in the atrocities he committed and were also feared, as some were trained soldiers with the potential to fight back. The second group of victims was the Baganda and their lives were taken with impunity. Since the 1966 confrontation, Obote had viewed them as enemies and evidence indicated the Baganda did not like him, particularly due to the fact that he had ordered the expulsion of their Kabaka. The third group he suppressed was the Banyarwanda whom he considered unfriendly. Many were affiliated with the opposition Democratic Party run by Paul Ssemogere who led heroic political and psychological warfare against the Obote regime by speaking out against it (Furley, 1987; Kasozi, 1994: 162).

Furley (1987) argues that although Obote made commendable efforts to try and rebuild Uganda's economy, he had to deal with increasing guerrilla movements, which started in February 1981, and restore peace and security. Insurgency was then met with insurgency and civil war erupted. There were massive killings of civilians in this era and daily massacres were reported in the newspapers. People were abducted, prominent people tortured and killed, roadblocks were widespread, and the rule of law was completely undermined. People were imprisoned, tortured and killed, and holy places were desecrated.

The suppression of the Baganda people: the Luwero Triangle

I want to send a message to the Baganda exactly as the one I sent to the people of West Nile and Madi in September that I am going to let loose my forces on them and spill more blood than has ever been spilt (Speech by Obote at Soroti, April 1981, Uganda Digest, 1984 cited in Kasozi, 1994: 180).

According to Kasozi (1994) a number of people in Baganda believe that Obote made this statement. He had identified the Baganda as his enemy since the 1966 expulsion of their Kabaka and related conflicts. Armed struggle against Obote started almost as soon as he grabbed power in 1980 with many uncoordinated and ineffective resistance groups. The civil war years raged from 1981 to 1986 and gradually the National Resistance Army acquired territory, including the notorious 'Luwero triangle' a crucial region in the dispute (Furley, 1987: 17). As fighting intensified the residents of Luwero were heavily persecuted, particularly by Obote's army, the Uganda National Liberation Front, UNLF. Hundreds of skeletons and antibaganda slogans remain in this area to this day. Concentration camps were created in the area and thousands of people were herded into relief centres whose conditions were similar to those of the Nazi death camps. Bwengye (1985: 303) argues women were raped with impunity in these camps.

All males between the ages of nine and thirty-five were either shot or driven away on trucks: all females aged nine to thirty-five were either raped or forcibly taken as concubines (Mutibwa, 1992: 155; Kasozi, 1994: 183). Government agents took away people from the camps for torture. The army carried out a system of ransacking villages and every conceivable item of property and the main crop, coffee, was taken. That Luwero was the 'killing fields' of Uganda was evident from the skeletons, roofless houses, unkept roads and destroyed houses. The UNLA destroyed structures that supported social life for instance, schools, hospitals, clinics, health units, roads etc. (Mukama, 1984). The catastrophic destruction of the infrastructure affected the provision of food, shelter and medical care leaving people susceptible to disease. The destruction of social, economic and cultural capital (Bourdieu, 1984) is a central part of the analysis in the current study.

Torture was widespread throughout this period commonly using molten rubber that was set alight and dripped over the victim causing immense pain and extreme burns. Sexual torture involving the genitals was common. For instance, a victim was made to sit on a chair, had a brick tied around his scrotum and then was forced to stand up and this caused the brick to wrench his testicles. For women, rape was part of their daily lives and cutting off the breasts was also practised. Children and women in Luwero District were forced to marry UNLA soldiers, infected with sexually transmitted diseases and impregnated (Bwengye, 1985: 304; Kasozi, 1994: 156).

The brutal elimination of thousands of people, mostly men, removed a multitude of breadwinners and also created substantial numbers of widows and orphans across Uganda (Harmsworthy, 1985). The Baganda in the Luwero Triangle particularly suffered (Mutibwa, 1992: 162). In Luwero 1.7 percent of children one to four years of

age were orphans, compared to 0.1 percent in the peaceful Kabale district. It was also estimated that about 17 000 children aged four and under were disabled and became permanently handicapped in Luwero and Kabale districts alone. According to Kasozi (1994), before colonisation, people were not supposed to engage in sexual intercourse before marriage and girls were expected to be virgins or face rejection. By the 1960s female virginity was no longer a symbol of virtue and violence further undermined this. Children were born out of wedlock and sexually transmitted diseases and AIDS had spread (Vincent and Bond, 1989). According to Bwengye (1985: 264), Obote allowed his soldiers to carry out widespread killings, raping of women and looting of property of defenceless innocent citizens. Bwengye (1985: 289) refers to this period as 'real genocide' (see also Mutibwa, 1992: 159) and 'the bloodiest Africa has ever seen'.

During this regime the international community was reluctant to publicise human rights violations in Uganda and the Commonwealth arranged to help train Ugandan soldiers even though it was aware Uganda needed political more than military solutions. The International Monetary Fund, the World Bank and other lending agencies came to Obote's rescue by pumping more money into the country than ever before (Furley, 1989; Mujaju, 1989). Obote seemed to have a strong political base outside of Uganda and several supporters abroad.

Government forces violated the religious sentiments of many Ugandans (Press Release, 1987). The Catholic Church particularly bore the brunt of government violence, although Muslims and Protestants also suffered under Obote's regime. One most significant incident was undertaken at Namugongo in May 1984. Shooting, looting, rape, killing, destruction of property, and a complete breakdown of law and order consumed this area. An Anglican Reverend was killed and a mosque desecrated.

Namugongo brought together Roman Catholics, Protestants and Muslims. Its' desecration was felt by many in Uganda as an attack on what they considered to be the most holy place in the country. This was an era of unprecedented human rights abuses in Uganda's history. This massacre was a turning point in Obote's relations with the West, most notably the United States and Britain (Furley, 1987; Kasozi, 1994). Amnesty International revealed human rights atrocities in 1982 and petitioned Obote to halt the abuses (Amnesty International, 1982). In June 1985 they published a detailed report of particular crimes (Amnesty International, 1985). Eliot Abrams, the United States assistant secretary of state testified in 1984 that between 100 000 and 200 000 people had been killed in Uganda since 1981, especially in the Luwero triangle and listed numerous instances of human rights violations (Uganda Country Report, 1984; Nabudere, 1988; Furley, 1989; Kasozi, 1994: 176). Hence the world began to know the truth and several Ugandans spoke out.

Hunger, disease and death followed the conflict. By the time Obote fell in 1985 Uganda could no longer be described as a state. Obote had created a favourable image abroad and several institutions had backed his regime thinking he would solve Uganda's political and economic problems. They had failed to account for the fact that Obote's regime 'lacked the popular support of the people' and the army was 'incompetent and undisciplined' (Tumwine, 1985). According to Kasozi (1994: 193) 'prolonged violence left permanent scars that are found in every facet of life'.

Yoweri Museveni's National Resistance Army, NRA, organised the uprising against Obote. Museveni felt their success was due to its 'correct line in military, political and organisational matters' (Uganda Resistance News, 1985b). Obote's stay in power was financed by foreign powers and once the brutality of this regime was leaked

to the outside world between 1983-1984 they started to withdraw their support. The Acholi/Langi alliance of his army weakened and rebellion started against him. Hence, Obote could no longer hold onto power, was deposed, and Tito Okello took over. The NRA later overthrew the indigenous government. Their victory was unusual as it was the first successful overthrow of an indigenous government by a locally based guerrilla movement (Kasozi, 1994). Nevertheless, the Acholi civilians who fled into the bush at this time needed much reassurance about their future (Furley, 1987).

Museveni's government

When Museveni came to power in 1986, he adopted some Marxist ideologies and formed the National Resistance Movement, NRM. He originated from the south west of Uganda and belonged to the Banyankore, a 'cattle-loving' tribe (Museveni, 1997: 3). He emphasises 'the mission of the NRM has been to modernise Uganda by reactivating the process which had been frozen by colonisation' (Museveni, 1997: 196). He also expresses the view it was colonisation that marginalized parts of the country, including the north by not introducing commercial agriculture there as they had done in Buganda (Museveni, 1997: 211). When Museveni came to power he issued a Ten-Point Programme in which the first point was the restoration of democracy (Furley, 1987: 28). Mutibwa (1992: 201) argues the NRM has tried to provide leadership based on full popular participation in both decision-making and implementation. This is the essence of the Resistance Council system it has introduced.

When the USSR disintegrated, Marxism became an outmoded social philosophy and Museveni began ruling Uganda with an ideology not based on a well-developed social philosophy that became known as the 'no party system' and he postponed the

democratisation process. According to Odongo (2000:69), ‘the referendum on political systems held in Uganda in June/July 2000 ostensibly to forward the democratisation process was a mockery of modern democracy’. His view was that Uganda had become a ‘one party state’ supported by foreign countries, including the United Kingdom.

The health context of Uganda

Although the mass media has reported extensively on Uganda’s wars, insurgences, and security problems, few social or medical researchers have studied how security or lack of it affects health, education, or other well-being issues (Barton and Wamai, 1994: 193). The current study analyses the effects of the war years on the provision of health care for women and men in Luwero.

Transport to health care facilities is a major factor for women in developing countries and a survey in rural Uganda found amongst the minority of women who delivered in health facilities, most walked or used a bicycle (Kasolo, 1991). If external donors wish to improve health services they need to formulate and implement strategies to avoid dependency and fragmentation (see Barton and Wamai, 1994).

The role of traditional care providers is often not recognised, despite community preferences for such services (Leslie and Gupta, 1989). This study seeks to explore how the gender of health care providers is significant in increasing women’s own knowledge as well as in the provision of gender-sensitive services. UNICEF (1990) argues, since the war ended enhancements in health services have been eroded by structural adjustment programmes and economic crises.

The health system inherited in Uganda at independence is based on a well-distributed network of hospitals and health centres. This system focuses on provision of curative care, and it was only in the late 1960s when programmes oriented to primary health care began to be developed (Macrae et al. 1993). According to Barton and Wamai by 1971:

Uganda's levels of trained medical personnel, numbers of hospitals and quality of medical services were amongst the best in Africa
(Barton and Wamai, 1994: 10)

However, during the 1970s the health sector collapsed: hospital structures were destroyed leaving health care in the hands of non-government organisations and missionary sectors. Funding for health almost disappeared and many workers left government employment. Since 1986, most new resources for health have been used to rehabilitate hospitals and health centres. The needs of the majority of the population, particularly the poor, are not being met (Macrae et al. 1993). Uganda's basic health and well-being indicators are deeply worrying throughout the country (World Bank, 1993a). External donors have initiated and supported local projects but most assistance is project-based and time-limited (Smithson, 1993). Smithson's (1993) conclusions also apply to interventions for women war survivors in Luwero (see Musisi et al, 1999).

There are examples of successful health-related projects that use a 'bottom-up' development approach. One is the traditional engozi association in the southwest of Uganda that uses locally made basket stretchers, 'engozi', to carry sick patients, thereby solving transport problems and bringing unity among society members (Magezi et al. 1994). Another example is the Pallisa Community Development Trust, which started with a group of students. Five health clinics and trained personnel undertook

community research and environmentally friendly income-generating activities (Okodoi, 1992; Okurut et al. 1994; Pye-Smith et al. 1994).

Uganda carries several burdens; the inheritance of an inappropriate and unaffordable health system developed in the pre-conflict era, the long-term effects of conflict on health and health services, as well as the adoption of inappropriate policies. ‘War-related disability and psychological stress added to the burden of disease’ (The Republic of Uganda, 1988; Zwi and Ugalde, 1989; Welbourne, 1990; Macrae et al. 1996:1097) and issues of equity and sustainability following war are largely ignored (Macrae et al. 1996: 1106).

The health and community services annual report for Luwero District (2000-2001: 25) document insufficient funds and staff for implementing planned health activities. However, the Uganda National Health Policy (Ministry of Health, 1999: 11-12; 2000: 24,45) specifically refers to addressing reproductive health, violence against women and resulting mental health issues. The current study highlights the gaps within these services in Luwero.

Previous research by the World Health Organisation (1997) describes how health services are overstretched during war but also cites those that have supported survivors of violence (International Federation of Red Cross and Red Crescent Societies, 1995; United Nations High Commission for Refugees, 1995). The WHO (1997) states:

Besides the many physical and psychological consequences of violence against women, the impact on the 'social health' of a community (in situations of armed conflict) is both negative and widespread.

District personnel cite insecurity as a key determinant of present health and well-being. The impacts of previous wars include displaced and resettled populations, orphans and widows, increased illiteracy and poverty, looted income-generating projects and assets, decayed infrastructures and lack of skilled men and women to promote development. District staff state, in addition to wars, economic distress, lack of access to land and lack of education, also exacerbates the situation (Barton and Wamai, 1994).

Violence against women, particularly rape, causes profound health problems for women, affecting their physical and mental health (Heise, 1993:171). The World Health Organisation details the physical effects of violence as homicide, serious injuries, injuries during pregnancy, injuries to children, unwanted pregnancies, vulnerability to disease including HIV/AIDS, and the psychological effects such as suicide, mental health problems, effects on children, and the impact on society as added health care costs and effects on productivity and employment (WHO, 1997).

Women all over Uganda suffer atrocities during civil wars and are subjected to gender-based violence (e.g. Bennett et al. 1998; Musisi et al. 1999; Isis-WICCE, 1998; 2001a; 2001b; 2002a; 2002b). Bennett et al. (1998) found in traditional Acholi society in northern Uganda, and after two generations of war, women's roles are in a state of flux. Sexual assaults cause physical injury and profound emotional trauma. Rape survivors exhibit a variety of trauma-induced symptoms as well as effects on social and cultural status (Heise et al. 1993). A study by Isis-WICCE concludes sexual abuse on

women by soldiers was a major atrocity in Luwero District, and this has devastating psychological and physical effects (Isis-WICCE, 1998). The current study aims to analyse these effects in further detail.

Health services are urgently required for women war survivors in Uganda (e.g. Musisi et al, 1998; 1999; Isis-WICCE, 2001a; 2001b; 2002a; 2002b). During the Luwero war years medical services were totally disrupted and attempts at treatment by the Medical Foundation for Victims of Torture, did not materialise and were soon phased out (Bracken et al. 1990; Bracken and Petty, 1998; Musisi et al. 1999). Gynaecological and reproductive health services are particularly lacking in this rural area and women are left badly in need of these services (Liebling, 2002, 2003). The women's views on services still required are a key aspect of the current research.

As Crawford (1997:667) states of Western societies, 'in the present period people's expectations of medicine have been lifted to their highest point, the idea that medical care is a right is widely accepted'. Although financial constraints are evident in Uganda the constitution reads, 'the State shall take all practical measures to ensure the provision of basic medical services to the population' (Constitution of the Republic of Uganda, 1995: 7). This study attempts to determine women and men's views in Luwero about whether their health care needs are being met.

The situation of women in Uganda

Togaya kye zinze. Do not underestimate what appears to be insignificant like a rolled up piece of paper. (Lugandan proverb and name of a women's group, Tripp, 2000: 105)

There is little doubt that women have become more empowered since Museveni came to power. According to Museveni (1997: 191), 'the NRM has created opportunities for women aimed at redressing the historical imbalance'. Women are represented at all levels from Local Council 1 at village level to Parliament (see Tripp, 2000), and the current study utilised this system to gain support for local women's participation.

In 1986 women's health became a vital focus of the women's movement. There is now a proliferation of women's organisations addressing these concerns. Women have participated as educators, advocates and providers of health care services in all areas, particularly the HIV/AIDS epidemic. The government's encouragement of women's initiatives has created a positive environment for the formation of women's health organisations (Neema, 2002).

The NRM has prioritised the education of the girl child from primary school up to University level (Museveni, 1997). Women have also attempted to democratise the grassroots economy. This poses many challenges and women leaders emphasise an agenda for economic empowerment now their political agenda is in place (Snyder, 2002). Lack of resources still remains a constraining influence on women's participation in agriculture (Karuhanga-Beraho, 2002). Additionally, women have continued to advocate for co-ownership in the Land Act (Asiimwe, 2002) and have recently had some success. However, women have demonstrated leadership skills from their contributions to religious organisations and this has equipped them with a voice in both government and society (Tinkasiimire, 2002).

Women have played a substantial role in campaigning for peace dating back to 1985. The National Council for Women organised over 2000 women to demonstrate in Kampala for peace and against the mistreatment of women by the military (Ankrah, 1987: 15, cited in Tripp, 2000: 21). This was the only peace march during this period. At a peace seminar in 1985, the commander of the army General Bazilio Okello told women they ‘deserved’ to be raped and also exonerated soldiers who stole (Mulumba, 2002: 114). Several women’s groups and individuals have lobbied the government for support and ending of conflict. Most notably Betty Bigombe, Minister for Pacification of the North, based in Gulu. Her hard work and commitment began to yield results in the late 1980’s when rebels started surrendering (Tamale, 1999). However, her successes were later undermined.

Winnie Byanyima who joined the NRA in the struggles of 1981-1986, argued, ‘women forced their way into the war, they were not invited’ (Byanyima, 1992). This, together with the economic crisis of Amin’s reign, she felt strengthened women’s future as political and economic activists. According to a study of the Luwero war years, Ugandan women came off well from their participation in the war compared to women in civil wars in African neighbour countries, as they gained success for their demands in Museveni’s government. Many women soldiers in Uganda found the army a refuge from problems at home including poverty and oppressive husbands. The army also provided them with educational opportunities (Kagoro, 1989). However, it was argued that in Uganda, women did not do so well at the local level (OSSREA, 2000).

Women’s confidence building activities during the civil war years, associational and community strategies increasingly replacing state provision of welfare and social services due to the state’s retreat and the NRM’s encouragement of women to mobilise,

have legitimised women's belief that they have defensible rights based on claims to equality. Women also had pre-existing organisation bases and skills that could be built upon. Women have also been able to challenge the politization of ethnicity and religion, especially where it has led to violence (Tripp, 2000: Chapter 6).

A new generation of autonomous women's organisations emerged in Uganda around the 1985 United Nations Nairobi women's conference. These associations, which flourished, were independent of Museveni's government that came into power in 1986. The growth of the women's movement had in part to do with the opening of political space and the encouragement of Museveni's regime, although this has its limits (Tripp, 2002: 1). The women's movement gained impetus from the UN conferences in Nairobi (1985) and Beijing (1995). Proliferation of women's groups both at the local and international level occurred around the mid-1980, especially after 1986 when Museveni came to power (Tripp, 2000: 105). In Luwero, only one organisation was formed during the Obote war years whilst half the organisations in that area were established in the following five years (Tripp, 2000: 105).

The growing number of women in politics has been one of the biggest changes fostered by Museveni's government and as a result of pressure from women's organisations (Museveni, 1997). In 1980 there was only one woman in parliament. Women hold today 25 percent (77) of parliamentary seats in Uganda. The deputy speaker of the house is a woman. The 2001 elections also saw an increase of women running for open constituency seats. The biggest change has been the number of women running for parliamentary seats; in 1996 it was 135 while in 2001 203 women ran. Uganda until recently had a woman vice president, Dr. Speciosa Wandira Kazibwe, a first in Africa. Women hold one third of local council seats, which makes Uganda a

leader world wide in female representation in local government. Women have fought to change rape, sexual offences and defilement laws, and have influenced the Land act. However, although success in this area has been minimal, Ottemoeller (1999) believes women's formal participation in politics is expanding and sees strong evidence that gender issues are calculated within state power. One of the biggest contributions of the women's movement in Uganda has been a policy of inclusiveness of women from different ethnicities, religions, and regions (Tripp, 2000: 53).

According to Tripp and Kwesiga (2002) women in Uganda have been active in health (Neema, 2002), the economy (Snyder, 2002), the media (Mukama, 2002), women's writing (Ebila, 2002) and education (Kikampikaho and Kwesiga, 2002). Women have played a key role in promoting sex education in school and in the area of reproductive health and campaigns against female genital mutilation. However, the constraints imposed by an uncertain political environment have posed serious limits on the possibilities for sustained transformation and according to Tamale (1999) women politicians have been unable to successfully mobilise grassroots women. Despite these constraints Tripp and Kwesiga (2002: 192) conclude:

The women's movement 'furthers the promise of a new Ugandan society'.

Summary

The new Ugandan bears the scars of twenty-five years of violence on his body as well as on his mind. (Kasozi, 1994: 13).

Uganda's complex history is littered with wars, violence and bloodshed (Furley, 1987; Hansen and Twaddle, 1988; Rupesinghe, 1989; Kasozi, 1994). Rupesinghe

(1989: 1) argues that it is difficult to conceptualise internal conflicts, as every one has its' own historical setting, interacting with external factors in a particular way. Hence, the past not only has a bearing on the present, but it is also difficult to distinguish between external and root causes. Within the context of Uganda it is argued that colonialism exacerbated the tensions and struggles for power (Mudoola, 1988: 287) based on ethnicity, culture, religion and class. Wars were perpetuated by militaristic and patriarchal regimes that 'clung to power' and became pawns in internal wars not of their own making (Bwengye, 1985; Kanyeihamba, 1988). According to Bwengye (1985:326), in Uganda, 'power has always been based in military barracks'.

The Baganda were the most powerful ethnic group prior to colonialism with violence being perpetrated by the Kabaka. The north was characterised by interclan violence and problems and during colonisation the British created an elite class state and divided the country into regions by different ethnic groups. They used the Baganda to enact their laws and impose stratified systems on those groups were previously nonstratified. The Baganda elite were given land, which further enhanced their power base. This created social fragmentation consisting of class and racial divisions and resentment between different ethnic groups, particularly between northern ethnic groups and the Baganda. Colonialism created a situation where there was no political system to unite different ethnic groups. It neglected ethnic groups in the north and favoured the Baganda in terms of economic growth, political and religious power, thereby creating further resentment and hostilities towards them.

At independence, the parliament was largely composed of individuals who did not know or respect the law as a legitimate mechanism for conflict resolution (Kasozi, 1994). Religion also strongly influenced the voting for leaders during independence and

was dominated by the Protestant majority. As well as utilising these ethnic tensions and power struggles, Amin and Obote attempted to manipulate Ugandans religious beliefs to their own ends and created power differentials within the church systems. Obote had alienated the Baganda by ousting their Kabaka as well as desecrating various churches. Hence, the Baganda initially welcomed Amin. However, Amin used religious, class and ethnic tensions to create his power base which further alienated the ethnic groups in the north, particularly the Acholi and Langi, of which Obote was a part. In addition to this, post-independence Uganda was fragile and volatile (Twaddle, 1988). It is alleged that Obote then came in for his second term in 1981 with a 'rigged' election and civil war erupted. Barongo (1989) argues that Obote attempted to implement political centralisation and this may have exacerbated the conflict. The major power struggle during these war years was between the northern ethnic military groups and Museveni's army who utilised the support of the Baganda. This conflict was largely focused in Baganda areas, particularly Luwero; which at this time was the richest area in the country due to the proliferation of coffee, Uganda's main crop. There is no doubt that this population suffered during this time (Furley, 1987), and this study analyses the effects of these experiences, particularly in terms of the destruction of social, economic and cultural capital (Bourdieu, 1984). The concepts discussed in this chapter including struggles for power, militarism, patriarchy, religion and ethnicity within the context of Uganda's turbulent history, are a central part of the analysis.

Within this, the context of Uganda's current health care provision is also relevant. Uganda inherited an inappropriate and unaffordable health system developed in the pre-conflict era, the long-term effects of conflict on health and health services, as well as the adoption of inappropriate policies (The Republic of Uganda, 1988; Zwi and

Ugalde, 1989; Welbourne, 1990; Macrae et al. 1996). The resulting specific health needs of women and men war survivors in Luwero are a focus of the current study.

The women's movement in Uganda has a long history and their agency is key aspect. Women actively campaigned against the expulsion of the Kabaka from Uganda in 1953. During the mid-1980 there was an increase in women's groups and Museveni's government furthered their empowerment. The current study utilised the current political system in order to mobilise and gain support for women to participate in the fieldwork. Although some problems have been identified with the current government, women have continued to develop key roles in all sectors of politics and the economy in Uganda (Tripp, 2002). This study analyses the various roles women participated in during and following the war years (Anthias and Yuval-Davis, 1989) and in this way further (en) genders Bourdieu's concepts (Bourdieu, 1984).

Chapter Four

Research Design and Methodology

Introduction

This chapter describes the research design and methods employed during the fieldwork, which was carried out in Luwero District, Uganda, between November 2000 and July 2001. The study was informed by feminist research approaches, incorporating sociological and humanistic theories within the context of the history of Uganda. The main methodological issues relevant are discussed including: the influence of gender on interviewing, using empowering methods, participatory and action-research, reflexivity and power, representing ‘the other’: race and identity, and the ethics of carrying out sensitive research. The chapter ends by describing political and contextual influences on the research process followed by a summary.

Research methods and fieldwork

Choosing research methods

My background as a Clinical Psychologist helped me to develop awareness of the limitations of research methods using a scientist-practitioner model, especially with respect to gender. As Oakley, cited in Hood et al. (1999: 4) noted, ‘quantitative methodology is often imbued with male assumptions where researchers tend to keep all the power themselves’. Despite Oakley’s (1999) view, this study recognises that quantitative methods are also used within feminist approaches to research. However, Oakley (2000: 42) argue that quantitative research tends to be ‘hard, reliable,

masculine, public and objective, whereas qualitative research can be thought of as ‘soft, the unreliable, the feminine, the private-the world of subjective experience’. By registering for a Ph.D. in the Centre for the Study of Women and Gender in the Department of Sociology there seemed to be more methodological possibilities and flexibility in research design. These would also facilitate drawing on my personal, professional experiences and qualifications that would enable sensitivity necessary to carry out this type of work, whilst also recognising how these experiences were different. As Fielding (1993:147) stated:

One should ideally have similar experiences and hence personally appreciate the truth of the description.

Feminist theory seeks to develop a greater understanding of women’s experiences, by drawing on concepts provided by feminist researchers. Epistemology is a theory of knowledge and feminists have argued traditional epistemologies systematically exclude the possibility of women as ‘knowers’ (Harding, 1987). Feminist research practice utilises several underlying principles arising out of feminist theory and applies these to the context of the study (see Renzetti and Lee, 1993: 177). Maynard (1994) argues that all feminist work is theoretically grounded, and provides a theoretical framework concerned with gender divisions, women’s oppression or patriarchal control which informs our understanding of the social world. All of these concepts are relevant to the current study. According to Maynard (1994), many of those who write about feminist research practice have indicated that a theoretical perspective, acknowledging the pervasive influence of gender divisions on social life, is one of its important defining characteristics. Whilst it is clear there is no one methodological approach or research practice specific to feminism, this should come as no surprise as feminism embraces a number of theoretical positions and perspectives (Maynard,

1994). The methodologies relevant to the current study are therefore addressed in a way that informs the research process, influences the empirical knowledge produced, and the theoretical knowledge constructed.

Our previous intervention project with women war survivors produced substantial quantitative data but lacked in-depth qualitative information (Musisi et al. 1999). Hence, the current study focused in greater depth on women's war experiences and how these had impacted on their lives. Women's agency and power was also a key aspect. Women's voices of their experiences of torture during war in Uganda are lacking in mainstream literature (Musisi et al. 1999: 7). As our previous research pointed out it is women's own voices of their experiences that best capture and describe how they have been affected (Liebling and Kiziri-Mayengo, 2002), and this research was a way of starting to overcome these silences. As well as giving voice to women, the current study was designed to uncover their traumatic experiences and whether trauma is a relevant concept in this context. In other words, this study would complement the large scale quantitative study already carried out (Musisi et al. 1999; Liebling and Ojiambo-Ochieng, 2000; Liebling and Kiziri-Mayengo, 2002) and a qualitative approach was therefore chosen. Previous work will be drawn on to situate the qualitative findings within the larger picture. As Oakley (2000: 42) writes, 'qualitative methods are advocated for research on/with many less powerful groups...all of whom are excluded from the mainstream of white, male, able-bodied culture'. Rural Ugandan women war survivors meet Oakley's (2000) criteria.

This research initially used a case study approach (Yin, 2003: 46) and focused on Kikamulo, one of the sub-counties in Luwero District. It was felt women in this area would be willing to take part. In order to obtain a more in-depth approach, women were

interviewed from five of the seven parishes in Kikamulo. These were initially selected at random and then detailed analysis focused solely on interviews conducted in three of these parishes, Kasana, Wakayamba and Kamuli, where both women and men were interviewed.

Personal narratives/Testimony

A feminist approach to research attempts to make women's lives more visible by relying on women's narratives of their experiences. Narrative accounts have been used as a method or form of representation. This fieldwork drew on testimonies of Ugandan women to try and understand how they made sense of their war experiences. According to Reissman (1990: 1199):

Telling narratives is a major way that individuals make sense of disruptive events in their lives. Beyond making meaning, examining the story told and the story listened to can illuminate the performance aspects of language -how we create our realities and ourselves through the strategic choices we make in social interaction.

It is essential in using a feminist approach, to look beyond the narrative at its social and cultural context and to consider power relations that affect production of the narrative and its analysis. This research was conducted in a different culture and context to my own and it has been argued that:

Inequalities are readily apparent when one considers the average U.S academic-White and middle class - in contrast to her average Third World object of research Non-white and/or poor. Although the exploitation and unethical behaviour are always a possibility when research is conducted with living persons, this danger is increased when the researcher is interviewing down, that is, among groups less powerful (economically, politically, socially) than the researcher herself. (Micaela Di Leonardo, 1984:41, cited in Patai, 1991: 137)

Although it is impossible to be equal with participants every attempt was made to make relationships as unhierarchical as possible.

Testimony can express urgency; a story that must be told because of the struggles it represents (Stephen, 1994: 224). Hence, testimony tends to provide a more political form of oral history. In this study women's narratives were viewed as testimony due to the fact that discussing their experiences resulted in further empowerment and knowledge as well as potential action. As Kaplan (1991: 122) stated, 'testimony is a form of resistance literature'. However, Stephen maintains testimony gives voice to people whose experiences have been misrepresented or neglected, they promise to convey a unique authenticity, authority and truth (Stephen, 1994:223). In this study women's testimonies integrated personal with the political (Scott, 1992) and offered first hand accounts of what happened to them during the civil war.

Research themes and questions

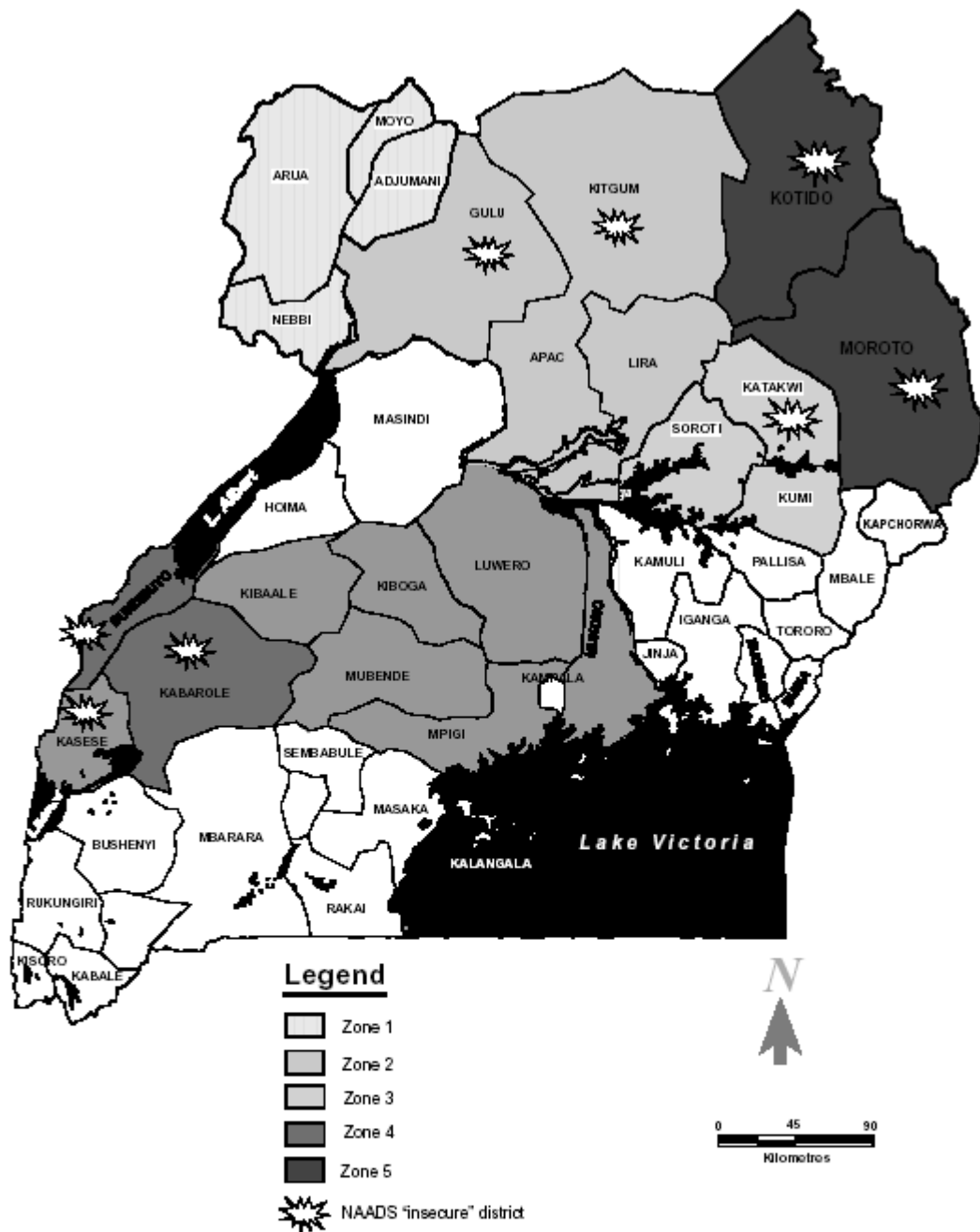
The research addressed direct recommendations from the previous Isis-WICCE intervention project in Luwero (Musisi et al. 1999; Liebling and Ojiambo-Ochieng, 2000), arguing for 'a gender-sensitive treatment programme for women and their families' (Liebling and Kiziri-Mayengo, 2002: 557; Liebling, 2004a: 41). In contrast to the previous study where the primary focus was intervention and quantitative data collection of 237 women war survivors from the whole district of Luwero. The current study was designed to focus in-depth on a smaller number of women to explore their war experiences and current situation in detail and gain further information about their agency and long-term needs. The research questions related to three main conceptual areas as follows:

- An understanding of violence, rape and torture of Ugandan women during war
1. What are women's own experiences of rape, violence, and torture, during civil war in Uganda?
 2. How are rape, violence and torture of women in Luwero conceptualised?
 3. How far can torture be understood as gendered?
- The effects of women's experiences and how these can be understood in terms of identity construction and trauma
4. What are the effects of rape, violence and torture on specific groups of women in Luwero, Uganda?
 5. How do women express the effects of their experiences in terms of identity construction, and is trauma a relevant concept in this context?
 6. How can women's experiences of the effects of violence on their health be understood?
- The resulting needs of women in terms of health policy and gender-sensitive services
7. What survival and adjustment strategies do these women use and what are the implications for the development of gender-sensitive services?
 8. What are women's needs for support, assistance, and legal redress?
 9. What are the implications of their needs for health service policy?

Research preparation and fieldwork

I travelled to Uganda in November 2000 and spent three months training intensively in Luganda, the language spoken by the Baganda tribe from the central region. Luganda was also the language of women in Luwero where fieldwork would be carried out. Map 1 (Beijuka, 1999) shows conflict and post-conflict areas in Uganda and the fieldwork was carried out in what became known as the 'Luwero triangle'.

Map 1: Conflict and post-conflict areas in Uganda
(Adapted from Beijuka, 1999)



As this was my eighth visit to Uganda I had a good prior knowledge of the people, traditional music and culture and language. Prior to the fieldwork I studied to the level of intermediate Luganda in the Institute of Languages, Makerere University (Appendix A). This was an essential part of the preparation as it gave me the ability to carry out conversations and understand some of the women's own language and also assisted in establishing trust and rapport.

I met with Isis-WICCE to discuss preparations for fieldwork and was reintroduced to women's groups in Luwero by Professor Victoria Mwaka, the woman Member of Parliament for the District. Professor Mwaka was also the President of Isis-WICCE at this time and was held in high regard in Luwero, which gave me credibility with women and men I would be interviewing. I was already known in Luwero due to involvement in the previous Isis-WICCE project. Approval for fieldwork was gained from the Uganda National Council for Science and Technology in Kampala (Appendix B).

Initially it was hoped to carry out the fieldwork in Katikamu, Luwero, as women in this area had the highest levels of trauma symptoms according to our previous study (Musisi et al. 1999: 23). Following the previous project further assistance had not materialised and people were left feeling angry. Hence, it was decided to choose Kikamulo as it was felt there might be a more positive response to the current study there.

In February 2001 I attended a political meeting in Kikamulo Sub-County to be introduced to local community leaders and a research assistant who was the women's representative on the Local Council and had taken part in previous Isis-WICCE

projects. The meeting served as a good reintroduction to people in Luwero and gave an opportunity to answer questions about the research. In order to facilitate the fieldwork a 'pick-up' vehicle was hired and a male research assistant and driver employed. He had worked with Isis-WICCE previously, knew the area well and was popular with the local community.

Research design and interviews

A multiple-case study approach was initially used (Yin, 2003: 46-53). According to Robson (1993: 146) a case study is, 'a strategy for doing research which involves an empirical investigation of a particular phenomenon within its real life context using multiple sources of evidence'. Evidence from multiple cases is often considered to be more compelling, and the overall study is therefore regarded as being more robust (Herriott and Firestone, 1983). However, the conduct of a multiple-case study can require extensive resources and time.

During the period fieldwork was carried out the population of Kikamulo Sub-County was approximately 40 349 (Social Economic Survey, 2000), about 10% of the population of Luwero District and each parish had approximately 4000 people. Five of the seven parishes in Kikamulo were initially focused on. Kikamulo is shown in Map 2 of Luwero District (Social Economic Survey, 2000). Later in the fieldwork three of these five parishes were concentrated on. Women and men were interviewed separately in Kamuli, Kasana, and Wakayamba parishes.

LEGEND

- DISTRICT BOUNDARY
- COUNTY BOUNDARY
- SUB-COUNTY BOUNDARY
- MAIN ROAD
- NEVER ROAD

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The woman research assistant met with women war survivors in her community and explained the aims of the study. Between 8 and 12 volunteer women from each parish formed a focus group. Sometimes more than 12 women attended but none were turned away as it felt important to include all those interested. In each of the five parishes, four consecutive focus groups were held with the same group of women and these covered the following themes (Appendix C):

- Session 1. Introductions. Background to the research.
- Session 2. Experiences during the war and resulting effects.
- Session 3. Women's current situation and needs.
- Session 4. Details about the parish and differences between parishes.

Women were encouraged to expand on issues they felt were important and follow-up prompts aided a more detailed discussion. Focus groups were held in Luganda and led by myself with one of the research assistants translating from Luganda to English and vice versa. Hence, discussions could be closely followed and questions and comments interjected as sessions progressed.

Volunteers from focus groups were also interviewed individually using semi-structured interview schedules (Appendix D). I led these myself with a research assistant translating. In general the woman research assistant assisted interviews with women and the male research assistant with men, although there were some exceptions. Interviews were designed to generate a narrative account whereby a woman's own story of her inner experiences and the impact on her health were explored (Greenhalgh and Hurwitz, 1999). Attempts were made to emphasise women's survival strategies and agency. To this end, it was attempted to find out how women made use of traditional methods e.g. traditional healers, music, song, theatre etc.

The decision to interview men arose due to several factors. Although this study primarily focused on women's experiences of war it was clear that men and children also suffered atrocities and several women had been widowed. The effects of women's experiences impacted on extended families, an important aspect of Ugandan culture. It became essential to interview male war survivors to gain additional insights into gender differences as well as the commonalities. The study also aimed to detail changes in identity during and following the war. A male local leader assisted in recruiting volunteer men war survivors from Kasana, Kamuli and Wakayamba parishes. Some participants were partners of the women. Although several feminists have highlighted the dilemmas of researching men's experiences (Stanko, 1994) it was decided this was an important aspect of the research. As Layland concluded:

The latent effect of seeing feminist research as exclusively about women's lives is that it allows things male to go uninvestigated, almost as though the idea of the male-as-norm were not being questioned any more (Layland, 1990: 129).

Interviews

Kamuli Parish

Kamuli parish contains five villages. Nine women participated in focus groups and seven volunteered for individual interviews. Several women had been tortured during the war and had been left with scars. All the women interviewed disclosed they been raped by Acholi soldiers during the conflict. The majority of women belonged to the Baganda tribe and many had been widowed during the war. Health, education, and community support services were grossly lacking in Kamuli. Focus groups were held with seven men who volunteered to be interviewed individually.

Kasana Parish

Kasana parish has four villages. Eleven women participated in focus groups and eight women volunteered for individual interviews. One woman was interviewed who had fought with Museveni's army during the war, although she did not take part in the groups. Unlike Kamuli, Kasana parish had services that had been developed following the war. Kiwoko Hospital had been built but the fees were expensive. Several women had been raped and suffered genital mutilation by Acholi soldiers during the war. Some women remarried after the war had ended. Focus group sessions were held with five men as well as individual interviews.

Wakayamba Parish

Wakayamba parish contains four villages. Thirteen women took part in focus groups and eight women were interviewed individually. Acholi soldiers had abducted several women in this parish during the war and over 50% interviewed had been raped. Some women had taken legal action for atrocities committed against them or their daughters during the war. Animals were dying in the parish and there was a lack of medical services. Focus group discussions were held with seven men who were also interviewed individually.

Key Informants

Twenty-eight key informants were interviewed in Kikamulo Sub-County and Kampala using a semi-structured interview schedule (Appendix E), in order to gain additional perspectives on women's war experiences, services developed and

outstanding needs. Interviews were held with seven workers in non-government organisations, thirteen health workers, two human rights workers, three local community leaders, two research assistants and a male lecturer at a University. The majority of interviews were held in English, with the exception of a few in Kikamulo, which were carried out in Luganda with one of the research assistants translating.

Data collection and analysis

All 99 interviews carried out were audio taped. Luganda interviews were translated and transcribed into English by a Ugandan colleague at Makerere University Institute for Social Research. The transcripts were checked for accuracy by another Ugandan social scientist. I transcribed the English interviews myself. Atlas Ti, a qualitative computer package was used for data organisation and analysis and I attended several training courses at Surrey University to intermediate level.

Throughout the research process a diary was kept of reflections, important themes and concepts and completed on a daily basis during fieldwork. This diary was also utilised as an aid to analysis and writing up.

A wide range of publications and literature relating to the research area were reviewed. This included a visit to the International Research Council for Torture Victims in Copenhagen where several key articles were obtained. Whilst in Uganda relevant newspaper articles from The Monitor and The New Vision, were collated.

A grounded theory approach was initially used to analyse the data following the procedure adopted by Glaser and Strauss (1967). This was a useful way of developing

themes 'grounded in the data' (Pidgeon, 1996: 75). Consent was obtained from participants (Appendix F) and to assure anonymity pseudonyms have been used. Literature concerning women, violence, rape, and torture during war in Uganda (Isis-WICCE, 1998) and worldwide (Pettman, 1996) was also drawn on. Using a critical perspective that took account of the historical and cultural context of the situation for women in Uganda, a conceptual framework was developed and continually refined on the basis of data obtained (Pidgeon and Henwood, 1996: 101).

Ethical, practical and reflexive issues

Feminist approaches

There is no one method that can be termed feminist methodology (Harding, 1987) but research using a feminist approach is said to have methodological features that apply the general structure of scientific theory to researching women and gender. In practice, qualitative methods and in-depth interviews have tended to be associated with research using a feminist approach and represent both 'a female style of knowing' (Graham, 1984: 136) and 'the standpoint of women' (Smith, 1987: 105). According to Scott (1999: 87) 'the qualitative interview is a socially constructed encounter, and the data produced are as much a product of the social relations characterising the process as the research method used'. This study utilises a qualitative approach and then situates the current findings within a previous study (Musisi et al. 1999).

A feminist approach is logically woman-centred and Sculley (1990: 2-3) stated: 'feminist scholarship puts women at the centre of research that is non alienating, non exploitative, and potentially emancipating'. Feminist researchers implement their

knowledge by actively working with other women to transform the economic and social conditions that oppress them (Cook and Fonow, 1984). This research takes a feminist approach by working together with women leaders and organisations in Uganda.

Harding (1987: 4) argues women's research and scholarship has often been ignored, trivialised, or appropriated without the credit that would have been given to men's work. It also recognises that women come from different classes, races and cultures and their experiences differ accordingly.

Reflexivity is an important part of the research process. Mies (1983) argues for conscious partiality that stresses partial identification with participants based on personal interaction and their treatment as people with real emotions and feelings, in which the interviewer assumes the role of empathic listener who neither exploits nor manipulates the researched thus challenging the assumption that scientists should approach their research with objectivity and emotionlessness (Stanley and Wise, 1983). Some feminist researchers argue for a dialectical relationship that permits the researcher to constantly compare her work and experiences as a woman and scientist and to share it with participants, who may add their opinions and change the research (Duelli Klein, 1983: 94).

In July 2002, Makerere University held the eighth international Women's World Congress and I presented two papers. A wide range of women, including representatives from Luwero attended the conference and it was a good opportunity to discuss themes arising from the current study. A women's 'fun run' was organised and £560 was raised through sponsorship. With this money, specialised medical services were organised for research participants from Kikamulo. This intervention also

provided an opportunity to find out how participants were and discuss emerging themes of the research. Although sharing results can be problematic (Wolf, 1996: 32), this aspect was important with respect to building trust. Participants in this research had previously felt let down by the lack of feedback from previous studies in Luwero. Indeed Lubanga (1998) discussed that compensation following the war provided by government and non-government organisations had failed to reach war-affected women in Luwero.

The use of open-ended or semi-structured interviewing has been used by some researchers to help counter any implicit racism on the part of white researchers (e.g. Griffin, 1987; Thorogood, 1987). They argue this method of data gathering allows women to speak for themselves and can avoid producing data that pathologise black women. For Thorogood (1987) making black women's perceptions and experiences central to data gathering and interpretation was a way in which the imposition of her assumptions and values could be countered. Thorogood's approach is consistent with the aims of the current study although imposition of my own assumptions and values was a part. The reformulation of the research process using a feminist approach, according to Renzetti and Lee (1993: 177) calls for:

Open acknowledgement by the researcher of her or his assumptions, beliefs, sympathies, and biases, especially those emanating from her sex, race, social class and/or sexual orientation, rejection of the traditional separation of the researcher from the researched, and adoption of the goals of research as consciousness-raising and empowerment.

The influence of gender in interviews

It has been suggested that when both researcher and researched are women, the commonalities of experience helps them to be able to share their ideas and experiences (Finch, 1984; Oakley, 1981) thus reducing the exploitative power balance between researcher and subject (Graham, 1984). Indeed Oakley (1981) has argued that feminist researchers should seek to equalise the relationship with women they interview as part of their commitment to sisterhood. Reflections from this fieldwork indicated that women in this study were able to talk openly within a group forum about atrocities they had suffered and appeared to be relaxed in this setting, disclosing highly personal and sensitive information.

These outcomes might be explained by the nature of the community as the Ugandan women appeared more comfortable in the group setting where they could provide each other with mutual support. Gender played an important role here as the women showed a high degree of trust and an expectation of being understood by another woman in addition to my experience as a clinical psychologist. As Finch (1984:76) has discussed power was more evenly distributed within focus groups in contrast to individual interviews where a translator changed the power dynamics considerably.

Men also spoke openly within focus groups. Previous researchers have argued women fieldworkers seem less threatening and more open to emotional communication than men (Codere, 1986; Golde, 1986) and that a woman's nurturing role is an asset during this process (Warren, 1988:45). This was certainly my experience. Other factors

were my prior experience of Uganda, knowledge of Luganda and previous work in Luwero.

Whereas there has been much reflection on women interviewing women, less has been said about women interviewing men. McKee and O'Brien (1983: 147) argued that men often attempted to control interviews whilst Smart (1984: 155-6) expressed the view that women interviewers felt obliged to listen placidly whilst male respondents expressed sexist views. In contrast Padfield and Proctor (1996) found in their research that young women did not feel it mattered whether they spoke to a man or a woman. However, this may depend on the sensitivity of the topic discussed. In this study the gender of the interviewer was extremely important and women overwhelmingly preferred to speak to other women about their experiences, particularly those of violence, rape and torture.

With respect to the men interviewed, two stated a preference for a woman interviewer whereas the others said they did not mind. It may be the case that preference related to the gender of the person who committed atrocities against them. This study argues it might be easier to talk to and build up trust with a woman if the abuser was male. However, this study found the men's groups were more comfortable with the male research assistant present.

Reciprocity is advocated by researchers using a feminist approach in order to overcome participant's inhibitions as a means of facilitating disclosure rather than interrogation in an interview setting (Bristow and Esper, 1988). Edward's (1990) research indicated race, in particular, may be a more powerful placement factor than sex and that self-disclosure may not be sufficient to remedy the distrust black respondents

may feel towards a white researcher (Rosalind Edwards, 1993; Reinhartz, 1992). I felt this had particular implications in the current study as a white British woman researching Ugandan women. These differences might have resulted in distrust of my motives. In an attempt to overcome this problem I returned to Luwero, where I was already known and spent time building up trust, in conjunction with local women leaders, non-government organisations and women in the community. In contrast with the studies above women and men in this study did not appear to fear my motives and seemed able to develop trust.

Although I was a Ph.D. student on a limited financial budget, I was viewed as a relatively rich white person who might be able to assist financially. An entry in the fieldwork diary dated 25th March 2001 stated:

I feel the fieldwork is going well and the women seemed to feel relaxed and to be able to speak openly although there is an implicit expectation of assistance but it feels like the women need to keep this 'source of hope'.

Contrary to Edwards' (1990) findings, participants in this research appeared to view my colour as an advantage, and said it was a 'good thing that someone from another country was interested', 'international communities should know' and 'maybe something would finally be done'. During the fieldwork trust was obtained quickly; as Narayan (1993: 671) argued it is the 'quality of relations' with our participants that is important.

Some writings about interviewing on sensitive subjects express concern about the interaction causing emotional harm to those interviewed, and a few consider the emotional effect on the researcher as well. Stacey (1988) has challenged other researchers' ideas of reciprocity, empathy and mutuality within the woman-to-woman

in-depth interviewing situation and reminds researchers that it represents an intrusion and intervention into a system of relationships that the researcher is far freer than the researched to leave (Stacey, 1988: 23). In extreme circumstances, the participant may be left with her life in pieces with no one to assist in putting it back together. Clark and Haldane (1990) note the vulnerability and potential for emotional exhaustion of the researcher. Debriefing is advocated as essential for both participants and researchers. In this research I established support networks for women interviewed through the woman research assistant. However, women derived most support from each other during focus groups and in between sessions. This research supported the value of a single gender focus group approach to data collection where the subject matter is traumatic. Peer support and shared empathy as important aspects in women's groups has been found previously running a therapy group in a high security hospital (Liebling and Chipchase, 1996b). The researchers utilised peer support and this appeared to work well. A final interview at the end of the fieldwork suggested all the men and women interviewed felt they benefited from the process. However, I continually questioned the ethics of discussing the war and whether I might be causing more harm than good. An entry in my fieldwork diary on 30th March 2001 stated:

All the women I spoke to said it was very helpful and they appreciated having someone to talk to about their war experiences as no one else had. Their main concern was to see a gynaecologist.

Finding women to interview

Renzetti and Lee (1993:30), in their analysis of researching sensitive subjects, discussed the problems of recruiting research participants and noted that it was especially acute for researchers investigating sensitive topics. In their view, the more

threatening or sensitive the topic is the more difficult sampling is likely to be. On the contrary, recruiting participants was easier than anticipated and everyone seemed pleased to have the opportunity to talk about their war experiences. Perhaps this was because I had built up strong links in Luwero. Prior to this research Isis-WICCE spent two years building up trust with the women of Luwero before they 'spoke out' about their war experiences (Lubanga, 1998; Musisi et al. 1999; Liebling and Shah, 2001). I had met some of the women previously and was viewed as someone involved in attempting to try and establish services in the area. I made efforts to interview women near their homes at a place of their choosing and found as Bergen (1993: 206-7) did that often a 'special relationship' developed, especially when invited to women's own homes. Although the subject matter was at times difficult there was a lot of humour and laughing in the groups and this has been found previously in a high security setting (Liebling and Chipchase, 1995a). Women often shared personal photos with me like this woman from Kasana parish:

She brought a photo of what things were like just after the war, she was standing by a completely broken down house, surrounded by bricks with a woman from New Vision and her two sons, one born during the war who is now at Senior School. I felt really touched that she wanted to show the photo to help me to understand. (Diary entry 16th February 2001)

As focus groups progressed women were able to disclose the most painful and sensitive experiences and it appeared in future groups they had found some relief in doing so and their depression lifted. The benefits of a long-term relationship in building up trust with such sensitive issues were a key aspect to the research. At the end of the fieldwork participants were for their assistance and I was touched that women sang songs about the process. A fieldwork entry 15th June 2001 stated:

The women sang two songs about me 'Nalule', my Ugandan name, that they expected good things from me and I should send others from the UK to visit them and that I should always think about them in Uganda. They gave me presents and really danced Bakasimba (a traditional dance) and we all laughed and played drums and sang whilst I danced and everyone screamed with laughter. A very touching experience I almost cried.

Researching women's lives: empowering methods

Research that utilises a feminist approach rests on women's own experiences and works against male stream knowledge. In research that utilises a feminist approach, women are usually the subjects of knowledge, which is a shift away from knowledge produced by men that has often distorted women's lives. Within this Ugandan women are viewed as the subjects of knowledge and attempts are made to validate knowledge based on women's specific standpoint, their social location and political engagement. It is not enough to add women to the frameworks, but rather the frameworks themselves should be challenged. Standpoint approaches privilege women's knowledge above other truths (see Harding, 1987) and views one's positionality as a woman as crucial in gaining knowledge and understanding other women (Wolf, 1996: 13).

This thesis has attempted to critically analyse women's testimonies, whilst viewing them as central experts in the process. Whereas some authors argue 'giving voice to women of colour is empowering' (e.g. Darling, 1987; Etter-Lewis, 1991), others contest this stating it masks unequal power relations (e.g. Bhavnani, 1990; Patai, 1991).

Action-research is a kind of participatory research with the greatest participation stemming from engaging in a joint activity that has a social, economic or political goal. The lack of action research has been commented on (Gordon, 1988; Wolf, 1996: 37).

Scott and Shah (1993:100), encourage more community-based action-research projects. This research arose directly from a previous intervention project and was therefore aimed at producing change (Musisi et al. 1999; Liebling and Kiziri-Mayengo, 2002). Mies (1983: 124) supported the view that feminists should get involved with the 'struggle for women's emancipation'. The role of researcher as an initiator or catalyst for change is encouraged. This was a goal of the current research. Following the fieldwork men and women from Luwero returned to campaign again to the Government for compensation for the atrocities they suffered. Although this research may not have constituted participatory research, it represented a form of activism that may have been useful for war-affected women and men whose lives were constrained by poverty (Wolf, 1996: 31).

The use of an action-research approach created opportunities for disempowered women to become more collectively empowered. During the Isis-WICCE project initially withdrawn women totally unable to speak about their war experiences were empowered to narrate their experiences at a conference in Kampala in front of Government Ministers. Similarly in this research women and men were able to disclose extremely painful and sensitive information and appeared to gain further resilience and confidence through this process. Essential elements of the fieldwork that appeared to help with this were being listened to, assisted and given hope.

Reflexivity and power

According to Mies (1983) in Oakley (1999: 160), 'the basis of the feminist argument was that 'positivist, quantitative research methodology' cannot be used uncritically to further the political goals of academic women's studies because within it

the voices of women as an oppressed group are unlikely to be heard'. Oakley (1999) further argued, in utilising a feminist approach power inequalities between researchers and researched are politically unacceptable but according to Ribbens (1989) and Finch (1984) class and ethnicity interpose their own dimensions of inequality, complicating the notion of an equal social relationship between researchers and researched. Wolf (1996:2) argued power differences stemming from different positionalities of the researcher and researched e.g. race, class, nationality, life chances, urban-rural backgrounds, could not be altered if one is studying marginalised or poor people as in the case of this research.

The kind of relationship between the researcher and object of research is usually discussed in terms of the reflexivity of social science. Bourdieu cited in Barnard (1990:75) described reflexivity as follows:

Reflexivity is not achieved by use of the first person or by the expedient of constructing a text which situates the observer in their act of observation. Rather it is achieved by subjecting the position of the observer to the same critical analysis as that of the constructed object at hand. (Barnard, 1990: 75)

Reflexivity is an essential aspect of a feminist approach to research practice (Wise and Stanley (1993:165). In order to demonstrate reflexivity researchers must make available to others the reasoning procedures that underlie the knowledge produced out of research. As Stacey (1994: 50) observed, order is imposed upon what once seemed chaos and process becomes product. Likewise, a retrospective interpretation of this study is given. Reflexivity is concerned with notions of power and who is entitled to produce knowledge. This has particular relevance to this research due to power relations between myself, as researcher, and the participants. By using a feminist approach to research, there were attempts to critically examine the sources of

social power and how they impinged on the research process (Harding, 1987).

According to Edwards (1990) research is a reflexive process where the class, race, sex, assumptions and beliefs of the researcher are available for scrutiny and explicated in terms of their effects upon the research and analysis.

During the fieldwork I was constantly aware of the differences and similarities between myself as researcher and the women participants and how this impacted on the power relationship. A reflexive approach to grounded theory analysis and focused conceptual development was also used (Henwood and Pidgeon, 1992). Reflexivity was also essential in utilising a narrative approach (Ahn, 1999: 75). My knowledge of Luganda assisted in terms of equalising power relationships and trust. However, at times I felt disempowered and 'out of control' as there were aspects of conversations I could not fully understand. Although this partly helped to equalise power relationships it was recognised I was still in a position of relative power. Although research decisions were negotiated and adapted according to participant's views, I made the final decisions. There was a constant balancing of participant's needs and those of the research.

Research assistants

There were tremendous advantages of working with Ugandan research assistants including the ease of access to participants, assistance with interpreting and interviewing and extensive knowledge of the area where I was working. However, problematic issues arose around language translation and transcription. This included 'not knowing' during interviews whether translation slightly changed meaning. This was difficult and at times I felt slightly out of control of the groups. Although I gave clear

instructions to translate verbatim the possibility could not be ruled out that this might not have happened. Women appeared to prefer to talk with other women and I tried to maintain an all-women environment. However, sometimes the male research assistant's translation skills were drawn on, as they were better. This was a constant dilemma.

Individual interviews always involved three of us and this changed the power dynamics compared to one to one interviews. Interviews conducted by myself in English felt more equal in terms of the power differentials. At times it appeared the male research assistant undermined the woman. Although this was usually managed by interventions it became an increasing source of irritation that I did not feel able to raise due to fear of negatively affecting the fieldwork. Wolf (1996) stated few fieldworkers discussed issues related to power when working with research assistants. However, Kumar (1992: 116) discussed her anger about research assistant's laziness. Working with research assistants was an invaluable part of the fieldwork but required considerable negotiation.

It was usual practice in Uganda, to give research participants transport allowance. Sometimes we also took women, men or their children to hospital, assisted with urgent medical treatment and medication. Participants were grateful for any assistance given and the limit of this was decided by available funds. The extreme poverty and overwhelming needs of most of research participants was saddening at times. However, an ability to focus on their resilience and great sense of humour usually assisted with this. Wolf (1996) writes that several researchers have not found solutions to ethical problems in the field and it is argued in the current study that it is important to continue to highlight these issues to spark important and necessary debates. Benmayor (1991) argued we should 'privilege the dynamics of reciprocity'

keeping people and politics 'at the centre of our research' (Benmayor, 1991: 172) and this is what I attempted to do.

Representing the other: Race and identity

This research involved interviewing black Ugandan women and attempting to represent their stories. There are questions about whether researchers should even attempt to speak for or about others, particularly those who are oppressed in ways we are not. There are contradictory views about this e.g. Sinister Wisdom Collective (1990: 4):

No one should ever speak for or assume another's voice...it becomes a form of colonisation.

On the other hand Livia in Kitzinger and Wilkinson (1996: 1) wrote:

We must take on the whole world: we cannot afford no-go areas of the imagination: we cannot afford to refuse an opinion on any subject.

de Beauvoir (1949) drew attention to women as other, an otherness projected onto women by men that serves to construct women as different, abnormal, as objects of knowledge rather than knowing subjects in our own rights. She stated:

Humanity is male and man defines woman not in herself but as relative to him: she is not regarded as an autonomous being...She is simply what man decrees...She is defined and differentiated with reference to man and not he with reference to her: she is the incidental, the inessential as opposed to the essential. He is the Subject, he is the Absolute - she is the other. (de Beauvoir, 1949: 18)

Concepts of the other also developed in relation to anthropological representations of race and ethnicity e.g. in the work of Said (1978; 1989).

Anthropologists have drawn attention to the ways in which non-western peoples are constructed as other, as the objectified subjects of western imagination. Said's text *Orientalism* has been particularly important in revealing how constructions of otherness operate and their political implications. Orientalism can be defined as follows:

The overlapping fields of cultural and historical relations, the scholarly disciplines and ideological and imaginative representations by which the West has constructed and come to know the non-western world as Other. (Andermahr et al. 1997: 156)

Kitzinger and Wilkinson (1996) describe an approach they call 'interrupting otherness,' that allows us to think about otherness without fixing it as an essential attribute. They argue we should be open to criticism and analyse the effects of speaking on the discursive and material content. Hence, allowing others, particularly participants; to comment on what we say and in this way give legitimacy to others about us. They also put forward the view that we should make it clear how our own biographies affect what we say and what we choose to obscure. I attempted to approach this research using this model.

Rosalind Edwards (1993) discussed her experiences as a white person interviewing black women and this has some relevance to my own. Edwards stated (1993: 188):

Unlike the experiences reported by other feminist researchers, I had to take very direct initiatives to place myself as a woman because the black women who agreed to take part in the research were not initially willing to do the placing for me in any way other than race. Black women's attitude to the research and to myself alerted me to the way race structured their perceptions of certain aspects of their lives...The length and multiple nature of the interviews helped overcome their wariness and enabled us to establish rapport.

However, Edwards was interviewing black women in Britain whereas I interviewed black women in Uganda. I cannot underestimate those effects noted by Reissman (1991: 217) who observed the lack of shared cultural norms coupled with unfamiliar cultural themes that may have created barriers to understanding. Contrary to Edwards, my knowledge of Luganda, Ugandan culture and traditional music was an asset in terms of building up trust. The fieldworker's marital status is of particular significance according to Warren (1988: 13). My single childless status appeared to be a slight mystery to some, particularly the men. However, some of the women, despite Ugandan culture, appeared to understand it, possibly because they had made the choice themselves to remain alone following their violent war experiences. Hence, issue is taken with Golde's (1986) assertion that an unmarried, childless adult woman has no fully legitimate social place in most cultures. The experience in Luwero was women warmly accepted me perhaps partly due to the fact the war had changed the traditional roles of men and women (Lubanga, 1998).

Carrying out sensitive research

Sensitive research addresses some of society's pressing social issues and policy questions. Although ignoring the ethical issues in sensitive research is not a responsible approach to science, shying away from controversial topics, simply because they are controversial, is also an avoidance of responsibility.

(Sieber and Stanley, 1988: 55)

This research addressed the extremely sensitive and painful issues of women's private experiences of violence, rape and torture within Ugandan culture and society.

Sieber and Stanley (1988: 49) define socially sensitive research as:

Studies in which there are potential consequences or implications, either directly for the participants in the research or for the class of individuals represented by the research.

This definition is broad in scope and allows for the inclusion of topics that ordinarily may not be thought of as sensitive. In addition, it alerts researchers to their responsibilities to wider society. However, the term 'sensitive' as defined by Sieber and Stanley becomes synonymous with controversial. Another approach, according to Renzetti and Lee (1993), is to start with the observation that those topics social scientists generally regard as sensitive ones are those that seem threatening in some way to those being studied. Hence, the research involves potential costs to those who participate and therefore presents problems. For a topic to be sensitive, the threat it poses should at least be moderate, although probably more often it is severe. The research may result in psychological costs, such as guilt, shame or embarrassment. As a result the relationship between researcher and researched may become hedged with mistrust, concealment and dissimulation. Although I did not feel this was the case, the ethical issues involved in conducting my research have been continuous and complex and an intrinsic part of the process (Liebling and Shah, 2002a). I obtained informed consent from all participants in the research and ensured that appropriate support was available throughout the fieldwork. Anonymity was assured and pseudonyms were used in reporting of quotes from interviews.

The issue of consent was extremely complex. Although everything possible was done to ensure participants made an informed choice about their participation there were other influences affecting their decision to take part. This included being introduced via a political leader, how respondents viewed me as a 'source of hope', and their own views about how things might improve if they took part in addition to wanting to discuss their war experiences. Another incentive may have been the small payment for transport. This was normal practice within non-government organisations in Uganda and a fair and respectful gesture. It also enabled participants to buy sugar,

medicines, and small items they needed. This was a way of thanking them for their contribution and time.

Renzetti and Lee (1993: 5) give the following preliminary definition of a sensitive topic:

A sensitive topic is one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data.

Topics and activities regarded as private vary cross-culturally and situationally. Areas of personal experience e.g. my own in the area of trauma and violence can be emotionally charged. Research into these areas may threaten those studied through the levels of emotional stress they produce. Permitting research on the private sphere might reveal that in many instances, particularly in sensitive areas, research participants desire catharsis rather than sanctuary (Bendelow, 1993; Lee, 1981). Although at times distressing, the experience of being listened to and discussing their war experiences appeared beneficial and therapeutic for women. My fieldwork diary entry on 15th February 2001 following a group in Kasana parish stated:

Initially during the session I was concerned as we were talking about their horrendous experiences of war and it all seemed so upsetting, one woman left the group and others cried. I almost cried it was so awful and sad but after talking the women seemed to find relief, they empathised with each other and said it helped them to know they were not alone with their suffering.

This was a common pattern with all the groups illustrating the benefits of establishing long-term relationships with participants in order to build up the trust necessary to carry out this type of sensitive research. In addition to this my training as a clinical psychologist with a good knowledge of Uganda and a genuine interest in its

culture and music may have assisted this process as well as my status as an ‘outsider’ to Ugandan politics.

When using a feminist approach to research an engaged and sympathetic interaction with our participants is aimed for. However, Stacey (1988) points to the dangers that arise when researchers are unconsciously seductive toward their research subjects, raising their expectations and inducing dependency. When the inequalities between the researcher and researched are extreme, all the ethical dilemmas inherent in research with living persons are intensified (Patai, 1991:145).

Ethics and politics are intertwined in sensitive research. Ethics has to do with application of a system of moral principles to prevent harming or wronging others, to promote the good, to be respectful, and to be fair (Sieber, 1993: 14). Ethics and politics are about feelings and interests of ones self and others that must be recognised and understood and taken into consideration to achieve good results.

Being ethical in the conduct of sensitive research also means being culturally sensitive in the way one designs the research and interacts with research participants and relevant others. Cultural sensitivity refers to the understanding and approaches that enable one to gain access to individuals in a given culture or subculture, to learn about their lifestyles, and to communicate in ways that the individuals understand, believe, regard as relevant to themselves, and are likely to act upon. In order to attempt to do this I continued to learn the local language and took part in local music events. In these ways I attempted to bridge the gap between myself as researcher, and the women. The fieldwork diary on 16th February 2001, following a focus group in Kasana, stated:

I waited with the other women: a very lovely moment, where I felt we all really related to each other through singing and music.

Community-based researchers must stay in touch with current opinions that are circulating in the community. Good communication is vital to keep abreast of the views that are being disseminated, to address them appropriately, and to learn appropriate ways to benefit one's research participants and others in the community. The needs and fears of the target population will affect their basic assumptions and current views. Understanding and responding constructively to these needs and fears are an important part of cultural sensitivity and are vital to the success of the research (Sieber, 1993: 20).

Field research using in-depth interviewing has often seemed the ideal way of studying sensitive topics. The researcher relies on sustained or intensive interactions with those studied as a way of establishing trustful relations between researchers and researched. It is then assumed:

Barriers to the researcher's presence are eventually removed to reveal the hidden, the deviant, or the tabooed. Yet the establishment of trustful relations is never easy. In many situations, researchers face hostility and sometimes danger. It is not unusual for the powerless or the disadvantaged to treat the researcher with scepticism, fearing that co-operation will bring in its wake only their further exploitation (Renzetti and Lee, 1993: 101).

The current study challenges this, as during fieldwork women and men were welcoming and polite. The majority spoke openly about very painful and traumatic issues, particularly within focus groups. The ease with which women and men appeared to trust and be able to discuss their innermost thoughts was heartening and they gained relief from doing so.

Some researchers maintain access by establishing a unique role or special category for themselves. Others stress their role as researcher rather than as member. There are dangers of co-optation in some situations. Ayella (1993) advises researchers not to allow the groups they study to set the agenda for them and examines other problems such as culture shock, and handling one's emotional responses to stressful research situations.

Following the experiences of urban anthropologists in the 1970s, work in a collaborative style with research participants has not been without its critics. Some writers e.g. Goudy and Richards (1973) have argued sometimes collaborative researchers have been too ready to assume consensus within local communities. They have thus ignored the extent to which apparently homogeneous groups may be internally differentiated on the basis of a plurality of competing interests. Whilst this should be borne in mind, collaborative approaches seem to have methodological advantages in the study of sensitive topics (Edwards, 1993; Kennedy Bergen, 1993). For instance, in this research I shared my own experiences where appropriate, and Edwards (1993) discusses the advantages of self-disclosure that lessen the disturbing effects on respondents of discussing sensitive issues, as well as creating a wider sense of solidarity through sharing experiences. I was also able to listen to and identify with the emotional pain women had suffered as other author's have written about (e.g. Rubin, 1976).

Political influences on the fieldwork

One of the most pressing influences on the process of my fieldwork was the continual political campaigning and political context. Factors that related to the

presidential elections as well as the outbreak of Ebola virus in Uganda delayed the start of the fieldwork. Several women and men interviewed were scared of a change of leadership running up to the elections in March 2001 and feared resulting violence. This meant that they were already thinking about the previous war and whilst carrying out interviews this was uppermost in their minds. Most participants appeared relieved to have an outlet for discussing their anxieties and this seemed to help allay some fears. My status as an 'outsider' not involved in Ugandan politics appeared to be useful in allowing women and men to speak more freely about their concerns and views. The extent of intimidation of women at that time is illustrated by an entry from my fieldwork diary following a group in Kamuli parish on 9th February 2001 stated:

Women said several times during the session that they were scared of violence happening again with elections coming up soon. They told me political campaigners were currently threatening them with rape.

Once elections finished at the end of March, men and women in Luwero appeared more relaxed. However, campaigning for local politicians then started and there was further instability. It was also the rainy season and travelling was difficult.

It is essential to remember the research can be threatening to the researcher as well. Researchers may be placed in situations where their personal security is jeopardised (Brewer, 1993). Recent research on gender-based violence in South Africa discussed these risks, particularly the risk of violence against them, the risk of traumatisation of both respondents and researchers and the impact of the research on the researchers own relationships (Jewkes et al. 2000: 93). In this research, these issues were discussed in detail during supervision as well as with colleagues and research

assistants in Uganda. However, at times it was very stressful particularly due to the political instability. Political aspects are very important as Patai concluded:

In an unethical world, we cannot do truly ethical research. The problems are political and require not only transformations in consciousness, but also, and above all, political action for their solution (Patai, 1991: 150)

There were two riots at the University where I lived and several people were injured. These riots followed deaths of students at the University campus and involved tear gas, violence and rubber bullets. This made the environment intimidating. There were also outbreaks of violence and harassment of people countrywide, including threats to the woman I stayed with in Luwero. All these factors made my working day fairly stressful and unpredictable. An entry in my fieldwork diary on 30th March 2001 stated:

I went back to Kampala feeling completely emotionally drained and thought it was a combination of the research and the demands on me being too much and also the political incidents and increasing insecurity in the country.

Lee (1992) described how researchers in similar situations could become 'routine cowards' developing sensitivity for potentially hazardous situations and avoiding them. This was not the case in my own situation as I utilised the local Ugandan support network available to me to discuss how best to deal situations. Taking local advice enabled me to feel more protected than potentially a stranger to Uganda might have felt. This has been discussed elsewhere (Peritore, 1990: Sluka, 1990).

As the fieldwork was established via the political leader in Luwero expectations of the political processes directly impacted on the process. There was initially pressure to interview in all seven parishes rather than focusing on three. Responses of local leaders to the research was changeable depending on the political situation and once led

to participants and researchers feeling let down. I tried to 'protect' participants from adverse effects. At other times these influences were positive as several politicians and local leaders took interest in the research. One of the positive aspects of entering the field via a woman was that contrary to the experiences of others' (e.g. Wolf, 1996: 9), I did not have to draw on patriarchal relations to gain access. I utilised the woman-centred activities already present in Uganda.

Lee (1995) argued when conducting research on conflict and war, researchers are often challenged about where their own sympathies lie. I made a conscious decision to stay in the role of 'active listener' and not to comment explicitly on political issues particularly with the extreme sensitivities around these at that time.

Summary

A combination of methodologies were utilised in the current study. It was informed by feminist approaches and also drew on sociological and humanistic theories, within the social context of women war survivors in Luwero. Ugandan women were positioned at the centre of the process and I attempted throughout to challenge the conditions that oppressed their lives (Cook and Fonow, 1984). As Perren-Klinger (1998) argued, focus groups revealed more in-depth information about extremely difficult experiences, including those of sexual, physical, and psychological violence, and torture. Working in groups appeared a beneficial way of sharing very sensitive information within a Ugandan context. Women, men and interviewers seemed to feel safe and more supported than during individual interviews where power differentials were more pronounced. Conscious effort was made to equalise power differentials and utilise a collaborative style, although the power I had was also recognised. I drew on

my long-term knowledge and love of Ugandan culture to build up trust and rapport in within the community. Barriers to communication were reduced, by learning Luganda, taking part in traditional music, dance and singing, eating local meals (Case, 1990) and holding focus group discussions enlisting participants as assistants. I shared results with participants and local community representatives (Bowser and Sieber, 1993). In these and other ways, a collective empowerment and action-research approach was utilised.

Gender was extremely important and women unanimously preferred to share their personal and sensitive experiences with other women, whereas men largely expressed no strong preference. I drew the conclusion that it was an advantage to have a woman interviewer in both cases, not least because men carried out the majority of atrocities during the war.

There were several factors that appeared to enhance the therapeutic benefits of focus groups. As well as gender, training in clinical psychology with expertise in working with women and men who have suffered traumatic experiences was helpful. The benefits of establishing a long-term relationship was imperative in terms of building trust in conjunction with cultural sensitivity. All of these factors assisted with the development of trusting relationships and the resulting disclosure of extremely personal and sensitive information.

The potential emotional harm both to participants and researchers involved was a continual issue. Support was provided through the research assistants however women and men appeared to derive most support from each other and used this to beneficial effect. Training as a clinical psychologist with experience of feminist therapy methods was an asset (Liebling and Chipchase, 1995a; 1995b; 1996a; 1998; 2000) for addressing

the ethical dilemmas of conducting extremely sensitive research. Political influences were constant as fieldwork was carried out during a time of instability in the country. Issues related to gender, race and power also influenced on the process. The research was conducted in a way that maximised safety for all those involved (Jewkes et al. 2000).

Throughout this study Ugandan women were viewed as ‘experts’ and I engaged with them on a personal as well as a professional level. This approach appeared to enhance the quality and effectiveness of the fieldwork. As Mies (1983: 203) argued:

Feminist researchers must not do research from their ivory towers but must become involved with the people they study and the concerns of the women’s movement. It is this personal commitment and great dedication that enables feminists to conduct high quality research on even the most sensitive of issues.

Having outlined the research design and methodology, the next three chapters will describe the outcome of in-depth analysis of data collected from individual interviews, focus group discussions and interviews with key informants.

Chapter Five

Understanding Violence, Rape and Torture of Ugandan Women during Civil War Years (1981-1986)

Eleanor: Many women were raped, married out of their wish and many became widows. Young girls were taken and raped before age. (A local woman leader in Kikamulo discussing the war, Interview P16, lines 22-23)

Introduction

As described in chapter three, the civil war years related to struggles for power based on ethnicity, religion and class. Colonialism created a situation where there was no political system to unite different ethnic groups. Those in the north were neglected and the Baganda, the most powerful group, were favoured, thereby creating resentment and hostilities towards them. Religion strongly influenced the process of voting and was dominated by the Protestant majority. As well as utilising these ethnic tensions and power struggles, Amin and Obote attempted to manipulate Ugandan's religious beliefs to their own ends and created power differentials within the church. It is alleged Obote started his second term in 1981 following a 'rigged' election and civil war erupted. The major power struggles during these war years were between the northern ethnic military groups and Museveni's army who utilised the support of the Baganda. This conflict had its starting base in Luwero. Hence, this area was particularly affected (Liebling and Kiziri-Mayengo, 2002; Liebling, 2004a: 36).

This chapter asks was violence during war in Luwero gendered, and if so how? and was gendered violence sexualised? Concepts related to culture and ethnicity have been utilised as well as those concerned with construction and destruction of power and identity. Using Bourdieu's concepts of 'social field' and 'habitus' the social field of the

civil war is analysed, that is, the forms of economic, social and cultural capital constituting the material basis of Baganda power targeted for destruction by the Acholi (Bourdieu, 1984). It is then discussed whether gendered violence during the war years was a form of torture and whether it amounted to genocide? To do this Anthias and Yuval-Davis' (1989) conceptualisation of women as both objects and subjects of ethnic conflicts as well as Bourdieu's (1984) concepts of economic, social and cultural capital are combined.

Analysis of interviews carried out demonstrate what took place in Luwero amounted to genocide and women were targeted due to their social, ethnic and national construction (Lentin, 1997). The torture of men and women by warring factions was an act of aggression against the Baganda (Callaghan, 1996) and forced incest was aimed at destroying their cultural capital, values and ideology (Bourdieu, 1984). The total devastation of social and economic infrastructure was an attack on the culture and identity of the Baganda. According to Nordstrom (1991) because societies derive their specific form, their self-image and their definition of reality from cultural cohesion, its destruction is of outstanding importance.

The majority of women and men interviewed in this study belonged to the Baganda tribe. All the women in Kamuli and Kasana parish were Bagandan. In Wakayamba parish one woman belonged to the Bakiga tribe from Kabale and the rest were Baganda. In Kasana parish three men were Baganda, one from the Bayankole tribe and one was a Mutoro. In Kamuli parish three men were Baganda, two from Rwanda, and one was a Munyankole. In Wakayamba, five men were Baganda; one was Alur and another Lugbara. Hence, in total 87.6 % of women and 61.1% of men interviewed belonged to the Baganda tribe.

Was violence during civil war in Uganda gendered? And if so, how?

What I remember is I was thirteen years old when the war started. We were still in Kiwoko. Obote soldiers came after the voting. When Obote won the elections, they started looting and killing people.

(Woman from Kamuli, Interview P36, lines 27-30)

The war found me here in Wakayamba, in 1980 after the elections. When it started Obote's men started hunting me down because I was a Democratic Party member and they called us guerrillas.

(Man during a Wakayamba men's group, Interview P83, lines 97-99)

The above quotations suggested the civil war was a planned strategy for a military power struggle. It was a war fought on the bodies of the civilian Baganda population leading to a loss of social belonging (Sideris, 2003).

Sexualised violence and rape of women during war is not a new phenomenon (Watts and Zimmerman, 2002; Jennings and Swiss, 2001). According to Amnesty International (1995) most casualties of war are women and children and rape is one of the least understood aspects. Rape and torture has gendered dimensions and is employed disproportionately against women during war to humiliate and punish them (Green, 1999: 87). From 1989 to 1997 rape was described as widespread to fairly prevalent in 21 of 47 African countries reviewed (Green, 1999: 90). Security forces in South Africa raped women as old as 80 and girls as young as 4 (Namibian Department of Women's Affairs, 1994; Hubbard, 1991). It is estimated between 20,000 and 50,000 women were raped during the Yugoslav civil war (Valentich, 1994) and five times that number during the Rwandan genocide (Human Rights Watch, 1996). The strategy of forcibly abducting and raping women was also used systematically in Mozambique, Uganda and Zimbabwe (El-Bushra and Mukarubuga, 1995: 17). Sexualised violence was also perpetrated against Palestinian women in Israel and Cockburn (1998: 128) stated:

Where women were it's' objects, Israeli military repression in the West Bank and Gaza took unmistakably sexual forms: molestation, harassment and on occasion rape. (Strum, 1992; Young, 1992)

Torture is necessarily gendered as women are targeted during war because of their sex. As Cardyn (2002: 721) argued in her text on sexualised racism and gendered violence by the Ku Klux Klan, women were not 'mere symbols of their race, but persons subjected to torture'. There is also evidence from the truth and reconciliation commission in South Africa that women and men were subjected to physical and psychological torture during Apartheid (Goldblatt and Meintjes, 1996; Turshen and Twagiramariya, 1998: 37-45). It is clear that differing constructions of gender shaped their experience and treatment.

Previous research internationally and in Uganda has indicated that in general during war men tend to be subjected more frequently to physical torture e.g. beating and kicking, tying, bayonet injuries, gunshot injuries and so on, whilst women respondents reported proportionally being subject to more sexual torture e.g. rape, attempted rape, forced marriage, and so on (e.g. Brownmiller, 1975; Thomas and Ralph, 1994; Musisi et al. 2000; Isis-WICCE, 2001b). Swiss and Giller (1993) argued sexual violence was an endemic yet poorly visible facet of violent conflict in Luwero District.

The perpetration of violence during the civil war years was carried out by Acholi and Museveni's soldiers, on both men and women. However, the majority pattern was for human rights violations to be carried out by male Acholi soldiers against a predominantly Bagandan community. In contrast, Museveni's rebel group were more generally associated with acts of kindness towards local people (Lubanga, 1998: 22).

A retrospective study was carried out between 1996 and 1999 on 310 records of patients that attended the African Centre for the Treatment and Rehabilitation of Torture Victims, ACTV, in Kampala. This showed the most common forms of torture were beatings and kicking's, accounting for 80 percent of men and women. Rape was the second commonest method of torture (26%); all were women, apart from one man who was forced to have anal sex. Women were raped or abducted and forced to marry their captors. The main torturers were army personnel or rebels. Only 8.8 percent of the sample lived in Luwero at the time of torture. Women comprised 59 percent of the sample the remainder being men. The main reason cited for torture was 'political' and the period reported by most survivors was the protracted civil war years of 1981-1986. Torture survivors were mainly women and children, and several lost relatives, especially male spouses who were killed. (Musisi et al. 2000: 82-85). These findings are similar to those found in former Yugoslavia (Arcel and Gorana, 1998). The study by Musisi et al. (2000) had limitations, as a good deal of information was not available as patient's records were inadequately filled out.

A retrospective cross-sectional descriptive study of the long-term effects of war on women was carried out between June 1997 and December 1998 by Isis-WICCE. The study covered two districts, Luwero and Nakasongola and a sample of five sub-counties was selected. Interviewees were selected who were above five years old when war started and perceived as having 'rich' information about their experiences, were selected. Ninety-two volunteer survivors were interviewed, 240 took part in focus groups, 6 women and 3 male combatants, 50 key informants and five organisations. Data was analysed using a qualitative data management programme and statistics were generated. 45 percent of the 66 women interviewed lost relatives during the war and 79 percent reported they or their relatives were tortured. Torture took many forms such as

opening up women's pregnancies, shooting, hanging, mutilations, banging on stones, burning using melted Jerry cans, beating, cutting, making people lift heavy loads, starving, imprisonment, abduction, and throwing children in rivers. Although the study purported to carry out a gendered analysis, according to Lubanga (1998: 23), 'there were generally no major differences between the torture of men and women'. The majority of relatives were killed by being 'gunned down' (70%), whereas 'sickness' killed 41% (Lubanga, 1998: 37). The greatest percentages of family members killed were male including, brothers (33%), sons (32%) and husbands (30%). However 23% reported losing daughters. Hence, this study concluded it was predominantly men who were killed during the Luwero civil war (Lubanga, 1998: 38). Limitations of this study included, interviews having to be cut short, information being constrained due to concerns about security, as well as language and translation problems.

A follow up intervention study was carried out by Isis-WICCE in Luwero and I was part of a multidisciplinary team that provided psychological and gynaecological services to war affected women. The study had two parts. Firstly, a quantitative analysis of war trauma that took place in one sub-county of Kikamulo and 48 volunteer women were seen over a three-day period. There were no exclusion criteria. Secondly, a qualitative study and 237 volunteer women were seen and data was collected. The most common form of physical torture were beatings and kicking's (47.5%) followed by rape (35.4%). 54.2% were deprived of food, water, and medicine during the war. 37.5% witnessed family members being killed and 58.3% saw non-family members being killed. 61.4% of women were now living alone, a large percentage having been widowed during the war (Musisi et al. 1999: 14). Psychosocial effects, domestic and family problems, unwanted war babies and delinquency were not covered due to time constraints. No men were included therefore gender comparisons could not be made. A

larger number of women were seen than expected therefore less qualitative information was obtained than originally intended (Musisi et al. 1999: 29).

The civil war years were characterised by attacks on the social and cultural foundations of the Bagandan community, a feature of contemporary warfare (Nordstrom, 1991). Hence, ethnicity was used as a military strategy with a political aim in an attempt to rid Luwero of the dominant Baganda tribe and instil the Acholi as most powerful. This programme of ethnic cleansing has been cited elsewhere e.g. in former Yugoslavia (Copelon, 1998).

Both women and men suffered torture by Acholi soldiers and physical, sexual and psychological torture was utilised. The Acholi were given power to use their bodies as weapons over women's bodies in the form of sexualised violence, rape and torture. Contrary to the gendered pattern of torture previously found, it is important to note that in the present study, as well as surviving sexualised violence women, like men, were subjected to extreme levels of physical violence and torture and great numbers were left widowed following the war.

Physical violence meted out to women and men included; beatings, kicking's, being forced to carry heavy loads, floggings, piercing with spears and bayonets, a severe form of tying of the upper limbs at the back, locally called 'kandoya', that resulted in neuromuscular damage (Musisi et al. 2000: 82), being thrown into a pit, being killed, being hit with the butt of a gun, being cut, being stabbed, being shot at, decapitated, burning with hot water and hot melting plastic from Jerry cans, mutilation of limbs, killing by chopping off limbs and parts of the body, women had their foetuses

removed from their abdomens and killed, and women and men were imprisoned. This is by no means an exhaustive list.

Analysis of data from the current study revealed for women interviewed in Kasana, 94.4% of relatives killed were male and in Kamuli and Wakayamba 75% were male. The remainder killed were women and children. For men interviewed in Kasana 100% of relatives who were killed were male, 70.58% in Kamuli were male and 75% in Wakayamba. This information was collated by going through individual responses to a question about violence and torture suffered by their families and relatives during the war. Although the numbers interviewed were small, this supported previous research suggesting overwhelmingly more men than women lost their lives during the civil war years in Luwero. A man during a Kamuli group told me:

For men, they were killed and the women mostly cut and raped.
(Interview P29, line 27)

The current data suggested a greater percentage of men were killed in Kasana parish and this was likely to be due to the fact that Acholi soldiers had their base there. Local Baganda men were perceived as a threat to their power and hence the population and infrastructure was totally destroyed, as one woman described:

In Kasana we were greatly affected because the Acholi's had their detach here and so it was the first place they went to all the time and not a single house was left standing. (Woman during a Kasana group, Interview P96, lines 109-111)

Although the main target for death was men, there were also attempts to kill women. One woman during a Kamuli group stated:

They got another, beat and beheaded and yet another and another until they should have started with me. But I was the last and they hit me across the stomach with an axe and I fell. They cut my hand and when they aimed for the neck, it missed but cut my side, so they thought I was also dead and left.

(Interview P47, lines 114-118)

Noreen from Kamuli also narrated her story:

They approached us and started asking for money from the older people among us. They got the first man, cut off his fingers, then legs and lastly his head. They got the 2nd, 3rd and 4th when they got the 5th I screamed at them and asked why they had not started with me? Then one of them picked an axe calling me 'a daughter of a rebel'. He hit me with the axe across the stomach; I fell, and passed out. They started cutting me and pierced me with an arrow and thinking they had left six corpses, they left. (Interview P36, lines 68-74)

Violence and torture frequently took place when people were accused of being supporters of Museveni as Rebecca, a 50-year-old woman from Kasana described:

My father and husband were killed as they were accused of being rebels. I ran with all my children in the bush although one got very sick.

(Interview P69, lines 84-86)

Acholi soldiers tortured women and men from all three parishes and evidence for this has been cited in previous studies (see Kabaganda, 1991; Ojiambo-Ochieng, 1998; Lubanga, 1998; Liebling and Kiziri-Mayengo, 2002). Lucy from Wakayamba stated:

We suffered a lot with my children and were beaten and kicked. All our property was taken and we suffered painfully as they pierced us. Life was not pleasant at all. (Interview P77, lines 72-74)

This study found physical, sexual and psychological abuses were closely enmeshed and one woman from a Kamuli group described her ordeal:

One day they came to our place so we ran away to Ssinga where we suffered a lot but even there they would come and kill us so we decided to return here. We

met soldiers who caught me and asked about the rebels and I said I did not know anything, but they insisted I had to tell them. One of them got Jerry cans and tied them on and lit them up and hit me, insisting I had to tell them they took us to jail. (Interview P47, lines 161-168)

Witnessing atrocities against loved ones and friends was a form of psychological torture and a woman from a Kamuli group described such an incident:

I exclaimed that I was dead! Then they started shouting ‘aren't these the rebels’? They picked a man, cut off his feet and fingers then cut off his head.
(Interview P47, lines 111-112)

As found in previous studies (see Lubanga, 1998; Musisi et al. 2000), violence and torture of men and women in Luwero took psychological forms. This included; derogatory remarks in front of relatives, being made to stand naked in front of your family, being raped in front of family members and being forced to clap, being interrogated, threatened, intimidated, bullied, forced conscription of boys and men, being forced to torture and kill loved ones and witness atrocities against them, being unable to bury the dead, humiliation, and control, to name but a few. All of these tactics had dehumanising effects that shattered cultural norms in Buganda.

In contrast with Cockburn’s (1998) findings of occasional rape in Bosnia, Acholi soldiers systematically raped women and young girls in Luwero. They were abducted, forced into marriages and used as sexual slaves. They endured gender-specific violations such as gang and mass rapes, abductions, forced impregnations, removal and killing of their fetuses, genital mutilations, and sexual abuse (Dundu, 1998; Musisi et al. 1999: 28; Tripp and Kwesiga, 2002: 109). Mukasa, a male local leader described what happened:

During the war people were tortured... badly tortured and mostly men were killed. Women were forced to marry soldiers; some were raped, mostly young girls under eighteen. They were taken to the Obote camps; others were killed

and beaten. Many things were done against the women.

(Interview P49, lines 37-40)

As Cockburn (1998) found in Bosnia, violence against women and young girls in Luwero took sexualised forms as Eugene, a health assistant, described:

It involved raping and defiling those ones who were under age and it ended up with some of them getting unwanted pregnancies.

(Interview P21, lines 28-29)

The majority of women interviewed suffered frequent gang rapes and 21 soldiers raped one woman during one incident. Several became pregnant from rape ordeals and produced unwanted war babies most of which their families could not accept (Musisi et al. 1999; Liebling and Kiziri-Mayengo, 2002). Women were forced into marriages with their captors in order to survive. Fathers were ordered to rape their daughters and family members were forced to applaud. Women were also abducted as sexual slaves. These types of atrocities caused destruction of cultural norms and respectability codes within Baganda culture.

Rape of women during war in Luwero District was previously estimated from focus group discussions to be between 50-70% (Lubanga, 1998: 27), with the most common forms of torture of women being sexual traumatising at 58.3% (Musisi et al. 1999: 4). Giller documented a high proportion of rape cases in women war survivors in Luwero (Giller, 1998). Dundu (1998) and Odida (1998) made similar observations.

This study found an average of 73%, or 24 out of 33 women interviewed, from three parishes disclosed rape experiences during the war. Several were also subjected to genital mutilation; being cut with knives, pistols or broken bottles, usually prior to rape taking place. Due to the stigma associated with discussing sexual violence in this

context, it is likely these figures were considerably higher. All the women in the current study had experienced rape themselves or knew of someone who had been. The incidence of gang rape was extremely high. In Kamuli 7 out of 10 women had been raped, several suffered gang rape and genital mutilation. In Kasana 10 out of 15 women experienced rape and several suffered genital mutilation. In Wakayamba, 7 out of 8 women were raped and several suffered gang rape and genital mutilation.

Genital mutilation by cutting and inserting objects, as a gender-specific violation, was utilised by Acholi soldiers. This tactic has also been documented more recently in the northern region of Uganda (Isis-WICCE, 2001a: 20). Some women had been young girls during the war like Susan who spoke during a Kasana focus group:

There was a short man who took my father aside and told him 'you have refused to sleep with your daughter you are going to die'. He first cut off his ear and my father said 'why don't you kill me at once instead of torturing me but I won't sleep with my daughter?' He then took me aside and raped me but since I was still young penetration was hard and he used his pistol head to open me up. I bled and cried so hard and he left me. He then went and did the same to my mother and really tortured her. (Interview P98, lines 374-381)

Another woman from Kasana said:

Me I was young 8 years, a certain man asked for a beer bottle which he broke and told his friend to hold one of my legs apart while he held the other and he cut me in my private parts from within the church! (Interview 98, lines 651-653)

A woman from a focus group discussion in Kamuli also described her experiences:

We were locked up in a store and raped endlessly for three days. The first soldier tried to penetrate me but failed then his two friends held my legs apart and he cut me with a panga and they tied me up and cut my hands using broken glass and they raped me. I cried so hard! (Interview P47, lines 16-19).

The obvious symbolism of cutting women using pistols and pangas requires little explication. Acholi soldiers not content with ordinary rape violated Baganda women with foreign objects they had also used to threaten their lives with. When a rape failed to obliterate her, the next rapist used a more potent weapon to accomplish the same objective. In these and other depraved ways, the Acholi attempted to realise their objectives by ravaging the body parts of Bagandan women that threatened the challenge to their desired domination. Cardyn (2002: 744) described this previously in relation to acts of the Ku Klux Klan.

There is also evidence that men have been sexually assaulted during wars and it was estimated 4,000 male Croatian prisoners were sexually tortured in Serb detention camps (Littlewood, 1997: 9). Sexualised violence by Acholi soldiers against men also took place in Luwero. One man from a Wakayamba group joined Museveni's gorillas in order to survive and whilst searching for food Acholi soldiers tortured him. He stated:

They tied me up and cut a branch which they pushed through my anus inwards. (Interview P83, lines 36-37)

Eric, a male research assistant also said:

I encountered a man and they got his penis and testicles tied on a wire and he was sat down and they told him to stand up so the wire went down and as he stood up the wire cut his testicles and penis off so the man remained like a woman without his penis or testicles. That is the worst I have seen of the men who suffered. (Interview P13, lines 90-94)

Joyce, from Kamuli also witnessed sexual violence against a man:

What I really saw was the cutting up of people and I remember a pregnant woman whose stomach was opened and the foetus removed. Another man had his private parts cut off and he was nailed to a tree. They cut off my father's eyes and nose and they hammered a big nail through him.

(Interview P37, lines 62-65)

It is likely the incidence of sexual violence against men was far greater than disclosed in this study but taboos may have prevented them from speaking out. Rape and sexualised violence by men against men is extremely sensitive within Ugandan culture and homosexuality is an act punishable by law. Cultural beliefs make it almost impossible for sexualised violence against men to be talked about sometimes resulting in denial. When Eric, a male research assistant was asked whether men were raped during the war in Luwero he replied:

Men were never raped because it is not African. This homosexual thing is European. They are not raped but it is the men raping the women.
(Interview P13, lines 153-154)

The stigma surrounding women's experiences of sexual violence within Bagandan culture is also immense (Liebling and Shah, 2001) as Josephine, a woman worker in a non-government organisation explained:

This is a stigmatising experience therefore you don't even talk about it in families or the community. Even those who are caught they keep quiet because if traditionally the girl is not married her chances of getting married are lessened and she loses value and if it is ones wife God forbid he doesn't want anybody to know that his wife has had such an experience. In fact sometimes rape has led to divorce so some of these women will not even tell their own husbands.
(Interview P8, lines 288-294)

Cultural customs and beliefs exacerbate these difficulties as confirmed by Victor, a male community health worker from Kikamulo:

You know the culture of these people. If for example someone has been raped and they are a mature person they still fear to explain to the community I got this problem. (Interview P4, lines 261-163)

How can gendered violence during the Ugandan civil war years be understood?

The civil war represented a violent challenge by Acholi warring forces to the power and authority of dominant ethnic and religious groupings, the Baganda, whose *material* power e.g. property, wealth and social networks, and *entitlement* to power e.g. cultural identity, ethnic/religious authority, psychological self-confidence and security, had to be dismantled and destroyed.

Bourdieu (1984: 291) in Liddle and Nakajima (2000: 28) gives us a way of understanding society as fields of power that are organised by the distribution of different forms of capital. Economic capital includes income, wealth, property, and inheritances. Social capital is based on social relationships, group memberships and connections generated through networks of relationships. Cultural capital in terms of education, knowledge and taste is expressed in three forms: the embodied, referring to long-lasting dispositions of the mind and body; the objectified, referring to goods and commodities; and the institutionalised, referring mainly to educational credentials which ratify cultural capital (Liddle and Nakajima, 2003: 156).

The forms Acholi violence took and the targets, against which it was directed in Baganda villages, were shaped by the Acholi's understanding of the sources and manifestations of Bagandan power. Using Bourdieu's (1984) concepts of economic, social and cultural capital, it is demonstrated that Acholi violence was directed against economic, social and cultural targets to destroy the power base of the dominant ethnic group. In this process of destruction, violence against women, in both gendered and sexualised forms played a crucial and distinctive, though not exclusive, role in the radical transformation of ethnic power relations in the social field. Mukasa, a local leader interviewed described what took place:

These soldiers were raping women and girls under eighteen. The men were beaten and killed, properties were stolen and some destroyed. I think they wanted to finish up all the people in Baganda here because most atrocities were done in the Baganda area. What I think is that they wanted to damage the whole of Baganda, mostly the Baganda and Bantu tribe. They wanted to take power.
(Interview P49, lines 168-173)

The forms of violence against women were not random, but reflected embodied, gendered patterns of violence representing significant areas of women's cultural and ethnic identity in the social field. In order to understand the meaning of women's roles and identities in relation to ethnic power relations, Bourdieu's concepts of the different forms of capital are drawn on as according to Bourdieu (1984), women represent economic, social and cultural capital for men within the system of class relations. Liddle and Nakajima (2000) have argued women also represent capital for the state within the context of international relations. However, this study argues that women represent capital for men within the system of ethnic relations.

Baganda women were partly understood by Acholi soldiers as economic capital for Baganda men, in so much as they were seen as both productive labourers and biological reproducers for Baganda men, as a result of which their productive and reproductive powers were largely disabled by the Acholi military. Bagandan women were also understood by the Acholi, as social capital for Bagandan men, in the sense that they were seen as nurturers of social relationships and community cohesion, and thus were targeted for social dislocation and fragmentation. Acholi soldiers, viewed Bagandan women as cultural capital for Bagandan men, in as much as they were seen as the repositories of ethnic and community knowledge, values and practices, and bearers of honour for Baganda men, and thus targeted as objects for cultural disruption and sexual dishonour.

However, Bourdieu's (1984) analysis of gender relations in the social field of power is restricted in the sense that he views women only as objects of male value, whereas Lovell (2000a) has noted women are also subjects who exercise agency in the context of the social field. So to Bourdieu's (1984) understanding of women's position in the social field, we may add Anthias and Yuval-Davis' (1989) conceptualisation of women's relationship to ethnic groups. Anthias and Yuval-Davis (1989: 7) argue they can locate five major, although not exclusive, ways in which women have tended to participate in ethnic and national processes and in relation to state practices. These are:

- (a) As biological reproducers of members of ethnic collectivities;
- (b) As reproducers of the boundaries of ethnic/national groups;
- (c) As participating centrally in the ideological reproduction of the collectivity and as transmitters of culture;
- (d) As signifiers of ethnic/national differences – as a focus and symbol in ideological discourses used in the construction, reproduction and transformation of ethnic/national categories;
- (e) As participants in national, economic, political and military struggles.

Anthias and Yuval-Davis (1989: 7) add, 'different historical contexts will construct these roles not only in different ways but also the centrality of these roles will differ.' There is a degree of overlap here, in that women's roles as biological and cultural reproducers and as symbols of ethnic difference in the 'honour' system are common to both. But Anthias and Yuval-Davis (1989) acknowledge women's role as reproducers of social boundaries of ethnic groups, which casts further light on the perpetration of sexual violence: and their role as active participants in ethnic struggles, which allows us to see women taking up arms to fight in the military as part of women's agency in moving out of a position as objects and taking up a position as subjects of ethnic power struggles.

The specifically gendered forms of violence that were directed largely at Bagandan women are now examined and it is argued these forms of violence were

neither random nor mindless, but represented a specifically gendered form of genocide, which did indeed understand women as objects, but not as subjects, of value for the men of the Bagandan ethnic group; and while Bagandan men were mainly targeted for torture and killing to eradicate the ethnic group, Bagandan women were largely subjected to sexualised torture stopping short of, and sometimes including, death, to eliminate Bagandan cultural identity.

Torture has to be understood within a gendered context to appreciate the particular experiences of women. For the purpose of this study rape is viewed as an accepted feature of torture using the Amnesty International (1997; 2000) definition cited in chapter two. Torture of women and men in Luwero during the war was gendered, as there was a systematic programme of raping and torturing women within the wider context of general human rights abuses. However, Yuval-Davis (1997: 110) argued the Geneva Convention defines rape as ‘a crime of honour’ rather than as a mode of torture. In this context ‘honour’ is that of men’s or the community’s honour, rather than necessarily the women themselves. In the context of the civil war in Uganda, rape can be understood as both torture and a crime of honour (Yuval-Davis, 1997). It was a direct mode of torture applied by Acholi soldiers to a sexed member of a specific ethnic group, the Baganda, and also an indirect crime of honour against the male members of that specific ethnic group who have rights of access to that sexed body, the women of Baganda.

This chapter now reflects on whether the forms of gendered and sexualised violence women in Luwero were subjected to, amount to genocide and refers to Lentin’s (1997) definition to assist with this. The major issue in the definition of genocide is internationality: ethnocide (the destruction of culture) and the failure to

protect indigenous peoples from famine and disease are as foreseeable and intended as genocidal massacres (Lentin, 1997: 2). Lentin (1997: 2) argues that because women bear the next generation of a collectivity, they are put uniquely at risk as members of a group targeted as 'racially inferior'. Lentin's (1997) concept provides a good explanation for understanding the torture women endured at the hands of the Acholi during the Luwero civil war. They were abducted; subjected to sexual slavery, multiply raped and suffered forced impregnations. Acholi soldiers aimed to destroy the Baganda ethnic group through these tactics.

Biological and cultural warfare is also a key concept in genocidal rape. An example of women's biological destiny shaping their targeting by genocidal projects is Nazi ideology, which rests on the eugenic conviction of German racial superiority, inevitably discriminated against women as child bearers (Lentin, 1997: 9). Biological warfare was employed by the Serb and Bosnian Serb policy of 'genocidal rape' (Cockburn, 1998). In Luwero, the various forms of violence that could be included in this context were mass rape, abduction, forced impregnation, removal and killing of foetuses, as well as forced incest.

The ways that Acholi soldiers attempted to destroy the economic, social and cultural capital of the Bagandan population in Luwero is now addressed by combining concepts from Anthias and Yuval-Davis (1989) and Bourdieu (1984) giving examples from the fieldwork.

Economic capital

Lovinca: There was also massive poverty created as a result of all that looting and destruction, which has not even ended. (Woman from Kamuli discussing the war, Interview P39, lines 132-133)

We were retarded because we used to make money. There used to be a Sugarcane plantation from which we used to get good money. Some of us even had animals for rearing, but they were all taken and eaten and we became grounded.

(Woman from a Wakayamba group, Interview P95, lines 993-996)

It is important to note that although Luwero had several tribes living there, it was only the Baganda who owned land and this was an important threat to the Acholi's search for increased power. As agriculture is the main source of livelihood in Luwero, land played a prominent role. This has also been found in Bangladesh following natural disasters such as floods and cyclones (see Rozario, 1992: 66). As in Luwero, the ownership and control of the land in Bangladesh was gendered and according to Kafi (1992: 10-11, in Rozario, 1997):

The ability of women to control land, tools or trade is limited by the social expectations of the community...Both at the time of disaster, as well as during its aftermath, women have less physical protection and fewer resources for recovery than men.

During the Luwero civil war years, Acholi soldiers targeted and destroyed the *material* power of the Baganda by attacks on property, houses, land, crops, livestock, productive resources e.g. food, and other forms of wealth for example; being driven off one's land. There was a whole range of destructive tactics aimed at diminishing economic capital. Houses were stripped of belongings and people's clothes were removed from their bodies so they walked naked. As Luwero is mainly a farming area these actions had devastating effects on their lives. Noreen, 30-year-old woman from Kamuli, said:

On reaching home, our house had been deroofed and completely destroyed and even overgrown with bush. (Interview P36, lines 148-149)

A man from a Wakayamba group stated:

My riches were taken. I had twenty-seven cows, which were all eaten. My shop was demolished and looted of a sewing machine, weighing scale and two bicycles. I am now left with nothing to lean on.

(Interview P83, lines 265-267)

Owning cattle was an important source of economic wealth for men and women.

Men took responsibility for livestock, over which they had total control, whereas

women helped on family farms (The Oxfam Gender Training Manual, 1994: 373).

Women tended to rear cattle that were taken by Acholi soldiers as Amanda, from

Kamuli, stated:

There was so much hunger we decided to leave Ssinga and returned to our homes. But our home was taken, including my seven cows.

(Interview P38, lines 116-118)

A woman from a Wakayamba group said:

I had my 70 goats and cattle but they were all taken including all household property, not even a dress remained. I stayed in a rag with the children.

(Interview P95, lines 38-40)

Steven, a 60-year-old man from Kamuli described the disruption to his economic

capital:

We lost many things like houses, cattle and money. Within five years we really became retarded. It spoilt things for me otherwise I would have been rich. I had 37 cows and 280-kilogram bags of coffee and I was going to buy a car.

(Interview P24, lines 65-74)

Coffee was the main source of income within Luwero and the war severely affected its' production. Loss of economic capital for men affected women and their families directly as this woman in a Kamuli group discussion explained:

My father had cattle and chicken and they were taken and their house was destroyed which affects me. They put landmines on the roads and the water channels were disrupted making them flood everywhere so vehicles could not go through the area at all. (Interview P44, lines 187-208)

Food production was severely affected as families were 'on the run' from Acholi soldiers, often for several years. Amanda, from Kamuli, said:

It affected me so much because the walking long distances looking for food after hiding children in the bushes. We even ate dry cow skins for survival.
(Interview P38, lines 135-137)

Men traditionally own land in Luwero but it is largely women who are expected to assist or work on it for their husbands (Obbo, 1989: 83). It is an important source of economic wealth. During the war, men lost land and therefore families, particularly widows, were affected. A man from a Kasana group stated:

After the war, when I returned to my land I found it had been taken because they thought I had died. (Interview P58, lines 114-115)

Of all the men and women interviewed in Kamuli, Kasana and Wakayamba, it was consistently responded there were no differences in abuses carried out. It was said to me frequently that, 'we were all badly affected' (Interview P44, Kamuli women's group).

Although destruction of material wealth was overwhelmingly carried out by Acholi soldiers on the Baganda population, both men and women offered wealth and

resources to support Museveni's soldiers e.g. cattle, food, and accommodation, as this woman from a Kamuli group stated:

We helped them with food and gave them some of our property. By then most of our husbands were still alive with jobs and other sources of income. I recall a certain detach where we the women used to go and dig potatoes for the men and my husband who had a shop then gave them a roll of khaki clothing material and a sewing machine which they used for uniforms.

(Interview P47, lines 719-723)

Acholi soldiers also targeted Bagandan women and men by maiming and disabling them, thereby destroying their labour power. A woman during a Kamuli group told me:

Many of us were beaten up and now suffer chest pains and are left with little strength. In addition, there are many disabled people who can't do much and some of us have hearing problems. (Interview P45, lines 322-324)

Aminata, from Kasana said:

I now have problems with carrying heavy things, as one side is totally disorientated. Whenever I try to use the arm on that side it hurts, so the remedy is abstaining from work. (Interview P65, lines 95-96, 101-102)

A man during a Kamuli group discussion stated:

From the way they beat me I can hardly carry a heavy load. My way of working was reduced. (Interview P29, lines 228-229)

Charles, from Kasana described how the war reduced his ability to work:

I developed pain throughout my body and lost strength. I also became lame. (Interview P53, lines 82-83)

Yeka from Kasana also told me:

I lost one eye and my chest pains. I can't carry anything plus my head is not stable. I get very dizzy especially when I have been in the sun for too long.
(Interview P54, lines 120-122)

In terms of gender differences, men, women and their families were greatly affected by the destruction of economic capital during the war years. Traditionally, before the war, men were viewed as providers for their families, so loss of their land and material assets affected their role and status. Men and women's labour power was significantly reduced by disabilities and maiming caused by Acholi violence. Although women tended not to own land or livestock they were primarily responsible for rearing animals and providing food for the family. Several women were widowed during the war and therefore had the extra burden of caring for children and orphans. Whereas before the war it was the husband's responsibility to pay children's school fees and provide basic necessities at home, these are now regarded as women's responsibility placing additional labour burden on them (The Oxfam Gender Training Manual, 1994: 374). This is a critical constraint to women's full participation in the lives of their families and communities. Hence destruction of economic capital affected women's traditional roles and some men continued to resent their wives working as this woman from a Kasana group explained: 'many of us, our husbands don't allow us to work as they think we might over ride them' (Interview P98, lines 1077-1078).

In order to try and analyse the impact of the atrocities Bourdieu's (1984) concept of women as economic capital for the group as well as Anthias and Yuval-Davis' (1989) concepts of women as biological reproducers of members of ethnic collectivities and productive labour are drawn on. War is about destruction on several levels (Musisi et al. 1999: 6), and, rape, violence and torture is aimed at 'destroying the enemy's culture' (e.g. Human Rights Watch, 1995; 1996; McKinley, 1996; AFELL, 1998). The present analysis supported Seifert's (1992) view that 'the rape of the woman in a community can be regarded as the symbolic rape of the body of the community.' Watts and Zimmerman (2002) argued the wars in former Yugoslavia and Rwanda

focused international attention on the use of rape as a deliberate strategy to undermine community bonds, weaken resistance to aggression and perpetuate ethnic cleansing through impregnation. In Luwero it was Acholi soldiers who forcibly raped and impregnated Bagandan women.

The Acholi intended to systematically eliminate the Baganda population by torturing and killing men and sexualised torture predominantly of women. One strategy was to limit the number of Bagandan children born by killing Bagandan fetuses and raping and impregnating Bagandan women with Acholi fetuses. Hence, the Acholi controlled the reproductive capacity and activity of Bagandan women. They destroyed and damaged women's reproductive power by killing pregnant women and their fetuses, impregnating women with Acholi fetuses, transmitting sexual and gynaecological diseases through rape and sexual violations leading to miscarriages, infertility and serious gynaecological health problems.

Jayawardena and de Alwis (1996:ix) argued in the context of South Asia, that fundamentalism used women's bodies as a battlefield. Similarly in Luwero, the Acholi used women's bodies in their struggle to appropriate power. They shaped women's reproductive ability as damage to their health affected their ability to work and hence their economic capital. During interviews both women and men described that during the war pregnant women's stomachs were often brutally sliced open by soldiers (Lubanga, 1998: xi). A man from a Wakayamba group described:

Raping them and others had their tummies ripped open to remove the babies who were thought would be future rebels. (Interview P83, lines 301-302)

Simon, who lived in Luwero during the war also described how fetuses were killed:

If they found pregnant women they would cut across and they would boast about seeing the baby coming out as if they were surgeons. It was really terrible untold suffering. (Interview P51, lines 146-148)

By removing foetuses the Acholi destroyed the Bagandan women's reproductive capacity and their cultural identity. Zajovic (1994: 36) analysing the mass rape of women in Bosnia-Herzegovina said as a result of rape 'the female womb becomes occupied territory'. In Serbo-Croatia the term 'cleansing' was used for abortion. The idea of polluting and cleansing applies especially to women's bodies. In the context of Luwero, a woman's reproductive power was appropriated by the Acholi to prevent the undesirable proliferation of the enemy's progeny. It was then impregnated with Acholi foetuses. In this way women's bodies were themselves made to seem as if they had 'turned traitor' (Stiglmeier, 1994: 118). The politician Miria Matembe described the experiences of women during the war in Luwero (2002: 75)

The violence against women by the military was unbelievable, as numbers of girls and women were raped and killed. This violence took very ugly forms. To give just one example, some pregnant women were being cut open with bayonets, supposedly for bullets. Life was actually impossible.

The following quote by Janet in Kasana also illustrates the type of torture prevalent

The war started when I was 22 years. During this time, we ran away to Ssingol but were arrested on the way and my husband was killed. I was jailed and from time to time I would be burnt with dripping hot plastic in the hope of making me tell them where the rebels then were. They said my husband was also a rebel. I stayed in jail for a week during which I was raped by five men daily.

(Interview P34, lines 45-49)

As Cockburn also found in Bosnia, forced pregnancy was used in Luwero as a kind of biological warfare to increase the dominance of one ethnic group above another, in this case the Acholi over the Baganda (Cockburn, 1998). As Jok (1999: 432) stated:

There is certainly confusion between concepts of sexuality in ordinary times when women are sexual and reproductive property only after marriage, and wartime male sexual behaviour in which the woman's womb is national property and her sexuality is the means to tap that national property.

Social Capital

Mutesi: It's basically human weakness and defying of communities' ties by destroying the souls of people and what they live for. For some of the men it's the confusion that makes them not think straight. The soldiers also just want to take advantage of the women who are deemed weaker than themselves. (Woman director of a human rights organisation discussing the war years, Interview P22, lines 141-144)

The previous section showed how Acholi soldiers wiped out much of the economic capital in Luwero in terms of finance and property. A second way the Acholi attempted to destroy the power of the Baganda was by causing *social absences*. The effect of the war's human casualties damaged the social fabric of Bugandan society and eroded the practice of male domination. Liddle and Nakajima (2000: 134) reported similar effects at the end of the Second World War in Japan.

Bourdieu (1984) argues women are the reproducers of social integration and community cohesion. This refers to activities which maintain the social fabric of the ethnic group for instance, nurturing of social relationships, talking and listening to others, keeping the family together, helping others out to maintain goodwill and reciprocal relationships, investing in and nurturing relationships with powerful members of the family, especially husbands and in-laws to protect and provide for the children. During the war years, Acholi soldiers destroyed the social fabric of Baganda by causing families to leave their homes, abducting women and young girls and using them as sexual slaves. Social and political networks that existed before the war were

destroyed, not only by mass killings and torture but also by driving Baganda from their land and breaking up families and communities. The social devastation caused by the war had dramatic effects on the way women and men survivors behaved. Death, sickness and injuries of relatives, friends and neighbours caused gendered social absences and damaged the social fabric of society.

Previous research in Luwero found 85.4 percent of women interviewed spent months to years during the war ‘running and hiding in the bush’ (Musisi et al. 1999: 4). They returned afterwards to find their homes devastated and remain in dire poverty. Whilst ‘in the bush’ food and water was scarce and they survived on contaminated water often containing dead bodies, and inedibles e.g. leaves, grass and they lived in intolerable conditions e.g. with snakes crawling all over them. Whilst ‘on the run’ women had the additional burden of caring for children, being pregnant and having the responsibility of providing food. The suffering was immense as Beatrice from Kamuli explained:

I remember the way we suffered after leaving home. We went for days with poor feeding, beaten by rain, we got malaria; the water we drank was dirty, our feet hurt and we ate inedibles e.g. skins and hides. We used to run as a family.
(Interview P14, lines 68-71)

Community structures were dislocated and killing was rife as this man during a Kasana group discussion stated:

Obote’s men killed many people in our village and they brought my father and killed him in Kiwoko...My two children were killed but me and my wife, being soldiers, we rolled to safety. (Interview P58, lines 277 and 293)

Although families tried to stay together, a method used by the Acholi to destroy social capital was the breaking up of families as a woman during a Kasana focus group

explained:

The war found me in this area. We were at home and a friend came telling us to pick the children and take off. But I picked only one child and before I knew it a grenade exploded in front of me. I called to the children to run. We took off empty handed.... One time I was still looking for food, my children were ambushed with my husband and they ran off cutting me off from them completely. When I returned to the place, the huts had been burnt down and someone warned me not to go there. (Interview P98, lines 73-89)

Acholi soldiers as a woman during a Kasana group described abducted children, especially young girls:

When we got to their big camp they wanted to take the children but they were saved by one of them. We decided to move toward Kikamulo when one man wanted to shoot me for refusing to leave the children. He grabbed the 9-year-old who clung to me but the soldier cocked his gun so I told the child to let go of me, and the man took her dragging and beating her. Whenever I looked there, he wanted to shoot me (Interview P98, lines 267-273).

Another tactic utilised by the Acholi was to instil hostilities between family members who supported Obote or Museveni as Ssalongo, a male community health worker from Kasana explained:

We have a live example in our village; two brothers one of them was on Obote's side then the second brother was on Museveni's side they begin hating each other. This one was trying to kill his brother because he was supporting the other side. (Interview P5, lines 235-238)

Due to the fact it was mainly men who were killed, families and communities were left without fathers, uncles, husbands, brothers and sons. Women were forced to take men's place and perform their work as well as their own. Amanda, a 62-year-old woman from Kamuli described the effects of losing her husband:

My husband died during the war so the responsibility is all on me. I am asking for help because of what happened to me during the war, which left me with all sorts of pains, back pain, chest pain and a broken arm. Otherwise, I try to work and have pushed my grandchildren on except this year, as things are bad.
(Interview P38, lines 21-26)

John, a worker in a non-government organisation described how the war changed relationships between women and men:

The situation has left women as breadwinners because many men died. As the social structures have been destroyed the family head traditionally should be the man but now the woman takes over the role. Even if the man is there he does not have the moral authority to give direction to the family as he cannot provide for the family and he could not defend his own children and family, many of who were abducted in front of his own eyes. That is quite dehumanising for a man and it has a lot of psychological effects.

(Interview P100, lines 199-210)

A woman further explained this during a Kamuli group:

We don't know what changed the men. I think the problem is because the men left behind were few so if you decided to produce children as a woman, they are your responsibility. Most of the women are widows with children as most men died leaving a number of children. You may find that two or three brothers were killed leaving their homes desolate so you find that you have to collect all their children in one home. (Interview P47, lines 700-705)

Due to the fact many more men were killed and those who remain are often depressed and demoralised, the burden of care and responsibility is largely left to women. This situation was also found in Japan at the end of the Second World War (Liddle and Nakajima, 2000: 137). The impact on women in Luwero of these gendered social absences in the family during and following the war legitimised the experiences of women whose male relatives had died and left them unsupported. Predominantly it was women who were forced to take the place of men, to act as fathers as well as mothers to their children and to replace men as economic providers and protectors of their families. Although this process opened up new social spaces for women who became more empowered, it also resulted in a life of 'forced independence', hardship, extreme poverty, overwhelming fatigue and increased poor health (see Ahearn and Noble, 2004: 402).

As in Japan (Liddle and Nakajima, 2000: 142), these gendered social absences undermined gendered structures of social organisation, social relations and systems of social regulation. In Luwero, children lost parents, wives lost husbands, old people lost adult children and were left on their own and no longer embedded in the structures of social support. Mary, a woman from Kamuli, described what happened:

The war was disastrous; many people died and a lot of property was lost and has never been recovered. There are many children roaming the streets and the countryside without parents. There are many old helpless people who lost their children during the war. (Interview P40, lines 103-105).

Extended families were broken up and wives and widows took over as heads of households. Rachel, a woman director of a non-government organisation described the impact:

Men seem to have given up totally, now this is the social problem; the whole burden of the post-conflict time is on women. They are the ones to put up shelter, they are the ones to look for school fees, they are the ones to look for food, and they are the ones to know whether a child is sick or not...I mean everything. The division as roles as it used to be when life was comfortable without men becoming traumatised and withdrawn is no more, and there us a lot of workload on women. (Interview P10, lines 289-294)

The result of women's changing roles has had both negative and positive effects. Eva, a 50-year-old woman from Kasana described some advantages:

We formed Kiwoko Community Development Project and I was chosen on the committee. We used to plan for our children and I learnt a lot because they taught us how to make bricks. We did a lot of good work with my children. I was steered to work harder knowing no one else is going to lend a hand.
(Interview P15, lines 151-155)

Marriages and families were broken apart by different forms of gendered violence particularly due to women being raped and suffering sexual violence. This induced some of their husbands to reject them as 'unclean and dishonoured'. Women

and young girls were frequently abducted as a woman from a Kasana group described:

At the beginning of the war we could run from our homes and hide in the bushes and come night we would return to cook and eat some food. Eventually, Obote soldiers started hunting everywhere. They loved taking and raping girls. We had to run from home and hide in the bushes further away from home. One day, my husband went to look for food leaving me with the sick child and the youngest. On this day, my husband was killed together with two of my sons who followed, the sick child and the girl of about eleven years was taken.

(Interview P98, lines 215-232)

Beatrice from Kasana also described what happened to her:

Time came before the war ended; I was separated from my family by Obote's men by force and the one who took me stayed with me for 8 years in Mbale. He first took me to the barracks in Nakasongola and after the war; he left the army and never returned (Interview P14, lines 92-95).

The result of these abductions, rapes and forced marriages caused destruction of women's cultural identity and serious problems within existing relationships in the community as David from a human rights organisation stated:

Some men never accepted their wives again as their wives had been raped by men. (Interview P50, lines 324-325)

Sideris (2000:5) discussed her work with women war survivors from Mozambique and how they made a strong link between rape and social fragmentation. In Luwero, the whole community felt the rape perpetrated by rebel soldiers and all those present were dehumanised. Dr Kiziri at a local hospital described the effects:

It dislocated homes; they were broken up due to misunderstandings and fearing Sexually Transmitted Diseases. There was also mistrust from the husbands when the women returned as to whether the kids were theirs or that maybe they were from the soldiers. (Interview P60, lines 138-140)

Rape also resulted in unwanted children who were viewed as 'belonging to the enemy'. Women in this situation could not rely on the sympathy of their families (The Oxfam Gender Training Manual, 1994: 374). One woman during a Kasana group said:

When there is war, men leave the responsibility of looking after the children to the women. It's us who are raped and later suffer the effects like disease and child bearing of bastards. (Interview P98, lines 1167-1168, 1177-1178)

Following their experiences of rape, several women chose not to have sexual relationships, as they could no longer contemplate a life of sexual activity as Eugene explained:

For women psychologically there was also loss of interest in sex.
(Interview P21, line 105)

This in turn led to conflict as Madina stated:

I am suffering here with the children and I feel I can't manage the marriage anymore. The problem is that I am tired and don't want men anymore, the sex part of it, and my husband also says I don't benefit him.
(Interview P72, lines 379-381)

A man during a Kamuli group also discussed the effects of rape of women on relationships:

Some women are fed up of sex, and cannot have sex with their husbands. In the end the men abandon them because the men still need to have sex and the women deny them and this leads to separation.
(Interview P29, lines 425-426)

All these factors produced a fragmentation of family organisation and community cohesion with groups of women and children being socially ostracised and excluded. Systems of support for vulnerable groups were also broken down undermining social capital in Baganda society.

Several women were caring for a huge number of orphans with one woman caring for eleven. During a focus group in Kasana, five women were caring for seven

children born from Acholi soldiers during the war. Madina, a 50-year-old woman from Kasana described:

I have no proper way of catering for them especially in sleeping conditions. Five are orphans and together with mine, they are ten. Most of them were fathered by the Acholi during the war. Unfortunately my husband doesn't want them in the house and calls them names and they just cry. I also did not want it to happen and have nowhere to take them. When it comes to feeding, my husband takes care of only himself and I suffer with the children.

(Interview P72, lines 323-328)

As Obbo (1989: 80) stated:

In all Ugandan social or ethnic groups women are defined primarily as reproducers of new group members; and as reproducers of social relations through their nurturing and socialisation roles, and

Women's biological role as child-bearers is regarded as their primary social role and defines their social worth. (Obbo, 1989: 81)

The imbalance between women and men's work in Luwero is one of the factors that has led to the increased fragility of marriages. On a positive note government policies have focused on encouraging women to take wider public and family roles (The Oxfam Gender Training Manual, 1994: 375-376). Acholi soldiers also reproduced the boundaries of the ethnic group by controlling sexual relationships (Anthias and Yuval-Davis, 1989). Women were controlled by Acholi soldiers in terms of the 'proper' way in which they should have children i.e. in ways that reproduced the boundaries of the symbolic identity of the Acholi rather than the Baganda ethnic group. In African society women who are raped or bear children from rape are 'outcasts' and their children are also viewed in this way. The Acholi are not supposed to have sex with Baganda women, as this is extremely taboo within Ugandan culture thereby breaking cultural norms.

Cultural capital

Josephine: There were also gender-specific violations such as rape, such as forced marriages, forced incest, forced impregnation and also there is the trauma of being heads of households when women in many areas are traditionally not brought up to head households. (Deputy director of a woman's non-government organisation, Interview P8, lines 28-31)

Acholi soldiers destroyed the cultural capital of Baganda people by targeting their way of life, cultural practices and preferences, cultural markers of power and distinction, cultural rituals, destruction of 'respectability' codes and disruption of customs and practices that traditionally embody cultural values. Women were viewed as the sexual, reproductive and labour property of men and therefore targeted by the Acholi as men's property along with other forms of wealth. Acholi soldiers caused sexual dishonour of Baganda women through rape and sexual violence, abduction, forced marriage, sexual slavery and other forms of transgressive sex.

According to Anthias and Yuval-Davis (1989: 9), 'the role of women as ideological reproducers is often related to women being seen as the 'cultural carriers' of the ethnic group'. This refers to the knowledge and teaching of what it is to be a member of that group, what it means to be a good Baganda woman or a good Baganda man and what practices and values the ethnic group's 'distinction', 'respectability', 'power' and 'superiority' are based on, and the sources of the group's 'honour'.

Bourdieu (1984) describes how women can be viewed as repositories of cultural capital for men, rather than for themselves, the honour accrues to men of the group and this is the sense in which women are social objects for the men in the group, rather than social subjects in their own right. As objects in the field of power, women bring different types of cultural capital to men, for instance, physical beauty, aesthetic taste, moral sense, artistic accomplishments, domestic skills and intelligence. In many

contexts including Buganda, the honour, standing and respectability of the group is defined by the woman's sexual behaviour and sexual purity whereas men can behave as they desire without the honour of the group being affected (Obbo, 1989). Said (2003: 3) discusses Naipaul's concept of transgressive sex in the context of buggery carried out by guerrillas and 'so-called' freedom fighters during colonialism in Central Africa. Much of the sexual violence carried out by Acholi soldiers can be understood using the concept of transgressive sex including atrocities where perpetrators are not actually conducting the acts but are forcing others, in this case, the Baganda themselves, to do it among themselves. In Luwero, families were forced to watch these acts, usually of incest, which can be understood as a kind of double transgression that creates the performance of complicity (Said, 2003:3).

Women are the main socialisers of small children and are required to transmit the rich heritage of ethnic symbols and ways of life to other members of the ethnic group, especially the young. Hence, by abducting, raping and impregnating Baganda women with Acholi foetuses, the Acholi aimed to eliminate the Baganda tribe and transmit the Acholi way of life to their children, thereby transforming the community. Sexual violation of women and young girls during the war years was aimed at destroying the cultural capital, values and ideology of the Baganda cultural group. Acholi soldiers created sexual dishonour by rape and sexual violence carried out on Baganda women and young girls. A woman during a focus group discussion in Wakayamba told us how both she and her daughter were raped during the war:

We suffered and soon soldiers came and raped me three times, two of them then another group also came and raped us, even my little daughter, whom they had cut with a knife to widen her for penetration.

(Interview P95, lines 621-623)

Eva from Kasana also described what happened:

It is a lot, I can't exhaust it. My husband and two children were killed. Two daughters were taken by Obote's men, one for five years in West Nile and the other for two years in Bugiri. (Interview P15, lines 57-59)

Several women from all three parishes were abducted by soldiers and used as 'sexual comforters' (Lubanga, 1998: 30). Penny from Kasana described her experiences:

On our way back home Sewanyanaalo was collaborating with Museveni and told us to turn back as there was 'death' where we were going. We then turned back but my three daughters were taken and raped: one was taken for two years. One of the daughters was lured to death by her friend and I was woken up at night to hear that she had been killed by Obote's men. The men had fought over her and their commander ordered her to be taken to the barracks and killed but we could not get the body. (Interview P98, lines 124-133)

Women were frequently subjected to physical violence whilst protecting their daughters from abductions, as Fiona from Kasana explained:

I was hit by the butt of a gun whilst trying to stop a soldier from forcing himself into my house where my 12-year-old daughter was.
(Interview P18, lines 94-95)

By controlling women's reproduction Acholi soldiers destroyed women's sense of belonging and acceptance within the Baganda community. As Lubanga (1998: xi) stated:

It is believed by sexually abusing a woman, you do not only torture and humiliate her, but you also break down her community and 'attack' the enemy (men) she 'belongs to.'

In the present study, David working in a local human rights activists group stated:

Some women escaped the war after agreeing to marry the soldiers. Most of the women were forced to marry soldiers or to give them their daughters so that they can stay alive. There was no other way to get food or treatment without being taken by soldiers so most of the women were forced. There were those soldiers and the other men like the Youth who were also monitored by the army so the women had to go amongst them in order to live.
(Interview P50, lines 193-203)

Women and young girls were abducted by the Acholi for sexual slavery causing the destruction of existing family structures and sexual dishonour. Penny described her degrading treatment following abduction by an Acholi soldier who sold her to others for 1000 Ugandan Shillings, about 30 pence:

I was taken as a wife. We used to sleep in tunnels in this very place. The soldier who married me was given a transfer so he sold me at 1,000 Ugandan shillings. When this new man was also transferred, he too sold me. I was sold three times.
(Interview 98, lines 489-491)

Death was prevalent during the war and the majority of women lost partners, relatives, family members, children and friends. They were often unable to bury the dead, which is a huge taboo in African culture causing 'injury to the spirit' (see Sideris, 2003). Simon, a lecturer at Makerere University described what took place:

People would die of course and if they were lucky they would be buried but some would not because if they came and brutally murdered your neighbour then the following day you had to leave, you had to run for your life. So many people were not buried. (Interview P51, lines 235-238)

Cultural capital in terms of education was also severely disrupted during the war and this adversely affected later employment. Mary from Kamuli, who fought during the war, stated:

The war made me lose my education and I did not qualify at all so I cannot get good employment. (Interview P40, lines 111-112)

Men felt they had no choice but to join Museveni's rebels to fight for freedom and along with women were forced to kill others against their will. Both men and women were subjected to physical and psychological torture for information as Lovinca from Kamuli explained:

My husband had brothers who had joined Museveni's men. When we returned home, we were harassed by Obote's men who beat us and burnt me with hot water; they burnt our house and took all our property. They kept asking who had joined the rebels. They beat my husband and broke his back.

(Interview P39, lines 111-115)

The Acholi also carried out other forms of transgressive sex against Baganda women through forced recognition of sexual dishonour. Women were raped publicly in front of family, friends and children. Eugene, a male health worker, described what took place:

In fact there were so many atrocities that were committed against women. They were sexually abused. It involved defiling those ones whom were under age and some of them got unwanted pregnancies. We also received cases of those who got problems and used the same organ urinating at the same time as passing faeces. We have also had cases where these young ones who were defiled the men could go to the extent of using knives in the private parts because they wanted to penetrate. You could find cases where they would use a woman in the presence of the husband. So generally so many atrocities were committed against women (Interview P21, lines 23-35).

A woman during a Kamuli group discussion also told me:

The gang raped me in broad daylight as my kids watched and when they tried to run they were forced back to watch. (Interview P47, lines 30-31)

The tactics utilised by Acholi warring factions had dehumanising effects that shattered cultural norms in Baganda. Rachel, the director of a non-government organisation explained:

Women were forced by the warring factions to have sex with their children, and sometimes with their in-laws. That is something, which is so humiliating in the African context. It is like you want to humiliate this human being to an extent that she breaks down and will no longer be a human being.

(Interview P10, lines 101-105)

There was also forced collusion in sexual dishonour where others were forced to

carry out a behavioural act i.e.: singing, clapping, and being made to praise and validate the sexual dishonour through speech as Ssalongo, a community health worker in Kasana described:

The women were affected especially those ones who were young. The men were forced to sleep with their daughters and even boys were forced to sleep with their mothers. Parents were forced to watch when the soldiers were sleeping with their children and even forced to clap hands to them and say 'thank you, you have done a good thing to our children'. Young men can now even rape due to their experiences from those years (Interview P5, lines 98).

A man during a Kasana group discussion described how these acts of forced collusion caused disrespect and dishonour by inducing extreme shame in family members:

Obote's men really harassed us. They raped my sister and told me to sing mean while when I refused, they hit me with the butt of their gun. Today when I look at my sister I feel very terrible because of what I saw being done to her.
(Interview P.58, lines 21-23)

There was also forced transgressive performance whereby women and men were forced to perform a transgressive act themselves, either sexual in nature i.e.: incestuous sex, or of physical aggression i.e.: killing one's own relative, friend or neighbour. Eleanor, a local woman leader also described how dishonour and disrespect caused devastating psychological effects:

Some men were forced to sleep with their daughters and for some their women were raped by six men at a time. There was one incident where several soldiers raped one woman and then she was made to wash her vagina and her husband was forced to drink the water. (Interview P16, lines 32-35)

In these instances other members of the family and community were forced to recognise the shattering of women's sexual respectability. The social honour,

respectability, distinction and power of men and the ethnic group as a whole were also shattered through these acts. According to Liddle and Nakajima (2000: 28):

The value of these various capitals in the social field is assessed by the extent to which they can be converted into symbolic capital, and therefore be recognised as legitimate within the social field.

Within the context of forced incest in Luwero, the community cannot pretend it did not happen and the women can't keep silent about it, because they were all witnesses to the transgressive sexual acts (Said, 2003: 3). Forcing the community to watch is much more powerful in terms of eradicating the other's power than the transgressive sexual act alone.

Women's agency

Women's role in national liberation struggles, in guerrilla warfare or in the military has varied, but generally they are seen to be in a supportive and nurturing relation to men even where they have taken most risks (Yuval-Davis, 1985). Anthias and Yuval-Davis (1989) recognise women as active agents whereas Bourdieu (1984) does not. However, Bourdieu (1984) has a more developed understanding of power relations involved in women's specific roles in production and reproduction of the ethnic group.

In the context of women war survivors in Luwero, their role as active agents subverts the image of women as iconic but passive symbols. On the contrary, women in Luwero could be viewed as strong survivors and active participants in the struggle for peace. They used various strategies to 'fight back' and resist. According to Lovell (2003: 9), Bourdieu offers an approach to resistance that has some relevance to this context of women's agency through his work on representation (Bourdieu, 1998).

Not all women in Luwero accepted manipulation of their gender identity by the Acholi. Repression produces resistance and several Baganda women demonstrated such acts (Jayawardena and de Alwis, 1996: xiv). Some women who took up arms during the war are now important local and political leaders in Uganda (Matembe, 2002). Women interviewed in this study were proud to have fought for peace and revolutionary feminists have discussed the *right* for women to take up arms (e.g. Randall, 1981; Wachira, 1984) in order to oppose military regimes. In Luwero, women fought to oppose the dictator Obote, as Captain Robinah from Kasana explained:

The Guerrillas chose those with discipline and then we started being spies in the Militia. That is when we went for the training and also became Guerrillas. They chose me for the Guerrillas because I was well mannered and well behaved. I was the only woman chosen in Kiwoko Sub-County in 1982.... only me.
(Interview P7, lines 67-70)

Sally, also from Kasana was a young girl during the war. She chose to fight in order to protect herself from rape. She said:

The Obote soldiers used to come and take girls so I said to myself 'I'll not be here to be cut or taken...let me join Museveni's guerrillas then I went'. I went to Kyamutakasa, training for the Guerrillas for six months. The training was very hard, but at least I wasn't being cut. We were 6 girls all together. I finished my training and got my papers and identity card and came back to my parents who said 'I had finished the training very well.'
(Interview P17, lines 45-52)

Of the women interviewed who fought, there were those who felt they had contributed positively to ending the violence and bringing peace (see Turshen, 1998; Isis-WICCE, 1999:11), as the following quote by Robinah illustrated:

It is good having fought because before I could not even sleep in my house or sit as I am sat here. My fighting brought peace to my Country.
(Interview P7, lines 115-116)

Contrary to their treatment by Acholi soldiers, the Baganda generally felt protected by Museveni's army who they also assisted. Women in a Kasana group said:

The good thing that was there during the war was the fact that Museveni's men would warn us about where Obote's men were so we were able to run.
(Interview P98, lines 791-792)

Within the area that was being run by Museveni's men, we were okay until Obote's men entered there. Whenever Museveni's men would loot things from the shops, they would give us some supplies like salt and clothes.
(Interview P98, lines 797-799)

Women fought back by starting businesses where they did not have to carry out hard labour, adopting orphans, creating new women-only social and political networks and becoming successful heads of households. A woman from a Kasana group said:

Women have learnt to work and be self-supportive. The good thing in our district is peace. Unlike in the past with war life is looking up especially in education and health. Women are also being uplifted through some seminars and workshops. (Interview P97, lines 346-348)

Eleanor, a local woman leader, explained how she encouraged women in Luwero to be independent:

I try to see that women develop by bringing workshops on how to dig well to get women out of poverty. I also try to see that women bring their daughters up in a good way. I try to ensure that good schools are built and try to get Government programmes to this area like constructing boreholes.
(Interview P16, lines 14-17)

Several women started their own businesses as Salamana from Kamuli stated:

I have tried to be innovative and hard working brewing local Waragi, digging sorghum and millet and before the coffee dried and it helped.
(Interview P42, lines 219=220)

Noreen from Kamuli also said:

At that time there was still some coffee that I could sell and send for maize flour from Luwero to make some local brew and get some money. I thought I could

build a house for myself, which I started but have failed to finish.
(Interview P36, lines 160-164)

Several women successfully cared for children and war orphans as a woman during a Kamuli group explained:

Me I gave up on men because I had many children, 7 in all, so I decided just to take care of them. (Interview P44, lines 247-248)

Eva from Kasana also described how she had ‘fought back’:

What has helped me is that when I returned after the war, I stayed with my husband's sister but sleeping was not easy with my children. I shifted and got a hut to stay in. I then started going out to dig and get food or sometimes even money to buy essentials like paraffin and eventually I started buying sweet bananas to sell in clusters maize, cassava and even bananas for local brew. So I started sustaining myself. One day World Vision came and the Reverend registered my children as orphans and we met with the group, which pledged to meet part of our children's fees. (Interview P15, lines 142-149)

Several women started income generating schemes that have been successful in providing mutual support as well as providing economic assistance. A woman during a Kamuli group discussed their group called ‘Basooka kwavula’:

We have grown food and have also started a piggery, which is yet to produce proceeds. The group has united us and we forge towards helping solve member's problems. We love what we do and are craving for assistance.
(Interview P45, lines 158-165)

Summary

The Luwero civil war was a planned strategy for a military power struggle fought by Acholi warring factions on the bodies of the Baganda civilian population who still bear the scars. Using Bourdieu's (1984) concepts, it has been illustrated that the Acholi systematically attempted to destroy the *material power* of the Baganda, as well

as their *entitlement to power*. They carried out gendered and sexualised violence against the Baganda, which played a crucial, but not exhaustive, role in the transformations of ethnic power relations in the field. The majority pattern was for women to be subjected to sexualised violence, genital mutilation, physical and psychological torture. In contrast, men were more likely to be targeted for annihilation by torture and murder. Significantly greater numbers of men died leaving behind huge numbers of widows, children and orphans.

Sexualised violence was used as a military strategy given legitimacy by Obote's army and their policy of genocidal rape took place at the intersection of power relations, gender and national identities. Ethnic cleansing was used as a military strategy with a political aim in an attempt to rid Luwero of the Baganda and instil Acholi as dominant rulers. As Cockburn argued (1998:44):

The blame for women's oppression lies not with men 'being' men (natural-born rapists and killers) but with gender and other power relations.

Violence took place in an atmosphere where ethnic danger was conceived in highly sexualised terms. Acholi soldiers resorted to a vast array of sadistic torments to achieve their social and political aims. Women's bodies were at the centre of 'the battleground for power and control' within this patriarchal context (see Sideris, 2003).

Women were viewed by Acholi soldiers as repositories of men, the community and Baganda's group's value, particularly in terms of cultural capital and reproduction but also in terms of social, economic, and symbolic capital. The Acholi destroyed the economic, social and cultural capital that constituted the material basis of Baganda power (Bourdieu, 1984). They systematically destroyed their material power and

targeted destruction of the Baganda community through women's traditional roles (The Oxfam Gender Training Manual, 1994).

Acholi soldiers destroyed social capital by creating social absences due to the mass slaughter of men. Sexual violence in the form of abductions, rape and forced marriages caused destruction of Baganda women's cultural identity and few existing relationships survived. Targeting their ways of life, cultural practices and rituals, disrupting their customs and practices that traditionally embody cultural values and causing immense stigma and humiliation by sexual violations annihilated the cultural capital of the Baganda. They attempted to instil Acholi power by impregnating Baganda women and killing Baganda foetuses. Men and women were subjected to extreme sexual, physical and psychological torture and the systematic violence and torture of women took unmistakable sexual forms. The forms of violence against women were not random, but reflected embodied, gendered patterns of violence representing significant areas of women's cultural and ethnic identity in the social field. Those interviewed reported men were also forced to engage in unwanted sexual acts causing destruction of cultural norms. The full extent of this remains unknown due to cultural sensitivities that surround the rape of men in Ugandan society.

The Acholi military largely disabled Baganda women's productive and reproductive powers and their social capital was targeted for dislocation and fragmentation. They attacked Baganda women as objects for cultural disruption and sexual dishonour. The forms of violence represented a specifically gendered form of genocide that understood women as objects of value for the men of the Baganda ethnic group. Whilst Baganda men were mainly targeted for torture and killing to eradicate the ethnic group, women were largely subjected to sexualised torture stopping short of, and

sometimes including, death. Rape in this context can be understood as both a crime of honour (Yuval-Davis, 1997) and as torture (Musisi et al. 2000). The extent of sexualised violence and torture of women in Luwero amounted to genocide as it was aimed at the elimination or alteration of a future ethnic group, in this case, the Baganda (Lentin, 1997). In this context, the genocide must also include forced incest as well as other transgressive acts, aimed at destroying the Baganda men and women's cultural identity (Said, 2003).

To account for their agency, Anthias and Yuval-Davis' (1989) conceptualisation of women as both objects and subjects of ethnic conflicts have been drawn on. Women in Luwero actively resisted by taking up arms and assisting Museveni's soldiers. They took collective action by starting businesses, setting up women's groups, getting involved in politics, establishing income-generating schemes, supporting each other, caring for children and orphans and becoming successful heads of households. As the MP Winnie Byanyima, a participant in the war, said:

Women's involvement in the war constituted an important stage in their history of struggle for equality. This struggle provided women with the unique opportunity to engage in political governance at the same time they were challenging the tradition of male dominance. (Cited in Matembe, 2002:163)

According to Musisi et al. (1999: 6) during the Luwero war years, men were targeted for torture and killing and women were mainly subjected to sexualised torture. Hence, the genocide exerted on women was more to do with the elimination of their cultural identity rather than their physical existence. Bourdieu's (1984) concepts have been applied to the Luwero context to show forced incest, for example, was aimed at destroying the cultural capital, values and ideology of the Baganda ethnic group. In these instances other members of the family and community were forced to recognise

shattering of women's sexual respectability. The social honour, respectability, distinction and power of the men and the ethnic group as a whole were also destroyed through these acts. The community witnessed what Said (2003: 3) termed transgressive sexual acts and this strategy was much more powerful in terms of eradicating the other's power than the transgressive sexual act alone.

Chapter Six

‘Samanya Agnes’ ‘I did not know Agnes’ (Luganda translation) The Effects of Ugandan Women’s Experiences Following Civil War: Debates about Trauma and Identity

Eleanor: Some women denounced being with men again. Some never got married. They got physical effects like syphilis, gonorrhoea, and thrush. For some women their private parts are itching but they never got treatment, as they don’t have the money. Women who were raped were torn and they cannot intercourse. (A local woman leader discussing the effects of war, Interview P16, lines 42-45)

Introduction

This chapter discusses ‘symptoms’ of trauma and compares them with effects of women and men’s experiences of violence and torture during war in Luwero. An alternative conceptualisation of trauma is proposed as a deconstruction of identity. To do this Bourdieu’s understanding of the self is drawn on (Bourdieu, 1990). The process of traumatising identity deconstruction represented one of the main mechanisms through which Acholi soldiers attempted to destroy Baganda authority and *sense of right* as the most powerful ethnic group in Uganda. This is illustrated by analysing some effects on cultural identity and ‘ethnic’ self of the various forms of violence perpetrated.

To show how this took place the social, psychological and physical effects of violence in each of the characteristic ways in which women are related to ethnicity are analysed (Bourdieu, 1984; Anthias and Yuval-Davis, 1989). It is argued these effects produced an erosion of cultural identity and existing dichotomies between ‘mind’ and ‘body’ and between ‘self’ and ‘society’ cannot be sustained (Bendelow, 2000: 33). The ‘social field’ of culture is then linked to each category of gendered identity (Bourdieu,

1984; Anthias and Yuval-Davis, 1989). Issues regarding ‘chronic pain’ experienced by Luwero war survivors are explored and the chapter ends with a summary.

Effects of ‘trauma’

Literature on the effects of women’s experiences of sexual violence frequently draws on a trauma model and studies have indicated psychosocial and mental health consequences of conflict have been historically neglected (Medecins Sans Frontiers, 2000). DSM-III-R criteria for PTSD includes the existence of a recognisable stressor, re-experiencing the trauma by recurrent and intrusive recollections of the event, for example, sudden dreams; persistent avoidance of stimuli associated with the trauma, including feelings of detachment and diminished interest in activities, and persistent symptoms not present before the trauma, for example, sleep disturbance, anger, guilt, trouble concentrating and exaggerated startle response (APA, 1987; Joseph et al. 1997: 9).

The tendency to blame the ‘victim’ has strongly influenced the direction of psychological inquiry and people who suffer following chronic trauma still risk being misdiagnosed as having personality disorders (Herman, 1992: 116). Herman’s proposed complex post traumatic stress disorder, which covers a spectrum of symptoms and many of these, are to do with identity construction and relatedness. According to Herman (1992: 121), the symptoms of complex PTSD include, ‘alterations in affect regulation e.g. explosive or inhibited anger, alteration in consciousness e.g. amnesia for traumatic events or dissociative episodes, alterations in self-perception including shame, guilt and blame or a sense of complete difference to others, alterations in the perception of the perpetrator e.g. unrealistic attribution of total power to

perpetrator or acceptance of the belief systems of the perpetrator, alterations in relations with others including withdrawal or disruption in intimate relationships and alterations in the systems of meaning e.g. sense of hopelessness and despair or a loss of sustaining faith'. Herman (1992) states that psychiatrists who worked with Southeast Asian refugees recognise the need for an expanded concept of PTSD. Those who work with survivors of childhood abuse argue the same (Goodwin, 1990; Terr, 1991).

The Isis-WICCE study on women war survivors in Luwero concluded:

On a daily basis 100 percent expressed disturbing intrusive thoughts, recollections, dreams, feelings and painful emotions regarding the war which factors impaired their psychological, social and occupational well being. All these women had never had any treatment for their war-related psychological problems 13 years after the war ended, as there was no psychological treatment or intervention provided. (Musisi et al. 1999: 4)

The same project summarised:

Our findings indicated significant war-caused psychological illnesses in the Luwero women war-survivors. (Musisi et al. 1999:4)

Fifty four point two percent of women met the criteria for PTSD, (APA, 1980: 236) although this diagnosis has limitations within a non-western context (Musisi et al. 1999). The term has also been criticised due to lack of consultation with trauma experts (Simpson, 1995: 193). Previous research in Luwero and elsewhere with women war survivors also found existence of trauma symptoms (Gorst-Unsworth et al. 1993:657; Lubanga, 1998) and rape was followed by very high rates of PTSD (e.g. Herman, 1992: 57; O'Brien, 1998:71). PTSD has also been found in women following the Vietnam War (Shepherd, 1992) but is not the only diagnosis and depression and generalised anxiety as well as other symptoms are commonly reported (Simpson, 1995: 194).

Although this study is critical of the PTSD concept and its' relevance to

Luwero, there was a vast array of psychological effects in women and men interviewed. For women, these included symptoms normally associated with PTSD for example; intrusive thoughts, flashbacks, nightmares, disturbed sleep patterns, anger outbursts, difficulty concentrating, diminished interest in daily activities, restricted emotions, anxiety problems including startle responses, avoidance behaviours and detachment from others. Similar symptoms were found by the previous intervention with women war survivors (Liebling and Kiziri-Mayengo, 2002: 555). However, other effects were found including: feeling ashamed, stigma, being unable to talk, wishing they were not women, feeling degraded, violated, dehumanised and humiliated, being upset about the war, crying, anxiety problems e.g. hating seeing soldiers, fearing another war, palpitations, and exaggerated fear responses. Women also reported low self-esteem, being unable to resume a sexual relationship, isolation, being unable to trust men, agony, psychological effects associated with witnessing atrocities or death of loved ones, including children, relieving memories by looking at war scars, feeling 'mad', fear of sexual intercourse, helplessness, hurt and loss of interest in everything.

Traditional beliefs and social effects within Baganda culture are important (e.g. Leslie and Gupta, 1989) and both women and men described how being unable to perform burial rituals during war was traumatic for them. Ancestral beliefs and mourning rituals are necessary to successful resolutions of loss produced by the trauma of losing someone close (Boehnlein, 1987; Eisenbruch, 1990; 1991). This study does not deny the existence of PTSD symptoms as those reported were similar to those found with a complex PTSD diagnosis. However, a PTSD understanding and conceptualisation within the Luwero context is disputed. The conceptual framework developed by the current study does not view trauma as the pathology of individuals.

An alternative conceptualisation and deconstruction of ‘trauma’

Although this study found symptoms that could be understood within a complex PTSD model, an alternative conceptualisation of trauma as a deconstruction of identity is proposed. It is argued war trauma is a ‘normal’ not ‘pathological’ response to torture, which requires recognition as ‘normal’ by others (Agger, 1992; Herman, 1992; Human Rights Watch, 1996; Tal, 1996; Summerfield, 1997). Secondly, war trauma is viewed as a collective/communal destruction of cultural identity, not an individualistic manifestation of psychological symptoms (Agger, 1992; Herman, 1992; Summerfield, 1995). War trauma is conceptualised in this study as a breakdown of cultural identity, manifested in physical, psychological and social effects that are integrated and inseparable, not split between mind/body and society (Finkler, 1994; Summerfield, 1995; Bendelow, 2000). Finally, it is suggested trauma in war is gendered, not in the sense of better or worse for men or women, but in the sense of women’s war trauma being differently constituted than men’s due to destruction of cultural identity rather than the physical body, equally central to the war project, destruction of the ethnic group’s entitlement to power and sense of itself as powerful, and equally valid as trauma, and therefore deserving of compensation and facilities for recovery, as are provided to mostly male soldiers (Bourdieu, 1984; Human Rights Watch, 1996; Summerfield, 1995; 1997).

In order to analyse war trauma as a gendered collective deconstruction of cultural identity, Bourdieu’s (1990) understanding of the ‘self’ is utilised. Bourdieu (1990: 123) stated, ‘the development of a sense of self is fundamentally a social process achieved through encounters with others.’ He attempts to go beyond the division between subject and object and conceptualises social reality as neither structure nor

representation, but as the interdependent production of objective conditions and subjective formulation. Social practice is produced by dispositions of the habitus, which express subjectivity, in interaction with contextual conditions characteristic of the specific social field. These dispositions according to Bourdieu (1990) are acquired through experiences, produced through childhood socialisations. These are then shaped by relevant social circumstances in which they are produced. Hence, they differ according to class, gender and ethnic positioning (Bourdieu, 1977: 72-95; Thompson, 1980: 12; Moi, 1991: 1030). It is through the dispositions that people perceive, categorise, understand, evaluate and act upon social fields to which they belong. The dispositions provide social actors with cognitive, affective and practical resources for living everyday life, and structure their strategies for action in specific social settings (Bourdieu, 1990: 61). This conceptualisation enables Bourdieu to examine both resources or capitals attached to positions in social space, and individual strategies of agents, without giving epistemological priority to one or the other (Pullen, 1999: Chapter. 3).

Bourdieu (1984) sees social relations and social context as central to identity and social practice. He argues social relations are bound up with identity as inseparable from power. Identity is produced by social structures, cultural practices and power relations, the 'objective' social field, in interaction with how these are understood and represented, the 'subjective' meanings given to them. This study argues the radical destruction of social structures; cultural practices and social relations of power in the social field of the war produced an extreme form of what might be called 'culture shock' or 'trauma'. This conceptualisation of trauma might be viewed as parallel to what was described as happening to men in the first and second world wars as 'shell shock' (Leese, 2002), while incorporating a collective, cultural/ethnic component. In

this collective conceptualisation of trauma, the dispositions of the habitus are unable to interact with contextual conditions of the social field to generate either meaning or practice, thus producing an inability to act or interact in the social field, as well as alienation and dissociation from the self, which can no longer interpret meaning, and from others, who can no longer be understood within the previously-recognised cultural framework of social relations. This is what is happening when ‘the subject is radically ungrounded’ (Tal, 1996: 172), when ‘numbness...takes meaning out of life and makes it hard to relate to others’ (Boulanger et al. 1986) and when one is ‘outside of culture’ (Agger, 1992: 14). In other words, trauma represents a radical disruption of the relationship between the field and the habitus, in which cultural identity is stripped of its characteristic dispositions that facilitate the interpretation of social meanings, and the self is eroded through misrecognition.

Bourdieu (1990) in Liddle and Nakajima (2000: 75) argued there are two forms of struggle: over the material basis for power, and legitimacy basis for power, referring to recognition of the right to economic, social and cultural capitals in the social field. The traumatic effects on women’s identity and sense of self of the forms of violence perpetrated against them may be understood as the attempt to eradicate Baganda women’s *cultural identity* and destroy the sense of *entitlement to power* of the dominant ethnic group.

It is shown how this happened by analysing the social, psychological and physical effects of violence in each of the characteristic ways in which women are related to ethnicity. This study argues with Scarry (1985) and Bendelow (2000) but against Keane et al. (1985) and the American Psychiatric Association (1994), that these effects should not be understood as separate, but that physical, psychological and social effects interact together to produce an erosion of cultural identity and the dichotomies

between ‘mind’ and ‘body’ and ‘self’ and ‘society’ cannot be sustained.

It is emphasised however, that Bourdieu (1984) sees the social field as a contested space, and although destruction of cultural identity and entitlement to power was in many ways ‘successful’ from the point of view of the military forces, in the sense that it did erode Baganda people’s sense of self, cultural identity and entitlement to power, this was never an uncontested process. Baganda women, and those from other ethnic groups, who were the objects of attack, also resisted the breakdown of their cultural identity, not only physically and militarily, for example as soldiers, but also socially, psychologically and culturally. As Andermahr et al. (1997: 287) suggest, ‘theoretically informed accounts by women who have experienced rape and struggled to retain their sense of autonomy are needed’, and it is hoped to provide this in the context of a specific historical and cultural setting.

The effects of Ugandan women's war experiences

Analysis of the data from this study revealed the long-term effects of war on women and men in Luwero were complex and overwhelming. An attempt to explain these effects is made by linking the ‘social field’ of ‘culture’ to each category of gendered identity as defined by Anthias and Yuval-Davis (1989) and Bourdieu (1984) and as detailed in chapter five.

Firstly, the concepts of women as economic capital for the group (Bourdieu, 1984) and as biological reproducers of members of ethnic collectivities (Anthias and Yuval-Davis, 1989) and productive labour are drawn on. A woman from a Kamuli group who was gang raped during the war described the effects of her experiences:

For me the effect of the constant aggressive rapes left me with constant chest, back, and abdominal pain. I get some treatment but still, from time to time it starts all over again. It was terrible. (Interview P47, lines 367-369)

Reproduction and fertility are of crucial importance to a woman's cultural identity and social position in Ugandan culture, particularly in Buganda (Obbo, 1989). It is not just that culture values women for having children but women themselves also want to be mothers as it is a very important part of their identity as Ugandan women. The war affected women's ability to reproduce as well as women's own feelings about themselves, their sense of self-respect and self-worth. The physical effects of women's experiences caused long-term destruction to their bodies and devastating effects on their health, particularly their reproductive and gynaecological health. Isis-WICCE summarised:

The magnitude of preventable and treatable gynaecological problems among the population in Luwero District is enormous. (AGOU, 1999:15)

In the same study 64.65 percent of 237 women interviewed had sexually transmitted infections. Others had complex gynaecological disorders. This was found more recently with women and girls who suffered sexual violence during war in Northern Uganda (Isis-WICCE, 2001b: 49). Several women had hypertension, musculoskeletal disorders and peptic ulcers, as well as a range of other physical problems. A study of Korean comfort women found similar effects (Ahn, 1999:129). Previous work in Luwero with women war survivors found 77 percent had gynaecological symptoms with HIV detected in 26 percent of those tested (Giller et al. 1991: 604).

Isis-WICCE also concluded:

Since women were sexually targeted during the war, many of the crimes against them resulted in the damage of their reproductive organs or problems with sexually transmitted diseases including AIDS.

(AGOU, 1999: 4)

Women interviewed in the current study suffered with untreated sexually transmitted diseases causing severe abdominal and back pain. There was extensive damage to their reproductive systems and some experienced miscarriages, loss of foetuses, infertility, difficulty walking, pain in their fallopian tubes, cancers of the uterus and cervix, vesico vaginal fistulas, causing leaking of urine and faeces, swellings in their private parts, ovarian and uterine cysts, painful and itchy discharges, difficult pregnancies, as well as several other reproductive health complications. The majority of women had never had their problems diagnosed or treated.

As described elsewhere (e.g. Hinshelwood, 1997; Jacobsen and Smidt-Nielsen, 1997; Giller, 1998; Isis-WICCE, 2001a), several women contracted HIV/AIDS as a result of their rape experiences during war and a male hospital administrator in Luwero stated:

George: Most of them have died because of AIDS and have spiritually lost their integrity. Most have syphilis, gonorrhoea and skin diseases.

(Interview P1, lines 144-146)

A woman working in a non-government organisation described the experiences of one woman who took up arms to fight for peace but suffered multiple gang rapes by Acholi soldiers:

Rachel: This girl who was gang raped...she recalls 21 but she could not remember how many raped her. One time they were closed up in a certain room and she was raped day in and night. So this young girl tore and there was no separation between the vagina and the anus...Now this girl contracted HIV and by the time we went...it had already blown to AIDS.

(Interview P10, lines 125-133)

This woman died in July 1999 and had bravely spoken out about her experiences (Isis-WICCE, 1999: 11). Sexually transmitted diseases are commonly found where women and girls have been raped during war (Amnesty International, 2000; United Nations, 2001). This study revealed women were frequently infected with syphilis as was found with other rape survivors (Hinshelwood, 1997; Giller, 1998).

Harriet's story illustrates how being unable to produce children affected women's cultural identity in Buganda.

Harriet's story, Case Study P91

Harriet was 40 years old and from Wakayamba. She had five children, grew up in Luwero and attended school until Senior 1. However, she became ill, which affected her schooling. She grew up with her grandma and described a happy childhood. Harriet got married in 1975 and when the war started she had two children and was pregnant with another child. Her husband was chosen for her.

Three Acholi soldiers raped Harriet during the war.

I was raped the first time when I was coming from Kampala. I had no identity card so they took me in to a small house in Bombo and three soldiers had turns with me. (Interview P91, lines 101-103)

Harriet went on to describe how badly her experiences had affected her and she developed abdominal pain. She was later raped again. This time she had just given birth and had to go looking for food in an area infested with soldiers. Harriet left her baby with her mother and whilst looking for food two Acholi soldiers raped her again.

Harriet described her problems:

Ever since then, my tubes hurt a lot and when I went to the hospital they said my fallopian tubes had become 'shocked'. It actually took four years to produce another child after that one. But during the delivery the uterus came out too but it was put back. However, when I got pregnant again the uterus had to be removed completely. (Interview P91, lines 120-124)

Although Harriet had seen several doctors she still felt a lot of pain when she was having her period. Whenever she had sexual intercourse she had extreme internal pain and had also been infected with syphilis. Harriet explained that ever since the war she had lost the desire for sex. Hence, her identity as a woman had been badly affected.

Harriet was the leader of Tweekembe women's group and had taken legal action for her war experiences although this had been unsuccessful. She felt local women had become more empowered since the war ended and had entered leadership roles in government. Despite her difficulties Harriet became a local woman political leader within her community and assisted many other women. In these ways she reconstructed an alternative identity. She was able to reflect on the positive roles women had taken in Government since Museveni had come to power. During the interview she was lively, animated showing her strength and humour throughout.

The majority of women described similar effects caused by rape. A woman from Wakayamba was raped by two Acholi soldiers following a miscarriage. She was later gang raped by three soldiers and described her difficulties:

Ever since the rapes I have a big problem. When I start my monthly periods I go on for a month and my fallopian tubes hurt a lot.

(Interview P95, lines 393-394)

Another woman from Wakayamba discussed the effects of gang rape:

Since the rapes I developed stomach problems. When I got pregnant after I had been raped the time for delivery came and my uterus came out but after

treatment it went back but the pain did not end. Eventually I really got sick and the uterus was removed. Now I have persistent backaches and itching in the private parts. (Interview P95, lines 734-738)

A third woman from Wakayamba described her symptoms:

Me I was affected in the abdomen when the soldiers raped me and ever since then I have never had any peace and even I stopped producing and eventually my uterus was removed. (Interview P95, lines 929-931)

Another woman from Wakayamba who was raped said:

The war found when I had just given birth and ever since then I have never conceived and I don't know why. (Interview P92, lines 268-269)

A woman from Kasana who was raped stated:

Ever since I gave birth during the running of the war I have never produced again and yet I wanted. (Interview P96, lines 252-253)

Physical damage to women's reproductive ability, the psychological effects of not having children, and the effects on their position in society, all combine to contribute to the undermining of their sense of self, their subjectivity, self-worth, and damage to their identity as Baganda women, as well as eradicating from infertile women the power they would normally gain from being mothers. Although this power does not compare with that men have in Ugandan society, it is nevertheless a unique source of power held by women. The effects of their experiences also damaged women's identities as producers as they were unable to work due to pain and disability. This is illustrated by Noreen's experiences.

Noreen's story, Case Study P36

Noreen was 30 years old and lived in Kamuli parish. She was thirteen years old when war broke out and her family ran from their home. She described one day when

her family went to the garden to get food. They were enjoying eating when suddenly Acholi soldiers surrounded them. Noreen witnessed five men being hacked to death and then soldiers attacked her with an axe, cutting and piercing her. They thought she was dead and left. Noreen went on to describe how a herdsman assisted her. However, when she returned home she found that her parents had been killed. She described what happened:

When the situation calmed down, my husband whom had a brother in Iganga got a message that we should go there. I hoped that my husband would continue looking after me. When we settled in Iganga and produced children he realised I was disabled and could not work. So he married someone else and I stayed there 'floating' with my children. (Interview P36, lines.136-140)

Noreen discussed the effects of her experiences:

When I look at the scars, I remember everything vividly and I often reflect and relive the scenes, which hurts a lot. (Interview P36, lines 179-180)

Despite her appalling physical condition, including deafness, Noreen survived by selling bananas and local beer and in this way managed to educate her children. Noreen demonstrated great strength and determination and dealt with her difficulties with little assistance.

Isis-WICCE found 63.7 percent of women in Luwero lost interest in family, sex, work and social activities following the war (Musisi et al. 1999:21). Loss of interest was evident in women who suffered sexual assault (Joseph et al. 1997: 59). The war drained women of their energy and strength and many were unable to work. This was also cited previously as a common effect of war (e.g. Summerfield and Toser, 1991). In the current study several women and men were disabled by the war as has been

documented in other war-affected areas of Uganda (Isis-WICCE, 2001a: 51). The administrator of a local hospital said:

George: Many people were maimed and as I have already mentioned the moral to work for those who are left are very very low because they remember the past and haven't got the strength to do it. (Interview P1, lines 100-102)

In terms of general health, women interviewed complained of malaria, being malnourished, headaches, sickness, diarrhoea, fevers, skin problems, high blood pressure, ulcers, lack of strength, feeling weak and being unable to work, sores and deformities. Several were disabled due to being tortured. Women in all three parishes were affected in similar ways and data analysis did not reveal any major differences. Severe physical problems affected their ability to work and hence their identities as economic producers. A nurse trainer at a local hospital stated:

Jacob: During war there is malnutrition, diseases and malaria because health services were not there and sexually transmitted infections. Ordinary infections like pneumonia and infected septic wounds were there as there was no clean food or water. Their whole health was affected.

(Interview P66, lines 146-149)

Women in Luwero experienced inseparable physical and psychological trauma. This was also the case for women who were raped during war in Bosnia (Arcel, 2000). The current study found gonorrhoea was common as a male community worker in Wakayamba explained:

Barry: Some women got certain diseases like gonorrhoea, and some had difficulty walking as eight men raped only one woman.

(Interview P6, lines 48-49)

The majority of women experienced severe trauma to their gynaecological system due to rape (Hinshelwood, 1997: 3) and a woman working in a non-government organisation said:

Rachel: These women were leaking urine and faeces, everything is mixed up, now that is an angle where quite a number of women we found had complications, either the baby died in her stomach and with Gods grace this foetus came out but then she remained with those complications.

(Interview P10, lines 116-120)

A 38-year-old woman from Wakayamba described how she lost her baby due to the effects of rape:

Lucy: We were tortured a lot. They beat me up and kicked me hard when I was nine months pregnant and I produced a dead baby. They even kicked one of my ribs and it still hurts. I went to the hospital and they gave me tablets but the pain didn't go. Six soldiers raped me three times. Ever since then whenever I get pregnant my uterus comes out at about five months and I have to tie it up until it goes back then it comes back out at about eight to nine months.

(Interview P77, lines 87-90, lines 92-94)

Despite these effects Lucy went on to produce four children and was actively engaged in farming.

Many women were urgently in need of operations as a result of their war experiences as a woman from a Wakayamba described:

Nakigudde: I was given ten injections but it didn't help so I was given a scan and told that I needed surgery. Ever since then, the pain has increased. I was told that there is something lying in the uterus where the baby is meant to lie.

(Interview P87, lines 119-122)

Cancers were common and a woman working for a non-government organisation said:

Josephine: We have found some of these women are in advanced stages of gynaecological ill health; some of them have got cancers e.g. cancerous uteruses. (Interview P8, lines 92-94)

Women who survived rapes were often unable to deliver children and miscarriages were common (e.g. Hinshelwood, 1997:3). A woman during a Kamuli group stated:

When I started producing I used to deliver well but recently I had a miscarriage. I am pregnant again but I feel backache.

(Interview P44, lines 353-354)

Previous research has shown a profound effect of war on the health of torture survivors (e.g. Logue et al. 1979; Solomon et al. 1987b; Jacobsen and Smidt-Nielsen, 1997; Rasekh et al. 1998). Both women and men in Luwero suffered physical complaints associated with severe stress due to war as a woman working with a non-government organisation described:

Rachel: Another health problem is called hypertension; they have high blood pressure and palpitations. There are also high levels of gastric pains and ulcers. (Interview P10, lines 327-329)

Men who survived the war experienced a multitude of physical effects including skin diseases, wounds, loss of weight, malnutrition, diseases, infertility, STD's, particularly syphilis and gonorrhoea and HIV/AIDS. Torture resulted in sexual difficulties as a 50-year-old man from Kasana explained:

I don't really have the strength even sexually because of the kicking I got. (Interview P52, lines 71-72)

Several men lost their hearing or developed eyesight problems. They suffered broken bones, lost their teeth, had cuts on their testicles, pains all over their bodies, high blood pressure, and ulcers and hernias were common. They were unable to work due to immense pain and disabilities caused by torture. Hence, their identities as providers and protectors were destroyed. Some men became lame and during a group discussion in Kamuli one man stated:

Ever since they bombed me on the head I cannot do heavy work or walk in the sunshine. I walk a bit then sit and rest. From the way they beat me I can hardly carry a heavy load. (Interview P29, lines 224-228)

Men suffered kandoya, a particular technique of tying with ropes that Acholi soldiers carried out. This left them with immense back and chest pain. More men suffered general physical health effects whereas women predominantly experienced reproductive and gynaecological problems in addition to general health difficulties. There were few significant differences between the parishes but more women from Kamuli and Kasana had been subjected to genital mutilation.

Both men and women suffered STD's but women were more frequently infected. Women contracted HIV/AIDS but the percentage of infection as a result of war was unknown. Previous work in Luwero found HIV was detected in 26 percent of women war survivors who were tested (Giller et al. 1991: 604).

Research in Brazil found people expressed their responses to violent oppression and poverty through a metaphor of mental disorder as it was safer to be ill than name the political factors that made their lives so distressing (Summerfield, 1998:21). The Government of Uganda introduced a scheme to loan money to people called 'Entandikwa' but these failed as a woman working in a non-government organisation explained:

Rachel: There has been this 'Entandikwa' but you find that Luwero is still perpetually poor because women are not in position as far as their health is concerned to utilise their mind and their physique to do what they can do for themselves. (Interview P10, lines 541-543)

Access to health during war was a major problem as summarised by a woman working with a non-government organisation:

Rachel: Another major violation is access to health. We found quite a number of pregnant women who could not get any access to any health services or any doctor or a nurse because they were hiding in forests.

(Interview P10, lines 110-112)

Medical services were totally disrupted during the war and attempts at treatment did not materialise and were soon phased out (Bracken et al, 1990; Bracken and Petty, 1998; Musisi et al. 1999). Hence, men and women war torture survivors in Luwero are left urgently in need of health and welfare services. Previous research has shown the impact of war on health services and programmes has been profound (Bracken et al. 1992; Summerfield, 1998).

This chapter now utilises the concepts of women as social capital (Bourdieu, 1984) and as reproducers of the boundaries of ethnic/national groups (Anthias and Yuval-Davis, 1989). Acholi soldiers destroyed the social fabric of Buganda by causing women to feel alienated from their community and lose interest in family and social activities. This affected women's ability to relate to others and their sense of self and identity. A male worker in a human rights organisation described the prevailing hopelessness:

Musisi: One major feature that cuts across is that of hopelessness where people are living in despair and feel defenceless. Secondly there is a feeling of political exclusion of all people in a society that has suffered collectively.

(Interview P9, lines 95-97)

The Acholi damaged women's identities as reproducers of the social fabric as many women who were raped totally lost interest in relationships with men, like Juliet.

Juliet's story, Case Study P19

Juliet was 24 years old and lived Kasana parish. She has four children who were all at primary school. Whilst she was growing up her father deserted her mother and married three other wives. She grew up with her real mother and attended school until the war broke out when she was in Primary 4. She recalled her brother's wife used to beat and torment her saying 'her father had died in the bush'. She also burned her by pushing her into a fire.

During the war, Juliet witnessed her brother being killed by Acholi soldiers who beat him to death using blocks. She also described being raped:

I was cut with a bottle to widen me by Obote's men before raping me but then the boss found me and one of them pushed the bottle inside me and they left me there in pain. (Interview P19, lines 149-151)

Juliet went on to say how she was affected:

It affected me in that for about six months I would have urine just coming out quite uncontrollably. I got treatment and it went. However, I remained with great abdominal pain and during pregnancy I can't work because of the pain. (Interview P19, lines 166-169)

She continued:

It affected me, as I started worrying and some how differed from others. Whenever I am with a man I have no desire at all and if it were possible I would give up on men completely. (Interview P19, lines 185-187)

Juliet described being distressed by the loss of all her family members, particularly her mother. Her identity as a woman was damaged by her war experiences. Despite this Juliet had reconstructed her identity by working on her land to earn money and selling pancakes in order to sustain her and the children. During the fieldwork she always stopped to greet us and when interviewed demonstrated a good sense of humour

combined with a determination to continue her life without the assistance of a man.

In Baganda culture, it is difficult for women to go against what is expected of them in terms of remaining in a sexual relationship. However, collectively several women in Luwero had resisted this 'cultural norm' as a woman from Kamuli described:

Many of us have cut off all sexual dealings with men. We talk to them but it's difficult to sleep with any of them. For some of us it is the pains in the chest, back and abdomen that have led us to lose interest.

(Interview P47, lines 439-442)

Another woman from Kamuli said:

I lost desire in worldly matters. I gave up on men and concentrated on caring for my children. (Interview P42, lines 175-177)

Giller et al. (1991) found a high prevalence of psychological symptoms in women in Luwero. Isis-WICCE found 44.2 percent of women had major depression (Musisi et al. 1999: 24) and 75 percent of women experienced a sense of foreshortened future primarily due to depression (Liebling and Kiziri-Mayengo, 2002:6). Depression is the most common finding in virtually all studies of chronically traumatised people and is viewed as perhaps the greatest threat to health (e.g. Walker, 1979, in Herman, 1992; Boehnlein et al. 1985; Rozee and Van Boemel, 1989; Rasekh et al. 1998).

Depression has been found in refugees who have been raped (Hinshelwood, 1997: 3), traumatised people (Herman, 1992), torture survivors (Hattenstone, 2000:19), Korean comfort women (Ahn, 1999:129), and women who survived sexual assault (Joseph et al. 1997: 59). Analysis of interviews from the current study indicated a very high level of depression amongst men and women as Janet from Kamuli described:

We were badly treated our belongings were all taken plus all the beating and raping. Whenever I recall what happened, I feel depressed because I know that when the war starts again, I will go through the same things. (Interview P34, lines 96-100)

Men were also depressed as a woman from a Kamuli group stated:

They have no one to turn to for work and they just get depressed.
(Interview P47, lines 708-709)

War trauma has been associated with moral complexities (Loughrey et al. 1988 cited in Black et al. 1997: 159) and research in Gulu revealed 83 percent of raped women were subsequently rejected by their husbands (Isis-WICCE, 2001a: 49). This also happened in Luwero, as a community health worker from Kamuli explained:

Victor: Most women were rejected by their husbands in Kamuli like two women I know the husbands' died but they were already rejected by them because of being raped by the soldiers. (Interview P4, 237-239)

According to Bunster-Burotto (1994:170): 'psychological torture leaves scars which are almost impossible to heal'. This argument is disputed in the context of the current study as some women had started to 'heal' by reconstructing their identities. However, due to the immense stigma of rape most women had been unable to access treatment as this woman from Kasana described:

Jessica: I was first treated in my village and then I came to Kiwoko hospital but I have never told them I was raped. (Interview P68, lines 90-91)

A male worker in a human rights organisation further stated:

Musisi: There is great difficulty the women face when they speak out as they tend to be ostracised. If you talk about sexual matters openly you are seen to be cheap. (Interview P9, lines 253-255)

Traditionally women who have spoken about rape were not believed (Herman, 1992) and narratives of sexual abuse by black women have been ignored, decontextualised or appropriated (Tal, 1996). However, in this study, when women spoke of abuse others believed and supported them (Herman, 1992).

Women described how rape caused immense stigma as this woman worker in a non-government organisation stated:

Josephine: This is a stigmatising experience therefore you don't even talk about it to in families or in the community. (Interview P8, lines 288-289)

The silence surrounding women's experiences of sexual violence during war was found in previous research (e.g. Swiss and Giller, 1993; Sancho, 1997; Arcel, 2000). In a study of 107 Ugandan women who had been raped during war, only half had spoken about it seven years afterwards (Giller, 1992). It took Isis-WICCE two years of careful sensitisation before women in Luwero would talk about their experiences (Lubanga, 1998; Musisi et al. 1999; Liebling and Shah, 2001) and a male worker at a local hospital said:

George: The inner torments of raped women although some have married, but if they remember such they don't open it to their new husbands because it is a kind of taboo you agree with me? telling your new husband that 'yes we are together but I was raped' and very few husbands may take it to be as if they married a kind of prostitute not knowing this was the time and it wasn't their fault. (Interview P1, lines 151-155)

Women felt shame and a sense of alienation from others (e.g. Gorst-Unworth et al. 1993; Arcel, 2000;) and the social effects of rape were catastrophic resulting in destruction of their cultural identity. A woman worker in a non-government organisation stated:

Josephine: Rape is seen as an act of a shameful act and it stigmatises the women and as a result they do not have the freedom to talk about it and many of them suffer in silence and therefore they become traumatised and you find that many of them are getting headaches they are hypertensive. They get opportunistic diseases that result from trauma and also they suffer physically.

(Interview P8, lines 84-88)

Women's experiences in Luwero affected their ability to resume a sexual relationship as a woman from a non government organisation stated:

Rachel: The women don't feel like having sex and the reason is that sometimes they were raped and the husband didn't know they kept quiet. One of the women told us that whenever her husband would try to have sex with her then that thing came back to her and she just feels dirty. (Interview P10, lines 883-887)

This has been shown in women war survivors worldwide (Burgess and Holmstrom, 1974; Mezey and Taylor, 1988). Several women in the current study were abandoned by their husbands due to their lack of interest in resuming a sexual relationship following the war. The complex social effects of war transcend single events individually experienced (Loughrey et al. 1988 cited in Black et al. 1997: 159). Women often blamed their husbands for failing to protect them and their children from atrocities. According to some researchers, social devastation during war may be worse than mental trauma for survivors of violence (e.g. Summerfield, 1997: 33). In Luwero family bonds were weakened and demobilisation of soldiers led to an increase in domestic violence largely due to men's overwhelming feelings of hopelessness, powerlessness and frustration at not being able to fit back into society. A woman working for a non-government organisation explained:

Josephine: These men were used to killing and now they have come home and there are no jobs. They have used the little money that was given a demobilisation pay and then they just turn to the next victim and it happens to be a woman and the children unfortunately. We have found over and over again that any retrenchment leads to violence in the home.

(Interview P8, lines 327-332)

Substance misuse has been reported in survivors of trauma (e.g. Yeary, 1982).

In Luwero men resorted to alcohol and sometimes drugs in an attempt to deal with their unresolved feelings and this often resulted in domestic violence. The same woman stated:

Josephine: Now the men also have there own types of trauma...some of them were forced into incest and some cannot work and since they are used to being heads of households and providing for their families they find themselves feeling useless so they turn to drinking and then that results in violence and that kind of violence breeds even more violence in the communities.

(Interview P8, lines 95-100)

Anger about their experiences had led women and men to withdraw and relationships were badly affected. As found in other war-affected areas of Uganda (Isis-WICCE, 2001a: 33), the burden of responsibility particularly for children and household duties remained mainly with women as men appeared to have 'given up'. Isis-WICCE found immense long-term social effects in women from Luwero and concluded almost all of them found it difficult to cope with their daily lives having no motivation to engage in commercially gainful activities (Musisi et al. 1999: 4). They expressed distressing thoughts, feelings, and emotions that impaired their social, psychological and occupational well-being. The social consequences of war included family disruptions, family members being killed, non-family relatives killed, other relatives being killed, severe marital problems, being single; social dysfunction including being socially isolated, difficulties working and being economically destitute; and loss of property including homes, belongings and livestock.

Several social effects were evident in women involved in the current study. These included, being rejected by husbands, being unable to have sexual relationships, orphans increasing the burden of care on women, loss of property, animals, and land,

extreme poverty, being unable to educate children, loss of husbands, the economic provider, feeling unprotected, being unable to work, lack of trust and increased responsibility.

Men largely felt helpless and unable to look after their families. During the war women took on more responsibilities. Following the war men returned to find they lacked a role within the home. Their trust was affected and they worried their wives had been raped during the war and children were not theirs. This led to conflict within relationships and some men did not accept their wives back, others 'forgave' them and recognised it was not the women's fault. Lack of trust was a common effect commented on by previous researchers (e.g. Turner and McIvor 1997 cited in Black et al. 1997:210). A man working in a non-government organisation stated:

Joseph: There are others who have been so traumatised I know one who is actually so fearful has lived under fear doesn't trust anyone because she was abducted. (Interview P64, lines 104-106)

Many men were forced to fight in the war and felt they had failed to protect their families. Their property, land and animals were taken and they were unable to work and this further increased their lack of confidence. Children lacked guidance and many resorted to drugs and alcohol. It was felt that moral standards had declined during and following the war. The war years caused immense trauma in children, who had become unruly, lacked education and often ended up as street children. They were psychologically affected as a male local leader described:

Mukasa: Psychologically yes that is why I said these young girls and boys nowadays you find them without any money they are just on the roads roaming about. (Interview P49, lines 65-66)

Although both women and men showed severe psychological effects, women appeared to have been affected slightly more in all three parishes. This may have been a reflection of gender differences in disclosure. In terms of the differences between parishes, all were deeply affected but women in Wakayamba reported more depression. Women in Kamuli cited physical pain more often whereas those in Wakayamba described more reproductive health problems. Women were traumatised by rape experiences and some men found it difficult to accept them back. Marriages and traditional roles had been greatly affected and family ties broken. Some men tried hard to accept what took place and supported their wives. The war also caused damage to women's identities as maintainers of social boundaries. An example of this was the destructive effects of bearing children through rape by Acholi soldiers as Jackie described.

Jackie's story, Case Study P73

Jackie was a 34-year-old woman from Kasana. She grew up in Luwero with her paternal aunt as her mother left home when she was young. She received little education, as she was withdrawn from school by her father. The war started when she was 17 years old before she had completed Primary 4. She described what happened:

When we ran we lost all our property. After they told us that our father had been killed we continued running to Kiboga and Mummy almost died too. Daddy was shot dead and Mummy survived and is still alive today. When we returned, we found two people had been killed from our house and the skulls were still there. The iron sheets had been removed and taken to their detach. (Interview P73, lines 135-140)

When we came back we found soldiers had taken some girls and as they tried to run they came by our house. As the soldiers chased them they saw me and three of them raped me twice in succession.

(Interview P73, lines 106-109)

Jackie became pregnant and later lost the baby. She said:

I was greatly affected and I was taken care of using local traditional medicine. I healed well but they had left me pregnant and I contracted syphilis...I feel a lot of pain and a sore developed which hurts a lot and I itch around the private parts, which smell. I produced the baby and named her Samanya Agnes 'I did not know Agnes', but she died at two years from diarrhoea and body swelling.
(Interview P73, lines 113-124)

Jackie lost her father, several family members and friends during the war. She later married and had four children. Her husband beat her, refused to give her money for food or to educate the children. Her experiences caused destruction to her identity and loss of her role as a maintainer of social boundaries. However, Jackie was able to take control of her life, leave this abusive relationship, obtain economic independence and establish a life for herself and her children. She had never taken legal action for what she experienced but she hoped to buy a piece of land of her own in order to settle.

The role of traditional beliefs is very important in Uganda and like Jackie; several women relied on traditional medicines for their difficulties and used traditional birth attendants to deliver. Within Bagandan culture there was expectation women would continue to produce children but due to devastating effects on their reproductive health this was problematic. The damage to women's identities was immense within this context. Other women were still caring for children born through rape. The ambiguity about their children's identities as well as the effects on women and children's sense of belonging to the community was overwhelming. Many orphans resulted from the war as a community worker in Kamuli described:

Victor: Some of these widows have got AIDS orphans most of the children have died of AIDS and two families in Nnongo village have got fifteen orphans.
(Interview P4, lines 39-43)

The rising number of orphans created as a result of the war and HIV/AIDS was overwhelming. Women complained there were few schools or resources for their education and opportunity for girls to attend school was affected (see Isis-WICCE, 2001a: 45). A woman in a Kamuli group mentioned the difficulties of educating children:

For me now the problem is that most of the children that we produced during the war have grown. However, we have no resources to push them ahead in their education and yet for the girls the way out if they were not at school would be getting married even at a tender age. It hurts us. I wish we could get a children's project to look after our children. (Interview P47, lines 797-801)

Previous research found interpersonal relationships were changed following torture (e.g. Turner and McIvor, 1997). This was the case in Luwero as a woman working in a human rights organisation summarised:

Mutesi: People are no longer sustaining long-term relationships; there is a lot of domestic violence that is perpetuated by many things including redundancy. It has broken up families as some women who have been raped bring up children without fathers. (Interview P22, lines 159-161)

Flashbacks are a common phenomenon in women who have suffered sexual violence (Kelly, 1988:193). Isis-WICCE found 65.4 percent of women experienced flashbacks to the war (Liebling and Kiziri-Mayengo, 2002:3), 91.4 percent had intrusive recollections or thoughts and 88.7 percent had nightmares (Musisi et al. 1999: 19). Previous research found nightmares and sleep disturbance to be a common effect of trauma (e.g. Rozee and Van Boemel, 1989; Summerfield and Toser, 1991). Recurrent and distressing recollections of the traumatic event are also very common (Horowitz, 1979) as was the case in Luwero. A woman during a Kamuli group explained the traumatic effects of having to kill during the war:

They made us contribute to killing a certain girl, as they did not want to waste their bullets. My nightmare is killing a person. I wish it had killed me. My life is now useless. I often feel a strong heat in my body starting from the head downwards and the sound of the blast still rings in my head.

(Interview P47, lines 49-54)

Although wanting to forget their experiences women found they frequently returned in the form of nightmares (Hinshelwood, 1997:5), and a local doctor said:

Seeing many of your friends being killed there...that problem you develop ...you know it haunts you...you have nightmares. (Interview P12, lines 89-90)

Isis-WICCE found 83.2 percent of women had difficulty sleeping, 67.7 percent suffered anger outbursts, 88.4 percent irritability, 98.3 percent had difficulty concentrating, 83.2 percent complained of hypervigilance and 54.4 percent experienced an exaggerated startle response (Musisi et al. 1999:19). Several women in the current study suffered with panic attacks as a woman from a Wakayamba group explained:

I am just there with no energy and in pain and I think that may be it's the running I used to do that even brought me a heart problem. Because my heart beats very fast and since they killed my child, it really worries me.

(Interview P95, lines 826-828)

A woman from Kasana explained some effects of hypervigilance:

Beatrice: My father was once tied up and taken away but when battle came, they deserted him then a good Samaritan came back and untied him. On the way, they kept poking him in the ribs, which have affected his chest a lot. He still fears if someone knocks on his door now. (Interview P14, lines 125-128)

Women became distressed and anxious when they were reminded of the war and some still suffered with insomnia as a woman from a Kamuli group explained:

These things disturb us psychologically. Even when you sleep, it's impossible. It constantly tears because it's too much. Me I keep wondering about where they

killed my father. Some of us have been made to hate army men and uniforms as it brings back all the horrible memories. (Interview P47, lines 400-404)

Many women experienced irritability and outbursts of anger, common reactions amongst trauma survivors and indicative of unexpressed feelings. Previous research has shown anger and hatred to be a common effect of trauma (e.g. Wisecchild, 1988; Hinshelwood, 1997; Cardozo et al. 2000). Anger can be hidden as suppressed aggression (Rosenthal, 1998:1). Women became angry when their abusers were promoted to senior positions and a woman from a non-government organisation told me:

Rachel: Then another consequence is anger, they are very angry people, they are very bitter people and surprisingly some are very withdrawn, they just don't want to say anything. They don't trust anybody. We found them to be people with a lot of vengeance that is one of the consequences.

(Interview P10, lines 284-287)

Jack (1991) noted how women were afraid to express anger because they feared their husband's retaliation. This inability to express anger increased depression. During the current study it was notable how women's depression started to lift once they expressed anger about injustices of their war experiences. Women's anger enabled them to reclaim their reconstructed social and collective identities within Baganda society.

It was generally felt women were better survivors than men as a woman doctor in the Ministry of Health described:

Speciosa: Women by their constitution are better survivors because they are more active and their recovery is much better. I think partly because women are more ready to share their problems so although there is no professional help they get their own group help because they come out and share whereas it is very difficult to get the men to form groups and therefore focusing on them becomes more difficult. (Interview P59, lines 132-137)

This view appeared to deny the human rights issues involved. Due to women's disempowered position in this study they were less able to challenge rape. Once listened to they were more able to speak out and take action against the atrocities suffered.

Further concepts drawn on to explain the effects of women's experiences of the war in Luwero were, women as participating centrally in the ideological reproduction of the collectivity and as transmitters of culture (Anthias and Yuval-Davis, 1989) and as cultural capital for the ethnic group (Bourdieu, 1984). According to Anthias and Yuval-Davis (1989: 9), the role of women as ideological reproducers is often related to them being viewed as 'cultural carriers' of the ethnic group. In many contexts, including Baganda, the honour, standing and respectability of the group is defined by the woman's sexual behaviour and sexual purity whereas the men can behave as they desire without the honour of the group being affected (Obbo, 1989).

During the war Acholi soldiers instigated damage to women's identities as *cultural reproducers* in the sense of what it means to be a 'good woman', particularly in relation to sexual identity and the honour of men in the ethnic group. They did this by raping, abducting and impregnating women and thereby destroying the identities of what it means to be Bagandan women. They forced men and women to engage in acts of incest thereby totally destroying women's sexual identities and the honour of the Baganda men. Women lost confidence and several described the stigma of not being able to have children, as a woman in a non-government organisation explained:

Rachel: They are suffering from infertility, there are a lot of cases of blockages of tubes, so young girls who cannot even have children, and Helen you know in our African context if you marry and you don't get a child for within six months, they are starting to ask what's wrong with this one? And you may end up being

thrown out because you have not had a child, so that is another psychological problem that these young girls are having.

(Interview P10, lines 307-312)

The pressure on women to continue to have children continues although several were unable to. As Obbo (1989: 81) argues, women's biological role as a child-bearer within Ugandan culture is regarded as their primary role and defines their social worth. Hence, without this a woman's identity is destroyed. Men were not subjected to this pressure. Women who suffered sexual violence were often teased and called the 'wife of rebels'. Discussing their war experiences could distress them as a 27-year-old woman from Kasana explained:

Aminata: It reminded me of my misery and I really recalled about my past and cried. (Interview P65, lines 156)

However, crying also had a positive effect as Aminata felt relating her experiences in a group helped her to find some relief. Susan illustrates the effect on women's identities as cultural reproducers during the war.

Susan's story, Case Study P71

Susan was interviewed in Kasana. She was 32 years old and had four children all studying at school. She was brought up by her Aunt who frequently beat her. She returned to stay with her father and was ten years old when the war started. Acholi soldiers forced her father to have intercourse with her and when he refused they tied him with ropes, put a pistol to his head and forced him. They pierced Susan with a pistol and her father saw the blood and could not penetrate. The Acholi shot him in front of her. She explained the long-term effects of this.

When I sleep with my husband I get flashbacks of my father being made to sleep with me and how he was killed in such a bad way.
(Interview P71, lines 81-82)

Traditional medicines had helped Susan with her flashbacks; she had since married and worked on a farm. She felt talking about her experiences had lifted her sorrowfulness. Before the war she danced and sang to earn money but had stopped due to her husband's jealousy. Her goal was to buy a piece of land for an orphan child she was caring for. Although Susan felt she had no choice but to continue a sexual relationship, other women had chosen to remain widows.

During the war, parents were forced to watch whilst their children were raped. Children witnessed their mothers being raped and their parents being killed and had withdrawn as a result of their experiences as this man from a local non-government organisation explained:

Joseph: Others suffered mental retardation which I believe was a result of the traumas because they saw their parents being killed and I know some of the children who never recovered properly up to today when you mention anything to do with mother or father you see them quickly withdraw and socially and mentally they are really inhibited and you take them in class and they can't learn. (Interview P64, lines 343-347)

The war caused immense effects on children. Some were born as a result of rape and never knew their fathers and this also caused untold suffering. A woman from Kasana said:

What made me really wonder was the hurting my brother with blocks while I was watching until he died. They hit him and he fell and started blowing out blood then they put him on a truck and we never saw him again. From then I started worrying a lot. (Interview P19, lines 136-139)

The psychological effects of the war on men were devastating but the majority hid their feelings. Depression and helplessness amongst male respondents for being unable to protect 'their women' were prominent as a local woman doctor explained:

They used to get the men together and kill some of them and then others were let go so even though you were not killed but after seeing many of your friends killed there is a problem that develops...it haunts you and you can have nightmares. Some of the men were betrayed by people from the villages and their relatives, so there was that lack of trust and depression. You are taken away from your family, tortured, you lose contact, and lack confidence, you know you are a man but you can't protect your family...you are rendered helpless. (Interview P12, lines 87-96)

Men were very angry and bitter and described being traumatised and disturbed. They lacked trust, confidence and suffered nightmares. The bad memories of war still haunted them. One man from Kasana described being traumatised when he looked at his sister who he witnessed being raped during the war whilst being forced to sing. By attacking the Baganda women's sexual identities and behaviour, Acholi soldiers attempted to destroy the honour of the Baganda men. Men were dehumanised by being forced to witness and participate in degrading acts. A community health worker felt young men were now more likely to rape due to the level of sexual abuse they witnessed during the war. They had withdrawn being unable to communicate their feelings. It was generally felt unlike women, men tended to keep their suffering inside whereas women were more likely to seek support for their distress e.g. a male community worker stated: 'men tend to harbour their suffering while the women are quite emotional' (Interview P9, lines 111-112). This was particularly the case for men who had been sexually assaulted and few men discussed this in the present study. The woman director of a non-government organisation discussed these problems:

Rachel: These men have never come to terms with it and unfortunately unlike women whom we were able to sit, interact and talk...maybe it is because of the norm in society that rape of the women is part and parcel of life probably that

women find it easier to talk about it but these men we could not even get to them to tell us their story like the women did, because they are hiding their identity. (Interview P10, lines 206-211)

Rachel's view is concerning because it is as if 'rape' is expected within Ugandan society to be a 'normal part of women's lives' rather than a human rights violation. She also expanded on the traumatic effects on men of having to fight during the war:

Rachel: Men were coerced into having to go and fight and that is traumatising them up to today when they recall the people they killed and probably it makes them become so empty and withdrawn. (Interview P10, lines 192-194)

A man working in a non-government organisation described the effects of war on men:

Joseph: They are happy to have something to put in their stomach today 'don't ask me about tomorrow' so I wouldn't know what that would be but I would call it psychological trauma. (Interview P64, lines 91-93)

The psychological torture of not knowing if their wives had been infected with HIV/AIDS from rape still haunted them and many had lost hope as a male nurse explained:

Jacob: Psychological torture of becoming desperate and despair and probably they didn't hope that they would come back and others did not come to unite with their family up to now and so the family disappeared and those who survived they would not know. (Interview P66, lines 157-160)

The Acholi attempted to destroy the honour of Baganda men by abusing 'their' women and through acts of psychological abuse. As described in chapter five a 68-year-old man from Kasana was forced to drink the water from his wife's vagina following

her experiences of gang rape by Acholi soldiers. The effects of such experiences were immense within Bagandan culture. Yeka, described how he felt:

Making me drink the dirty water was not something human. It affected me psychologically. (Interview P54, lines 108-109)

Men were traumatised by recalling what happened during the war as this man during a Kamuli group described:

When I remember my two children who died in the bush and my daughter who was taken at the age of six and I have never seen her again so whenever I think about it, it haunts me. When I remember the incident I can leave what I am doing and sit there for hours without doing anything.

(Interview P29, lines 269-270)

Finally, this section of the chapter discusses Anthias and Yuval Davis' (1989) concept of women as participants in national, economic, political and military struggles. This study describes how Bagandan women regained their sense of autonomy and identity following the war. Lovell's (2003) collective understanding of agency is used here. Lovell (2003: 14) describes collective agency as that which is produced not by an individual human subject, but through social relations and political action. This is similar to Turner and Gorst-Unsworth (1993) and Bamber's view that recovery from trauma can only take place within a political context (Hattenstone, 2000). Lovell (2003) provides a theorisation of how this happens, which is consistent with Bourdieu's view that the development of a sense of self is fundamentally a social process achieved through encounters with others (Bourdieu, 1998). However, Bourdieu does not really provide us with concepts for understanding resistance and agency for women as he views them as social objects.

Dismantled and/or misrecognised identities can be recreated through social

processes involving encounters with others that give 'recognition' to the traumatising changes in the social field, and the 'normality' of the responses to those changes (Bourdieu, 1990). In Luwero we see examples of how women reconstructed their identities in a collective way through music, dance, theatre, performances, economic projects and political activity. They also did this by keeping families together, continuing to perform important cultural practices as well as more direct action during the war by taking up arms and actively assisting in the struggle for peace.

Although many women felt powerless following the war they engaged in several processes to regain their power (Jardine, 1989; Tal, 1996). Despite the multiplicity of war effects, women made several positive gains including taking part in music, singing and dancing for health education, income and enjoyment which assisted them in dealing with their traumas. There had been literacy classes and attempts at introducing new crops. Women had good knowledge of herbal remedies to treat themselves (Bentall, 2003: 119) and formed several income-generating groups that helped them educate their children. They were involved in community health projects, counselling and support groups. Several took active roles in peace talks and many became political representatives for women. Women leaders were actively involved in promoting family planning, peace negotiations and income-generating schemes.

Women's participation in music, drama, dancing and singing groups in Luwero led to greater collective and economic empowerment. Others have commented on the positive functions of non-verbal expressions of trauma such as music, art and dance (e.g. Armstrong, 1978; Golub, 1985; Tal, 1996). This has particular relevance to Uganda where music, song and dance are inextricably part of society (Cooke and Kasule, 1999). Women in Kamuli described the benefits of music and singing groups:

Goreeka: Being with others takes away most of the sorrow and it always teaches us what to do to get money. (Interview P41, lines 179-180)

Lovinca: It has helped in that while we are together we sing and dance and forget the misery. We also present prizes now and again.
(Interview P39, lines 218-219)

Salamana: It helps to comfort and it helps us to learn from each other.
(Interview P42, line 262)

They help us forget our family problems and also help to build unity amongst us. Otherwise on our own, we think a lot about our individual needs.
(Interview P46, lines 137-139)

A woman from Kasana also described the benefits of music:

Madina: When I am with my friends some of the misery goes. We learn from each other. (Interview P72, lines 232-233)

A woman working in a non-government organisation said:

Josephine: Music, dance and drama can be part of the facilitation of healing then it can be used more constructively because we are communities that love to sing, love to dance and love to act out and these have helped but I don't think that so far they have been well-focused and if they were focused through training then community workers could use them more effectively to deal with trauma at that level. (Interview P8, lines 164-171)

Susan from Kasana described the benefits of singing:

Susan: It helped me to get some money. I sent money to my mother and had money for eating and for the orphans. It helped us to get clothes. I left the group in 1998 as I came this way to see my mother. After I remarried the men wouldn't allow women to go to such clubs as if I join a club other men might take me.
(Interview P71, lines 146-149)

Collective activities also assisted men, who said during a Wakayamba focus group:

When I drum I forget, as time for thinking is not available.
(Interview P82, line 166)

We act life scenes and cultural features. We are 15 and this year we went to the National Theatre to compete and we were the 6th.
(Interview P82, lines 171-173)

Whenever we are acting, I forget my problems. (Interview P82, line 176)

The World Health Organisation stressed mental health must be viewed as an integral part of public and welfare programmes as Summerfield (1995:25) stated:

Collective recovery over time is intrinsically linked to reconstruction of social and economic networks and of cultural identity.

Although the war created disempowerment and disconnection from others, women in Luwero made attempts to recover by making new connections and forming groups. Women reconstructed their identities through collective activities including income-generating schemes. In Kasana, women interviewed were involved in five different groups and traded, farmed and sang. One woman during a Kasana group said:

For me since the war, I have joined many groups although some have since collapsed. They have given me knowledge on how to sustain myself and my family. We have also had people who give us loans to make more money. There is a lot we learn from other members. (Interview P97, lines 250-253)

Women in Kamuli were involved in two groups that participated in singing, sewing, farming and brewing local gin. A 62-year-old woman from Kamuli stated:

Madina: When we get together, we do many things like weaving and generally helping to listen to each other. (Interview P38, lines 191-192)

Madina related by singing women forgot their war experiences. Another woman from Kamuli described their group:

The group has united us and we forge towards helping solve member's problems. We love what we do and are craving for assistance.
(Interview P45, lines 164-165)

Margaret from Kamuli stated:

Margaret: Being in the women's groups has helped in creating togetherness. It also helps us in that we get dividends whenever we produce and market anything as a group. (Interview P40, lines 284-287)

Wakayamba had three women's groups that reared cattle, took part in digging, drama and singing, trading and lending money. A woman from Wakayamba stated:

We are able to get loans from loaning organisations and we are registered.
(Interview P81, line 185)

Women also utilised more immediate strategies such as trying to keep families together. They spent much of their time focusing on caring for others. Despite the difficult circumstances women did what they could to protect their children as this 62-year-old woman from Wakayamba described:

Alice: Three soldiers raped me three times. They would come home and want to take me and the children but I refused to move and they burnt the house I was in. (Interview P89, lines 71-74)

'Perhaps focusing on the needs of others helped women to deal with their own war experiences?' (Liebling, 2003:25). The traumatic experiences women survived led to greater insight, increased strength and changed power relations (Agger, 1992: 126). There is also evidence women took on male roles during the war (see El-Bushra, 2000; Sideris, 2003) as discussed by a woman working in a non-government organisation:

Josephine: You find the wars have changed the power relations in the home but that has not necessarily been for the benefit of the woman. It has made the woman realise that she needs to work harder and not to be dependent on the men but then within a marriage you find that there is quite a lot of violence.
(Interview P8, lines 314-317)

A male worker in a non-government organisation also described the changes in roles:

Ronald: Psychologically first of all they were looking to their husbands to be the breadwinners, and suddenly they had to take up the responsibility. It is the confidence in themselves some of them it was positive they just rose up to the challenge and did it. (Interview P100, lines 136-144)

Women were able to see the positive side of their experiences as a woman from Kamuli said:

One thing we learnt from the war difficulties was being able to work harder than before. (Interview P47, lines 609-610)

Even where women had suffered extreme atrocities they were able to draw on positive outcomes, as this woman from Kasana described:

Susan: I was upset because they killed my father before me and they also raped me in front of him. But now my heart is strong.
(Interview P71, lines 227-228)

Although vulnerable to sexual exploitation during the war, women also demonstrated considerable agency and resistance. Some women in Luwero took more immediate action and assisted Museveni's soldiers and adopted what Boric terms the role of 'mother-heroes' (Boric, 1997: 40). This was also shown in Northern Uganda where war still continues (Isis-WICCE, 2001a: 56). One woman during a focus group in Kamuli described assisting Museveni's soldiers during the war:

We helped them with food and gave them some of our property. I recall a certain detach where we the women used to go and dig/plant potatoes for the men. (Interview P47, lines 721-723)

Many women could not work or carry on their education. A woman from Kamuli, who joined the army as a nurse, was shot while engaged in her duties. She described the effects:

Mary: I developed stomach problems. I failed to qualify or graduate to enable me find a job. The pain in my body can't allow me to do any job in the village and yet all the available jobs require manual labour and are heavy.

(Interview P40, lines 157-160)

Despite this Mary had taken an active part in the women's groups singing, dancing, weaving and making crafts to sell. At the time of the interview she felt settled, able to work and look after her children. Other women took up arms to fight like Sally, a 36-year-old woman from Kasana.

Sally's story, Case Study P17

Sally described a happy childhood until the war started when she was 12 years old. As described in chapter five, Sally decided to join Museveni's guerrillas during the war in order to try and protect herself from rape. Sally was a spy for Museveni's army guarding roadblocks and looking out for enemy soldiers. Although she was protected from sexualised violence by fighting she developed severe headaches and described the effects:

The war persisted and I started to suffer from terrible headaches. In the morning I was all right but as the sun rose my head was paining me. That is when I started running during the war and I got sores on my legs. The pain started from my head and I heard 'voices' saying 'they would kill me'. I came back home and went to my mother, as I was not hearing well. (Interview P17, lines 56-63)

Ironically being ill prevented Sally from being abducted by Acholi soldiers:

The Acholi soldiers came and because I had the head problems they thought I was crazy and said 'see that one leave her don't kill her'. My mum said my daughter is mad don't kill her and in this way she protected me.

(Interview P17, lines 90-93)

Sally said her sister was abducted by the Acholi but later managed to return. Sally was later treated for her illnesses and recovered well apart from occasional headaches. Robinah from Kasana also fought during the war.

Robinah's story, Case Study P7

Robinah was 34 years old. She described a happy childhood although her father mistreated her mother. She grew up with her father and grandmother. She was 13 years old when the war started and was chosen to fight in Museveni's Guerrillas. Robinah became an instructor and went through all same training as men. She described how fighting protected her from rape:

Whenever the Acholi's came to try and rape you they could beat them with a small hoe 'Akafuni' and hang them. They would just beat them to death by akafuni. I wasn't raped at all and in case a soldier would try and rape a fellow soldier the one who had raped would be beaten to death.

(Interview P7, lines 89-93)

Robinah described how she was given compensation for her contribution to the war and at the time of the study was working at the local hospital and planned to start her own business. Isis-WICCE had assisted her to build a house.

Women also avoided rape using other strategies including fighting and hiding carefully. Some women lied to the soldiers and said they were infected with sexually transmitted diseases. A 50-year-old widow from Kasana described how she resisted rape:

Fiona: I used to dress very poorly and the soldiers thought I was old so they left me alone. I only got hit by the butt of a gun while trying to stop a soldier from forcing himself into my house where my 12-year-old daughter was.

(Interview P18, lines 93-95)

Chronic Pain

Experiencing chronic pain was a consistent theme arising from the analysis and impacting on both women and men's identities in multiple ways. The inseparable interaction between effects of war on 'mind' and 'body' are illustrated by the words of one man during a Kasana group:

I have no peace of mind as I am ever feeling the war in my body.
(Interview P58, line 432)

Isis-WICCE found 81.3 percent of women interviewed in Luwero had chronic pain syndromes (Musisi et al. 1999:4). Sixty-two point five percent of women suffered with chronic headaches, 41.7 percent chronic pelvic pains, 81.3 percent musculo-skeletal pains and 62.5 percent had a host of other somatoform disorders as defined in DSM IV (APA, 1994). Previous research in Luwero also found evidence of predominantly pelvic or abdominal pain (Giller, 1998:141) and work with refugees who were raped found fears were often somatised and women frequently suffered headaches and back pain (e.g. Hinshelwood, 1997: 4). The physical health consequences of trauma have been associated with declines in subjective health ratings (Price, 1978) and previous researchers have shown chronic pain to be a consequence (e.g. McFarlane et al. 1994).

Pain suffered by both men and women in the current study was chronic in nature as it 'perversely refuses to disappear or that reappears over extended periods, in episodes' (Morris, 1991: 69). Scholars have argued against the distinction between body and mind, the myth of two pains, mental and physical (Morris, 1991). The

majority of women experienced general pain all over their bodies (Soluriac et al. 1968). They referred to pains in their chest, abdomen, back, legs, head, fallopian tubes etc... Immense pain was experienced as a result of being tortured, raped, cut and pierced in their genitals. They complained of internal scars that opened up and discharged pus. They also suffered pain during sexual intercourse. Finkler, working with women in Mexico, has shown that life experiences, such as the death of a child, produced sickness (Finkler, 1994: 14). This has resonance in the current study where women and men have suffered extreme personal loss and witnessed horrific torture of relatives. One man from Kasana described how his grandmother was tortured by having her breast cut off and eyes pulled out by Acholi soldiers.

The severity of their pain resulted in women finding it difficult to work and a 45-year-old woman from Kamuli said:

Lucinda: I have a lot of back, chest and abdominal pains, which I seem to have developed from having been raped by two soldiers. I also get sores in my private parts, which itch. (Interview P35, lines 23-25)

Lucinda also suffered with severe headaches but still managed to farm, brew local gin and cultivate food to earn her living. Janet illustrates a woman war survivors' experience of pain.

Janet's story, Case Study P34

Janet was 35 years old with a ten-month-old child called Sylvia. She grew up in Luwero and lived there all her life. During the war her husband was killed and she was placed in prison. She was tortured by being burnt with dripping hot plastic. Whilst in prison she was raped by five men daily. Her eldest sister was killed and she described

the effects of her experiences:

What I went through has left big scars on me. I can't even do much work because they broke my back; my stomach hurts a lot from time to time. My head aches too and I sometimes feel dazed and I don't want to move in the sun. Even the scar on my skin sometimes hurts all over again. I was gravely mistreated; I was raped often, beaten especially in the one week I was in jail. There was no help and all I had were 'red cells,' which I put on the wounds.
(Interview P34, lines 75-80)

Poverty prevented Janet from accessing treatment and she still suffered with pain:

I have been visiting the hospital when I have some money but when there is no money, I just suffer on. Currently it's my head, stomach and back that still give me problems (Interview P34, lines 89-91).

Janet went on to say she never had a proper diagnosis or treatment for her physical problems even though she had told doctors she was raped.

The chronic pain men and women suffered was a direct result of their war experiences. The physical, psychological and social aspects of their experience of pain were closely enmeshed and directly impacted on their identities. Bendelow (2000: 23) argued:

In order to develop a more sophisticated model of pain, which locates individuals within their social and cultural contexts, a more sociological analysis is needed, not to replace the role of medicine or psychology, but to enhance our overall understanding of the complex phenomena of pain.

Summary

Every rape is a grave violation of physical and mental integrity.
(Copelon, 1995: 208)

The current study found severe psychological, physical and social effects on women and men in Luwero related to experiences of violence and torture during civil war years. Some of these effects were similar to those found with a complex PTSD diagnosis. However, this concept is not gendered and does not adequately describe women's experiences within their specific cultural context. It also does not encompass the continuous and long-term traumatisation evident (Summerfield and Toser, 1991) although ironically, and as Cockburn (1998: 188) and Musisi et al. (1999: 4) found, it has led to recognition this population are still suffering and may continue to provide the space for war survivors to be listened to. This study agrees with Bracken et al. (1998) who argued very serious problems arise if the trauma discourse is used within non-western societies, as it tends to neglect the social, cultural, and moral reality of people's lives. They recommend an approach that establishes ways of supporting people through times of suffering by listening and hearing their different voices in a way that does not impose an alien order (Bracken et al. 1998: 58).

The process of traumatising identity deconstruction represented one of the main mechanisms through which Acholi soldiers attempted to destroy Bagandan authority and their sense of right as the most powerful ethnic group. The traumatic physical, psychological and social effects of violence suffered cannot be separated out, and the deconstruction of the sense of self is a social process that occurs through encounters with others, rather than happening to an individual in isolation. Analysis of interviews found Acholi violence damaged women and men's identities as producers by destroying their capacity and will to work as well as causing disabilities. The Acholi soldiers attempted to destroy women's identities as reproducers of the social fabric of Buganda by causing them to feel alienated from others, destroying their role as mothers, and causing loss of interest in their husbands, family and social activities. Acholi soldiers

attempted to destroy the honour of Baganda men through women's roles and by direct acts of psychological, physical and sexual torture, including incest, and causing damage to their identities as protectors and providers.

Genital mutilation and rape caused considerable damage to women's reproductive organs (AGOU, 1999; Isis-WICCE, 1998) and they were infected with sexually transmitted diseases including HIV/AIDS. The effects of their experiences resulted in chronic pain. Scarry (1985) maintains torture inflicts bodily pain and by doing this destroys and replaces personal language with the objectification and 'deconstruction' of the body and the person. Priel et al. (1991) put forward the view that people suffering pain need to find meaning for their symptoms as without it, despair and isolation may develop. Through the process of narrating their experiences women and men in the current study were able to give meaning to their pain.

Physical damage to Baganda women's reproductive ability, the psychological effects of not being able to have children, and the effects on their position in society, all combined to the undermining of their self and damage to their identity as Bagandan women, as well as eradicating from infertile women the power they would normally gain within society from being mothers (Obbo, 1989: 82). For those women in Luwero who bore children through rapes they endured, this evoked immense distress. There was immense conflict involved in loving a child but hating the way it was conceived (Nordstrom, 1993). According to Sideris (2000: 7):

Where the social construction of female sexuality places high value on the sexual purity of women, the birth of children conceived by rape is real evidence of the violation of their virtue.

Rape often resulted in rejection by families and the community and this intensified the experience of trauma (Turshen and Alidou, 2000). However, women in this study formed groups after the war and supported each other in an attempt to counter these effects. Although Koo (2002: 532) stated, 'silence has been the experience of many victims of war rape', and Scarry (1985) argued torture was 'language-destroying', this study found women and men derived benefit from discussing their experiences within the context of supported and confidential focus groups.

The civil war years were characterised by attacks on the civilian population and their social and cultural foundation, a distinctive feature of contemporary warfare (Nordstrom, 1991). Social arrangements and relationships that provided inner security, stability and human dignity were broken down. The devastation of human suffering led to loss of social belonging and identity. During the post-war period alternative identities developed in Luwero with increased feminisation and peace negotiations (Turshen and Alidou, 2000). The interplay between women's vulnerability during war but also their resilience within it is a very important aspect to be understood (Sideris, 2000). Women's war experiences have led to greater insight, strength and wisdom.

Women in Luwero exercised agency during and following the war years by regaining their sense of autonomy. They reconstructed their identities by immediate action by taking up arms to fight and contributing to the struggle as well as collective strategies since the war has ended. They took on male roles developing further autonomy, independence and strength. They reconstructed their identities in a collective way through traditional music, dance and drama activities as well as income-generating schemes, political activities and narrating their experiences in the current study. In sharing memories, women created a collective identity and a feeling of trust that has

been found previously with Mayan Indian war widows (Zur, 1997: 72).

This critique, which utilises a feminist approach, enables recognition of women's roles during war and acknowledgement of their agency and power as even severely traumatised people continue to have active influence over their lives (Summerfield and Toser, 1991). Women in Luwero have united in common cause, regained their collective power and derived wisdom, insight and strength from the trauma they suffered. Their ability to voice their experiences as a political act of resistance in the current study resulted in expression of their anger, a decrease in depression and a positive appreciation of their reconstructed identities.

Chapter Seven

The Resulting Needs of Women War Survivors in Luwero: Implications for Gender-Sensitive Services

Introduction.

As previously discussed in chapter three, violence against women during war is a profound health problem undermining self-confidence vital for achievement of goals, particularly in the developing world (Heise, 1993: 171). This chapter outlines strategies used by women in Luwero to deal with their war experiences. It then provides the outcome of analysis of women's long-term needs particularly with respect to physical and psychological health, welfare and legal redress. The urgent need for gender sensitive services and implications for current health policy are discussed. It is argued women's resulting health needs in the context of sexual violence and torture during war should be viewed as a human rights issue and services provided appropriately. The summary includes some policy recommendations.

Strategies used by Ugandan women

Previous research in Palestine indicated 'human capacity to deal with hardships is impressive' and women's success in retaining psychological integrity in wartime was related to their political and ideological commitment to the national struggle (Punamaki, 1987: 82-83). Despite significant levels of psychological distress and physical illness as well as the breakdown of traditional support systems, women in Luwero used various strategies in order to deal with their war experiences (Liebling and Kiziri-Mayengo, 2002). This chapter expands on these in relation to the current study.

Feminist solidarity has been documented internationally as a way women attempt to overcome and deal with atrocities of war (Boric, 1997). Analysis of interviews in the current study found women supported each other during and following the war as a woman from a non-government organisation explained:

Rachel: I think it has been a miracle, but I will put this miracle down to one thing: women share. Women are able to sit down and talk about it with their fellow women and to me I think that is the only way they have been able to survive. (Interview P10, lines 363-366)

Community support assisted in dealing with war effects as Josephine working in a non-government organisation described:

We are very much of a community kind of country. We rely a lot on the extended family to help out in times of trauma. We rely on sharing at a very personal level with friends. (Interview P8, lines 118-120)

A woman from a Kasana group said:

Friends and neighbours give a shoulder to cry on: they help you talk out the burdens. (Interview P97, lines 456-457)

Friere's (1985) term collective empowerment assists us to understand how women in Luwero developed their leadership roles. Punamaki (1990) argues women collectively coping with their experiences are a cultural-political feature and Kabeer (1999) argues empowerment is a process of change from disempowerment to empowerment. Women in the current study demonstrated the importance of solidarity between organised groups and in this way were enabled to find their own solutions to difficulties (Richters, 1998). A woman during a Kasana group stated:

We understand each other and co-operate. We always mediate between those conflicting. We do not discriminate against anyone.
(Interview P97, lines 337-338)

A 36-year-old woman from Kasana described how taking part in the current research assisted:

Sally: It helped me: the way you ask the questions strengthens my heart.
(Interview P17, lines 274-275)

Other women said taking part helped them to ‘become strong’, ‘relieved their burden’, ‘restored hope’, and made them ‘happy’. Rachel from a non-government organisation discussed how talking helped women in Luwero:

How they can survive? like the lady who had no linkage between her vagina and anus. She had lived with that thing since 1983 and died in 1999 but my question was how has she survived? so it is the sharing and counselling one another that is very common in our African context. They sit and really talk about it and then say 'look don't worry about it.' (Interview P10, lines 366-370)

However, community support varied as women from a Wakayamba group described:

These day's people have no time so we talk to our husbands who comfort us.

Sometimes you talk to your friends and all they can say is sorry.

Some of us just bottle it up.

If the counsellor was staying near us we could be going to her.

Sometimes we talk to our fellow women but once they don't share the problems, they make you a laughing stock in the village. (Interview P93, lines 292-303)

A psychiatric nurse related how girls abducted during war supported each other after initial counselling:

Nabisera: In the end the girls felt a lot better and when we followed up some four months later they did almost not need counselling as we also helped them to form support groups amongst themselves. (Interview P2, lines 194-196)

The current study found women also dealt with their war experiences by focusing on others as Rachel explained:

Another thing I would say made them survive the attitude that they must fend for their families psychologically. They do not have a lot of time to sit and moan. So I think the gender roles kept them so busy that at the end of the day they were able to cope. (Interview P10, lines 380-386)

Women also felt the change in political leadership since the war had ended had benefited the community as they could go to women councillors with problems.

Women viewed their contribution to the war as positive. Gottlieb (1985: 19) argued in her work with women war-survivors in Latin America, that:

By joining in the resistance, women are no longer victims. They are participants in the struggle to gain power for their children and themselves.

Giller et al. (1991) took the view that even the most brutalised people could regain some sense of 'normality' given a positive and supportive environment. This study found women benefited from talking about their war experiences in the context of a closed group as others had described (e.g. Aberg, 1994). Zur describes the therapeutic effect of discussing experiences for Mayan Indian war widows:

As they uncover the memories, the women rework, relive, make sense of, come to terms with and integrate the traumatic events which dramatically changed their lives, thus giving a boundary to their suffering. (Zur, 1997: 66)

The importance of women supporting each other cannot be overemphasised as it allows for a response to rape at individual, social and political levels (e.g. Richters, 1998). In the current study a woman from Kamuli described some benefits of the focus groups:

We are united with neighbours as we sit and relive our experiences. It helps to talk about what happened. (Interview P47, lines 437-438)

A woman from a Wakayamba group said:

When you talk to some one else it helps to lessen the burden on your heart.
(Interview P95, lines 1040-1041)

Although talking generally helped, a woman during a Wakayamba group described how you could never forget war:

Bad things are hard to forget and I don't thing we can forget, because we are still talking about it and our children who were not there during the war have to know that there were problems e.g. their Daddy was killed in the war. Even our elder children have started dying of AIDS so there is no way you can forget.
(Interview P95, lines 914-917)

Alison working with a non-government organisation discussed her experiences of working with women affected by the war:

Usually when we use the peace note people open up and talk freely with a lot of abandon and tears reliving their experiences and at the end, they become quite cheerful and relaxed. I think this helps them to clear their minds and gives them a lot of relief. (Interview P23, lines 124-126)

Boric (1997) argued women keep their worst war experiences to themselves.

Contrary to this, the current study found women spoke openly about horrific experiences in closed groups where issues were sensitively handled (Liebling and Shah, 2002a). Following interview women reported they felt relieved. Lebowitz and Roth (1994) pointed out that a critical examination of the sociocultural context and language with women who have experienced sexual violence can enable women to stop blaming themselves, acknowledge their victimisation and become angry. This in itself is an immensely helpful therapeutic tool and was borne out in the current study. As previous research in Luwero and other parts of the world found, social cohesion during war operated as a protective factor (Curran, 1988; Bracken et al. 1992).

Being able to work and taking part in income-generating activities after the war assisted women to become more collectively empowered and rebuild their lives. A woman from a Kasana group described some benefits:

For me since the war, I have joined many groups although some have since collapsed. They have given me knowledge on how to sustain myself and my family. We have also got people who give us loans to make more money. There is a lot we learn from other members. (Interview P97, lines 250-253)

Josephine from a non-government organisation explained the hope it gave:

When the government came to do reconstruction and rehabilitation work they concentrated mainly on income-generation. Now income-generation will not cure trauma but at least it helps a bit as it gives the women some reason to live. (Interview P8, lines 121-124)

Women also said their groups provided ‘togetherness’, ‘financial assistance’, ‘development’, ‘support’, and women became less dependent on men. A local woman leader stated:

Eleanor: I take lessons in family planning and unite them. They are also united in digging but there is little money to start the groups off. (Interview P16, lines 101-102)

Some women preferred to set up their own means of earning money as a 50-year-old woman from Kasana described:

Eva: After Kiwoko hospital was started, I got some casual jobs there. I used to wash clothes, cook and clean for one white doctor who gave me some little money on which I survived so I gave up going to dig for money. I was able to add on to this money and pay fees for my children as well as other things. (Interview P15, lines 164-168)

Women in Luwero had established successful income generating schemes including music and dancing as Susan from Kasana explained:

I entered Namowoja Club dancing and they gave us money after my former husband was killed. We also had Nankasa clubs and they educate you, give you

some money counsel you and you also learn. (Interview P71, lines 139-142)

A doctor in Luwero said:

Angelica: We know there are various ways of overcoming trauma. Through music, dance and drama we realise certain characters are brought out...say a character for forgiveness, if the theme is forgiveness. If the theme is violence against women or children you realise that within a short time you have communicated to so many people and they have got the message.
(Interview P12, lines 213-218)

Music helped psychologically as well as by bringing women together. Rachel explained:

I think it has been vital in counselling because you cannot sing alone, you sing in a group and before they sing they usually talk about themselves. It is another strategy of coming together to share. (Interview P10, lines 601-603)

According to a male worker in a non-government organisation, people in Uganda traditionally cope with distress through music:

John: We are basically very musical people and our expression is done through song or dance, even when you are weeping you can weep musically. Even at a very difficult moment we always tend to express ourselves through song, dance or some activity and I think that is another coping mechanism for people who are going through that kind of stress and trauma. Even those children who are fighting in the bush they will tell you they get time off to sing and dance.
(Interview 100, lines 386-398)

It was commented on by the director of a women's organisation that as women in Luwero began to discuss their war experiences their music and songs became more positive. This illustrated the importance of non-verbal means of communicating emotions in a culture where music is an essential part (Cooke and Kasule, 1999). Women in this study said music was helpful to 'take away misery', 'educate others on the effects of the war and HIV/AIDS', 'forgive those who had wronged them' and helped women 'earn money'.

Some women dealt with their war experiences by speaking out and attempting to take action. Research in other war-affected areas has demonstrated reconstruction of women's roles has led to collective action to confront injustice (Roe, 1992). A 62-year-old woman from Wakayamba took action following the rape of her daughter by Acholi soldiers:

Alice: When she was raped I had no money and did not know what I was going to do. Fortunately, one man told me that we go to the Gombolola. As soon as we got there the soldiers came back. I sat amidst them with the man. I then told them that my daughter had been raped and cut with a knife in her private parts. The only way of getting help was through good will and the grandmother of our chairman took her for me to Kasana Hospital in Luwero. She was young, only 12 years, nothing was done except the Gombolola chief warned the soldiers about not disturbing me after what had happened and that is where it all ended.
(Interview P89, lines 157-168)

Alice remained angry about the lack of action taken and very few women interviewed had received any compensation for the atrocities they had suffered. Those women that were successful had made considerable effort as Salamana from Kamuli explained:

I know one but she struggled for very long and eventually got iron sheets.
(Interview P42, line 297)

Another woman from a Kamuli group described her struggle:

I went to parliament to see the welfare officer and all the other ministers but I have never got anything, not even iron sheets. They promised us cattle but 'we got air'. They got fed up with our stories and kept chasing us away. The problem is when one of us returns with a miserable story like that; you all lose heart.
(Interview P47, lines 749-754)

Previous research in Luwero revealed 55 percent of women had previously never spoken about their war ordeals (Giller et al. 1991; Swiss and Giller, 1993) and the current study found women often feared to take action. As Shanks and Schull

(2000:1155) stated, ‘victims of rape and violence may be too frightened to speak and are unlikely to be heard anyway.’ A 50-year-old woman from Kasana said:

Najjuma: Where would you go and who would listen to you?
(Interview P67, line 209)

Local women's attempts to get justice for the atrocities committed against them has proved difficult as a woman leader described:

Eleanor: Some women tried but they were defeated. One woman went to Court in Luwero but her case was not forwarded. That was in 1998 and she was told that the law did not exist within our Ugandan laws.
(Interview P16, lines 168-170)

Other reasons women said made taking action difficult were; ‘confidentiality’, ‘poverty’, ‘no records kept’, ‘being let down’, ‘losing interest as the process was so slow’, ‘no-one cared’, ‘the perpetrators had fled the area’, ‘the government had a policy of reconciliation after the war’, and ‘lack of support’. The situation was further complicated by the fact those who committed atrocities were often in a powerful position as a woman from a human rights organisation explained:

Mutesi: The problem is that the rebels fighting out there are our children so the women are caught up in a miserable situation. They provide protection to these people but are at the same time subjected to torture and all sorts of conflicts during war. Even in the Courts of law it's hard to stand against these people because they are known to you. It is quite scary. (Interview P22, lines 205-209)

Despite these difficulties several women pursued cases and a woman during a Wakayamba group described her attempts to take action for atrocities committed against her daughter:

I went because of my daughter who was cut using a bayonet. I went to Kikamulo Sub County and the case was heard against the soldiers because I

knew them. They were found guilty of the offence but were only cautioned never to disturb the people again. But there was nothing at all that was done about it. (Interview P95, lines 1189-1193)

Often when cases were pursued little action was taken. Sometimes perpetrators were just transferred leaving women very angry. Economic empowerment was considered an important factor in women continuing to take action as Musisi working in a human rights organisation explained:

As long as women are economically empowered, they will speak out, they will assert themselves, they will depend less on men, and they will be in a position to raise these issues strategically. We have to know that where there is war, everyone is a victim, especially women and children.

(Interview P9, lines 268-270)

On a more positive note, women in conflict areas in Uganda continue to be active in the peace movement as Alison from a non-government organisation described:

Women are natural peacemakers so they can help to stop wars or work towards war reduction. This has been seen in Teso, which is now at peace, and from our workshops, women were very much involved because they say these rebels are our husbands, our sons, our relatives. (Interview P23, lines 76-80)

Women in the current study exhibited strength in dealing with their war experiences as was shown previously with refugees (Arcel et al. 1995). Men also took group action campaigning the government for compensation and whilst the current study was ongoing several women joined them. According to the director of a human rights organisation, women in Rwanda who were raped during war and lost their husbands had succeeded with collective legal action by focusing on access to land.

Faith is an important factor that assisted women in this study to deal with their war experiences. Previous research in Uganda suggested the role of the church and

reintegration in communities might have more relevance than Western therapies (Mugenyi, 1997). Our previous study found 'a belief in God' was an important aspect in a more positive outlook for women (Liebling and Kiziri-Mayengo, 2002:558), although this was not the only factor that helped them move on from their experiences. Isis-WICCE found 15.6 percent of women interviewed resorted to prayer in order to deal with war experiences and Bishop Makumbi attempted pastoral counselling clinics in Luwero, although with very limited success (Musisi et al. 1999: 27). A woman during a Kamuli group stated:

Trusting God has given us strength. We have come together and formed groups through which we have taught and learnt from each other many things and also being together makes us forget our miseries. We try to visit prayer places a lot.
(Interview P44, lines 386-389)

Joseph from a local non-government organisation described local beliefs about the effects:

I would say with all sincerity that really God has been very meaningful to these people. This part was quite infested with evil spirits and people were so fearful, they feared to sleep, feared to walk, feared to work.
(Interview P64, lines 182-185)

A woman from Kasana who was raped and mutilated with a pistol during the war said that she felt 'God had punished,' as the soldier responsible had been killed. Women often believed God was responsible for keeping them well, protecting and healing them and for bringing me to do this study. A nurse from Nakaseke Hospital stated:

Ruth: I have seen these people join these Christian groups that have come, so people go for prayers, sing from the Church and it has helped. Getting 'saved' has also helped. (Interview P61, lines 129-131)

In war-torn areas of the world, basic aid is most sorely needed (Boric, 1997). Several non-government and community organisations have attempted to provide basic services in Luwero since the war ended. There are examples of successful 'bottom-up' health-related projects in other areas of Uganda (see Magezi et al. 1994; Giller, 1998) as well as those using a participatory approach that empowers local communities (see Pye-Smith et al. 1994; Okurut et al. 1996). Health education was starting to be addressed as described by Derek, a male community development officer:

The groups help by teaching communities and putting across the health and poverty alleviation messages. We have a group 'ensenge' meaning 'sunlight singers', who do health education throughout the District.

(Interview P3, lines 95-97: 112-113)

Some non-government organisations prioritised reproductive health and income-generating schemes:

Ronald: We focus on women and childcare, particularly reproductive health care. We help women to form groups and start income generating activities. We fund them and try to help them find a market to increase their income.

(Interview P100, lines 360-366)

Another woman working in a non-government organisation described their focus on women's empowerment:

Alison: We established a number of clubs, women clubs in particular, because during the war, women were raped, left widowed and deserted, had their children killed, they are left behind to tend to the sick and elderly, and they have to embrace roles they never did before. They are traumatised and psychologically stressed. So we empower the woman so she can positively look at the conflict and face whatever comes. (Interview P23, lines 68-74)

Non-government organisations also provided capacity building, information exchange and human rights education, as well as psychological support. Grassroots

women were being educated to advocate for their human rights:

Rachel: We have helped to raise their awareness of violence against women as a human rights violation. They should not sit down and say 'you had to expect them to rape us', no, we are now sensitising them to know that, these perpetrators can be brought to book. (Interview P10, lines 627-630)

Sensitisation had also taken place about the effects of the war as this local health assistant described:

Eugene: We try to brief them of the dangers associated with war situations and at times sensitising them on how it actually affected the women and men.
(Interview P21, lines 150-151)

Organisations had carried out development programmes, conflict-resolution and rights education for women. Josephine working in a non-government organisation explained how such projects gave hope:

We have been able to assist a few people to start off their lives through small income-generation projects because we realise that even when you treat a person who is very badly off after treatment they need something to keep them focused and busy. They need something to give them hope to know that they are of some use in the future. (Interview P8, lines 179-183)

There have been considerable attempts at rebuilding the infrastructure in Luwero but despite this production is low compared to other regions of Uganda (Lubanga, 1998; Mwaka and Ojiambo-Ochieng, 1998). One reason for this is that the population is still physically and psychologically affected by the war (Musisi et al. 1999: 27). The current study bore this out and also found devastating long-term physical, social and cultural effects.

The value of traditional approaches is now discussed as most African societies have an extensive network of traditional healers (Odejide et al. 1989) and several women in the current study felt their use of traditional medicines had assisted them in dealing with their war effects. Isis-WICCE found 64.6 percent of women war survivors in Gulu sought treatment for psychological effects from traditional healers (Isis-WICCE, 2001b: 44). In the current study several women had used traditional methods as Susan described:

I got traditional medicine, which helped with the flashbacks, and they no longer come to me. (Interview P71, lines 87-88)

Traditional medicines were also used for treating illnesses during the war as described by this woman from a Wakayamba group:

We had some herbs for malaria and leaves for treating skin rashes and deep wounds on the skin. (Interview P95, lines 1099-1100)

Women resorted to traditional methods to aid childbirth as Penny during a Kasana group explained:

My child became mad during the war and was given local medicine. There was also a lady who used to have only caesarean births but during the war she was given local medicine and had a normal delivery.

(Interview P98, lines 1212-1219)

According to Neki et al. (1986), many forms of distress in Africa are perceived as having a supernatural dimension that cannot be adequately dealt with by western medicine, and resort is often made to traditional healers. This study found women and men did not necessarily understand distress associated with war experiences as a medical problem therefore family networks and traditional healers were often felt to be

the most appropriate people to assist. However, some scepticism was also evident about the effectiveness of traditional methods as this male health worker from Kamuli stated:

Victor: I met two people who were mentally disturbed but they were taken to the local doctors who think there is something wrong due to their beliefs. They thought the witch doctors would help them but they failed.

(Interview P4, lines 145-148)

Others interviewed were concerned about the interference of traditionalists in health education campaigns, which they felt was detrimental. According to Swiss and Giller (1993), in many cultures, interpersonal relationships are paramount and healing of social relationships is an important start of therapy, before focusing on the individual. This is at the centre of much traditional healing.

Ugandan women's needs following civil war

Preliminary data suggests that gender violence may be among the most significant causes of morbidity and mental distress among women.

(Heise, 1993:187)

Women in Luwero like women war survivors internationally, need specialised treatment and rehabilitation programmes (Arcel, 2000) and interventions based on in-depth analysis of their needs (Shepherd, 1992). Giller et al. (1991: 604) found in Luwero that 'all of the women felt they were in need of some form of medical help.' Our previous study argued mental health problems and impaired social functioning related to long-term war effects were important issues that needed to be addressed to return Luwero to a productive environment (Musisi et al. 1999). The current study argues women urgently need specialised health services as Rachel's work in Luwero revealed:

By the way the women were very focused. The first one they wanted to have, if I may put it in their own terms, 'can you bring us doctors?' So what they wanted

really is health intervention, 'because I know if my body goes back to normal I am going to work very hard.' (Interview P10, lines 399-402)

There was an overwhelming need for free medical treatment in all three parishes. Kasana had a hospital but it is private and few women could afford to pay for services. The other two parishes had no hospital and Wakayamba was without a health clinic. Women's experiences of sexual violence in all three parishes had left them with very serious gynaecological and reproductive health needs as Isis-WICCE had also found (AGOU, 1999). There was a gross lack of gynaecological and reproductive health services and no gynaecologist working in the whole District. A local director of health services supported the urgent need for such services:

Angelica: We don't have really have a gynaecologist. The gynaecological services that are offered are not specialised. If there were a gynaecologist it would improve the services. (Interview P12, lines 178-182)

This study found the budget for health in Luwero needed to be increased as free health clinics and mobile services involving local women are required. Health staff needed resources and equipment to carry out their work more effectively as a woman during a Kasana group stated:

The most important issue is lack of medical care where there is no money. So if we could get another no cost health centre to care for those who cannot raise any money. (Interview P99, lines 141-143)

Josephine supported this:

The last time I heard I think it is a miserable 4% of the budget is spent on health in general so when it comes to areas that are affected by war I am sure it is even less. Such areas rely on the good will of NGO's and churches to provide facilities for health. (Interview P8, lines 369-372)

Free treatment for sexually transmitted diseases was particularly required as

most women interviewed still suffered effects. Susan, a 32-year-old woman from Kasana said:

When I was young I had Syphilis and Nakaseke Hospital gave me eight injections and it disappeared but it still twists at my heart.
(Interview P71, lines 184-186)

A male health assistant in Kikamulo stated:

Eugene: The major problems are they lack funds because some of them are still living with those gynaecological problems. (Interview P21, lines 77-78)

Before the war treatment in Government hospitals was free. However, the government had abolished cost sharing and local people now had to pay for drugs they could not afford. Service delivery needed restructuring in order to make them more sensitive to women's issues. Health professionals lacked sensitivity in talking with women about their war experiences.

As Bracken et al. (1992) recommended, a primary health care approach, that attempts to enable local communities and health workers to define their own needs, was needed in Luwero. Within this, it is important to include screening and treatment of sexually transmitted diseases, and access to obstetric and gynaecological services (Swiss and Giller, 1993; Isis-WICCE, 2001b). As Palmer and Zwi (1998) have argued, there is little other than anecdotal evidence of the reproductive status of populations in conflict zones.

A study of Asian women seeking medical treatment following rape found women preferred to see Asian female staff (Eng, 1995). Although women interviewed in the current study did not explicitly state a preference for a Ugandan health worker it is an important factor to consider in the establishment of services. Local health workers

expressed the view that it might be difficult to employ a gynaecologist and a visiting consultant might be more realistic. Other issues raised by this study were, 'reduced charges at existing hospitals', 'creation of mobile health clinics', 'an emphasis on community care' and 'a genuine commitment to the physical and mental health needs of the community'.

Armed conflict has contributed towards the spread of HIV (Brown, 1999) and HIV/AIDS is particularly relevant to the context of Luwero where women have been infected through rape during war (Human Rights Watch, 2000). Garcia-Moreno and Watts (1999:12) argued the levels of HIV as a result of war have not yet received adequate attention. Although it is likely several women interviewed in the current research could have been infected with HIV as a direct result of rape during the war years (see Isis-WICCE, 1999: 11), testing was not part of this study.

Work worldwide with survivors of violence has shown the overall success of health interventions depends on how well psychological aspects of rehabilitation are integrated (Mollica and Jalbert, 1989; Turner, 1989). It is essential for services to include physical and psychological aspects of recovery (Jacobsen and Smidt-Nielsen, 1997). The current study found significant emotional suffering in Luwero but this has to be viewed within the social and cultural context. Handling of stress and trauma, and the attitude to seeking help, are intrinsically linked with culture (Jacobsen and Smidt-Nielsen, 1997). For instance, nightmares in Uganda are viewed as the direct effect of supernatural involvement and spirits of the dead are thought to be responsible (Middleton and Winter, 1963).

As occurs worldwide, this study found women and men in Luwero tended to somatise their psychological problems and often if there was no obvious physical cause

and antidepressants were used, they improved. The extent of untreated mental health problems in the community was very high as was previously found (Musisi et al. 1999).

Although this study supports a holistic approach, it was generally felt women and men involved in this study could benefit from further psychological support:

Stephen: We as community health workers do counselling for AIDS patients but I think these people that went through the war should also be counselled. We have resourceful people who can do that work if they are well trained. (Interview P5, lines 142-143)

Isis-WICCE found 61.5 percent of women interviewed in Gulu had received support in terms of counselling to deal with their war experiences (Isis-WICCE, 2001a: 53). In the current study a male health assistant stated:

Eugene: Some of them need to be counselled others need to be funded to do some projects. In fact they have to be assisted by the Government in one way or another for what they lost. (Interview P21, lines 248-250)

Humour was an important aspect in recovery as a male research assistant explained:

Eric: I have always been a driver but I tried to contribute by buying their chickens they have at a good price and I have always made them laugh and made them a bit happy and they feel at home. (Interview P13, lines 268-270)

Intervention with women who suffered sexual violence in former Yugoslavia emphasised reestablishment of self-esteem, perception of acceptance back into society, social skills training, and self-help groups (Aberg, 1994). This study argues psychosocial services are still lacking in Luwero and there is a lack of trained local professionals. In Croatia, the view was expressed that it would take two to three generations before the effects of war would pass (Horton, 1999). In Luwero, the physical, social and psychological effects have still not been adequately addressed

(Musisi et al. 1999). It is essential rehabilitation programmes established are appropriate to Ugandan culture, for instance a male nurse from Kiwoko Hospital described the healing nature of music:

Jacob: I think the ordinary cultural groups should be reactivated because they have a good part to play to bring the people together and music can carry messages, which promote recovery from past trauma.

(Interview P66, lines 244-246)

Working together as a community is also essential as collective coping styles and strategies may be as important as individual ones (Punamaki, 1989). Restoration of community bonds within a cultural framework free from the continuing effects of trauma is fundamental to healing. Giller (1992) argued the alienating effects of rape have disrupted women's sense of community. It is only during the last few years that women in Luwero have been enabled to form groups focused on development (Musisi et al. 1999). Regrettably most interventions in Luwero have so far mainly concentrated on physical necessities rather than a holistic approach.

Some women interviewed in the current study bore children from rapes they endured and suffered extreme emotional conflict as a result. Health care professionals have described severe psychological trauma in women who conceived children from rape (e.g. United Nations, 1993) and appropriate support is required to deal with this.

Although this study argues women re-establish social connections through cultural processes rather than therapy, the majority of those interviewed considered psychological approaches would be appropriate and there was a need to screen for those still suffering and provide appropriate treatment. Mutesi from a human rights organisation stated:

The psychological and physical effects are numerous. Those who were raped but never got proper treatment and counselling continue to have effects to live with. There has been a lack of proper strategies and planning by the government to deal with this aspect of the effects of war. (Interview P22, lines 86-94)

Women activists in Uganda were campaigning for services for women war survivors (Musisi et al, 1999; Isis-WICCE, 2001b) but this study found much work needed to be done.

One of the major functions of therapeutic approaches is to restore hope as Gertrude from Wakayamba described:

The person I remember who I first talked to me after the war was a supervisor from New Hope. They gave us hope even though we had lost our property and taught us to forgive those that wronged us. (Interview P76, lines 217-219)

Knowledge and respect for local values and beliefs are important factors in the establishment of trust in order for a woman to feel safe to tell her story. Interventions that value traditional support structures are more likely to be successful (Mollica and Son, 1989; Richters, 1998). The use of a testimony approach as adopted by this study has been adapted for use in different contexts with much success (Turner, 1992). As Bracken (1998: 58) stated:

The challenge to Western NGO's and other agencies dealing with refugees and other victims of violence around the world is to establish ways of supporting people through times of suffering by listening and hearing their different voices in a way that does not impose an alien order.

Some success in healing was found by listening to traumatised Cambodian refugees (Rozee and Van Boemel, 1989) and the current study supported this approach. However, only flexible well-defined programmes and well-structured teams can make the best use of highly educated professionals (Folnegovic-Smale et al. 1994). As this study also argues, listening to women survivors of war and in-depth knowledge of the

culture and respect for indigenous knowledge (Giller, 1998) is required for establishing successful social relief programmes (see Richters, 1994; 1995).

Medical personnel working in conflict settings must be trained (Shanks and Schull, 2000). Increasing awareness of health workers, local leaders, government and policy makers with respect to the effects of the war in Luwero are imperative as discussed by a woman in a non-government organisation:

Josephine: We mustn't tire in pointing out these issues and the needs of the survivors of armed conflict so that if there is any benevolent group out there they can channel their resources into training personnel to deal with the trauma, or getting the medication that is necessary for the for physical defects that come as a result of war. (Interview P8, lines 388-392)

Documenting and responding to sexual violence during war is often lost where there are more pressing issues like clean water and basic health care. This study argues health workers in Luwero should receive adequate training to address the consequences of rape for women using a holistic approach (Swiss and Giller, 1993; Shanks and Schull, 2000). During the war rape took place against a backdrop of other traumas and losses. Hence, programmes need to be broad based and target these (Shanks and Schull, 2000). Sensitisation of government and policy makers was also needed as a doctor in the Ministry of health described:

Speciosa: Advocacy and sensitisation of policy makers right from the top right down through all the levels of leadership. It needs to be an agenda for government so that even the people who allocate resources from the Ministry of Finance can appreciate this, because if they did they could insist that some of these funds go to mental health. They still look at mental health as a very small thing, those people are written off, they do not matter, although they can get some drugs they don't know that mental health affects everybody.
(Interview P59, lines 317-126)

Lack of trained health workers was a problem as Dr Kiziri from Nakaseke

Hospital explained:

We lack staff for example anaesthetists, gynaecologists and obstetricians. We have counsellors, but our staff are dying of HIV.

(Interview P60, lines 163-164)

Collective empowerment following war can occur with the building of new communities where women share leadership roles with men (Giacaman, 1989; Roe, 1992). Sen and Grown (1987) recognised empowering women can provide new possibilities in economic development. The current study found women in Luwero had become more collectively empowered following the war and had taken on male roles (Lubanga, 1998; Sideris, 2000). Rachel stated:

Wars have changed power relations in the home. It has made the woman realise that she needs to work harder and not to be dependent on the men.

(Interview P8, lines 314-316)

Rural women in all three parishes were in need of further empowerment, particularly through sustainable income-generating schemes and businesses. It was felt this would decrease prostitution, which some women resorted to for income. Speciosa from a Kamuli group explained her needs:

I need economic empowerment to be able to look after my children and take them to school. I have a very low income. (Interview P42, lines 312-313)

A male worker in a non-government organisation told me:

Ronald: If you can empower women to be economically independent and to provide for themselves economically and for their immediate family, even for their husbands I think it would make a very good difference to the community and lives of the women. (Interview P100, lines 257-259)

Although women had become more empowered since the present government

came to power, it was felt that more should be involved in decision-making positions as a woman legal officer stated:

Aida: The women have been saying they need to also get into security related offices say Ministry of Defence so they can advise the Government about how to cater for the women under such situations. (Interview P63, lines 177-179)

Women needed further education with respect to their rights. The development of policies that addressed women's needs during and after war was urgently required (see Shanks and Schull, 2000). Training in listening skills was felt to be essential and it was recognised women had an important role to play in peace building and negotiations. Men also required training in gender issues as described by David working in a non-government organisation:

To teach the men because as I have seen here most of the men take their wives as beasts. The man must be also taught how to handle their wives to take them also as human beings. (Interview P50, lines 380-383)

The therapeutic value of music, dance and drama in education programmes was viewed as a constructive way to heal the community. Simon discussed how education helped him overcome the war effects:

I think what helped me is mainly school because away from that place I really forgot all the traumatic periods I went through and now I am focused on my education. (Interview P51, lines 365-367)

Increasing knowledge about rape in war could facilitate development of strategies that assist the recovery of women survivors and their communities (Swiss and Giller, 1993). As Musisi et al. (1999: 4) recommended, 'training and co-operative ventures for income generation will provide economic and social support amongst the traumatised community of Luwero.'

Several government projects had failed in Luwero as George, a male administrator of a local hospital, explained:

There was a programme, which they said, was intended to help people in the villages and in Luganda you could call it 'Entandikwa' meaning 'setting the beginning'. That programme was initiated by the Government and a lot of money was allocated to Luwero triangle, which was the area badly, affected by that war. But very few people gained out of it because a lot of money was appropriated and no proper accounts were kept and that programme died a natural death and a lot of money was lost. (Interview P1, lines 243-249)

Problems included, 'lack of co-ordination between non-government organisations', 'corruption', and 'many people in Luwero were too medically disabled to take advantage of it' (Musisi et al. 1999). Coffee wilt had also affected Luwero as Rachel described:

These are people who used to depend so much on their men and a place like Luwero where they had all the coffee of the world it was a rich society but now these people are living perpetually in poverty.

(Interview P10, lines 296-298)

The current study largely agrees with Bracken et al. (1992) who take the view that with suitable training and empowerment the best people to be involved in services to deal with the effects of the war are local people. However in Luwero, particular expertise is required in reproductive and gynaecological health. Economic support and vocational training was recommended by our previous study (Musisi et al. 1999: 30) as social and economic security is the mainstay of future development (see Petty and Jareg, 1998; Isis-WICCE, 2001a).

According to Heise et al. (1994:1165):

Violence against women has recently been recognised by the United Nations as a fundamental abuse of women's rights (UN Resolution 48/104).

Torture survivors are entitled to economic and moral rehabilitation according to Article 14 of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Tumushabe, 2002). However, with the exception of a few countries, this does not happen automatically (Jacobsen and Smidt-Nielsen, 1997). The UN World Conference on Human Rights in June 1993 noted, 'the human rights of women and the girl child are inalienable, integral and indivisible part of universal human rights' (see Tumushabe, 2002:1) and the Government of Uganda is a signatory. However, in Luwero, little had been done to protect women and bring perpetrators to justice even though rape is a capital offence. A community health worker in Wakayamba said:

Barry: They are doing it freely without anyone to condemn or stop them. There was no one to make laws against raping women. (Interview P6, lines 152-154)

Soldiers were generally forgiven for atrocities as Museveni's government had a policy of reconciliation. Women feared to take action or felt there was no point as most perpetrators fled the area. Several women did not know they could take action, felt they would not be listened to, or that there was no legal framework to deal with their cases and although laws are now present they are rarely enforced. Even those who went to Government representatives failed as a 51-year-old man from Wakayamba explained:

Vincent: I went to the National Resistance Movement Secretariat but I wasn't helped. (Interview P86, line 133)

Aida working in a non-government organisation discussed the process of women taking action:

First of all it's a big endeavour and also the fact that the women have not been used to it. They don't have the means and it's a hectic procedure. It's only the educated few who can pursue such issues. For example, in Gulu recently, rebels burnt a woman's house and she went to the Resident District Commissioner but

nothing was done till she gave up. (Interview P63, lines 161-165)

Several organisations tried to assist women with this process but rarely succeeded. However, several women in Luwero had become activists and ceased to be ‘victims’. Research in Central America suggested by becoming active in trade unions, peasant movements and women’s groups, women became participants in the struggle to regain power for their children and themselves (Gottlieb, 1985).

Health workers in Luwero could help provide evidence of the scale of abuses and documentation, which may be utilised in legal action. However, according to the United Nations (1993) demands for adequate human rights documentation and the needs of survivors of rape may conflict resulting in acts of suicide, psychosis or severe depression. Even when the likelihood of a significant response is limited, many health workers feel it is their ethical duty to speak out publicly against human rights abuses as there is a need to address the larger issues that allow abuses to occur in the first place (see Shanks and Schull, 2000). This study found the need to reinforce human rights abuses had taken place in Luwero as described by Joseph from a non-government organisation:

You know these soldiers abused these women deliberately some of them ripped the women apart cut them to pieces there are stories horrible stories of some of pregnant women being cut open so that they see the children inside I mean the bombs they claim they were carrying bombs. So those were definite abuses human rights abuses on these women. (Interview P64, lines 319-323)

The link between health and human rights is of relatively recent origin (Short, 1999: 83) and several have argued health requires the protection and promotion of human rights (Mann, 1994; Iacopino, 1995). This study argues the civil war years resulted in a combination of war-related traumas as a result of human rights abuses of

women and the view is taken that promotion of women's health in this context is inseparable from the protection and promotion of their human rights. Indeed Summerfield (1998:34) recommended humanitarian agencies should place at the centre of their programmes concerns about rights and justice that would crucially shape interventions. Women in Luwero wanted assistance and a 35-year-old woman from Kasana said about legal action:

Namala: It can help because you talk about your problems and help can be given. (Interview P20, lines 139-140)

Some non-government organisations were actively campaigning for legal redress for women but it was felt that more needed to be done. If interventions focused on increasing collective empowerment it was likely women would be more able to pursue group action for atrocities committed against them. Most women felt the government should take further action and that speaking out in this and previous studies were a start to this process. Mutesi from a human rights organisation stated:

Many cases have been taken to court. In 1998 we visited the magistrates court and many rape cases were there but the process is so slow that people lose interest, (Interview P22, lines 149-150)

FIDA, women lawyers in Kampala, educated women about their rights but women in the current study had rarely been able to access their services. Training of paralegals could assist at a grassroots level. Mutesi went on to say:

There is need for political will and commitment within the government to treat this as a human rights concern. Apart from what there is at the international level, there might be some good policies towards fulfilling international obligations by the Government. But one has to look at what commitment Government has made to the International Convention.

(Interview P22, lines 127-128: 133-136)

Cultural beliefs and expectations affected women's ability to pursue cases and 'culture' was used as a rationalisation to justify abuses. Women's rights were ignored, women lacked awareness and the law did not protect them (Barton and Wamai, 1994). The stigma of being infected with HIV through rape was immense and it was difficult to take legal cases forward as they were often mishandled. A local woman leader in Luwero said about the law:

Eleanor: It mistreats them because when they are raped they are affected and get diseases but there is nowhere to report to. They are not punished. By then during Obote's time they were not caring about it. It is only now it is worked on.
(Interview P16, lines 138-139:133-134)

Bureaucracy was hard to penetrate and women were angry about the lack of justice for atrocities committed against them and the lack of concern for their health. Taking cases forward was often dangerous, embarrassing and demoralising for women. Despite this, a woman doctor discussed the psychological benefits of taking action:

Speciosa: Of course they feel hopeless now because it does not remove the trauma but it gives some psychological satisfaction to know that someone who has done a crime against you has been punished...it helps to recover.
(Interview P59, lines 360-362)

Another way women in Luwero dealt with their war experiences and became more empowered was by assisting with their children's lives (Baider and Rosenfeld, 1974; Punamaki, 1989). Previous research found internal locus of control and socio-political activity were coping strategies most frequently used by women war survivors (Punamaki, 1987). If approaches continued to be used that enhanced these strategies these would be likely to have success.

However, the increased burden of care on women since the war had ended was immense as the majority of men had withdrawn and no longer provided for their families. Most women requested assistance with orphans and children. The number of orphans resulting from the war and HIV/AIDS was overwhelming, although there had been a few local organisations that had assisted with their education e.g. Compassion. The majority of women were caring for their own children as well as several orphans. For instance, women in one Wakayamba group had 25 orphans to care for between them in addition to their own children. There was a gross lack of education for orphans or support for women to assist with this excess burden.

The lack of infrastructure in Luwero District since the war had ended was immense, particularly poor roads, lack of transport, health care and clean water. According to the World Bank (1991), the most important obstacle the poor face in gaining access to health services remains the lack of physical infrastructure. However, poverty and the lack of specialised health services were also key factors in Luwero. Simon from Makerere University said:

The area needs clean water. Many of the Luwero Triangle areas are dry so the springs dry up or become too dirty during the summer periods. We need clean and safe water then electricity. (Interview P51, lines 467-469)

A community worker from Wakayamba also discussed the need for clean water:

Barry: Some people in Wakayamba have one borehole in the centre but you can walk three or four miles to the end of the village without a borehole. Lack of boreholes is a problem in Wakayamba. (Interview P6, lines 94-98)

Kamuli particularly needed boreholes, as there was only one, whereas Wakayamba and Kasana had boreholes but they were in a state of disrepair. All three parishes needed schools, Kamuli and Wakayamba had no secondary schools and their

primary schools were inadequate. Kamuli lacked good roads and transport compared to the other parishes. The coffee wilt virus had affected the whole area and a new cash crop was needed to provide income.

Corruption interfered with potential developments and money intended for services often failed to be properly utilised. There was a lack of monitoring of resources, which made development difficult. Some felt governments benefited from wars and there were threats to peace building activities. A woman from a Kamuli group said:

The problem is that even when we are sent help, the middlemen take over and we don't get anything. Therefore, we are appealing that if anything is obtained for us, we be there to receive it ourselves. (Interview P46, lines 205-207)

Joseph from a non-government organisation described his view:

We need faithful and committed local leadership. For years I was here when they were bringing donations to Luwero but the trucks would come and throw a bag at the town and drive back to Kampala and off-load the whole stuff back there and such things were kept. Everywhere I went in 1987 people said 'ah Luwero must be so rich by now!' I felt ashamed and so angry because I knew what was happening on the ground and yet truly in record they had this amount was going to Luwero. The government was sending a lot to Luwero but the corruption and selfish leadership interfered. They pretend they know the needs of the people when actually they do not have the interests of the people at heart. (Interview P64, lines 255-264)

Compensation for Luwero had been misappropriated or lost, government ministers had deceived people and it was felt there should be proper monitoring and accountability of all services provided in an attempt to reduce corruption.

Implications for gender-sensitive services

A gender-sensitive torture treatment intervention programme for the women war-survivors and their families in Luwero District should be set up as a matter of priority. (Musisi et al. 1999: 29)

Women make up the bulk of survivors of war torture whereas men are more likely to be killed (CCTV, 1999). The current study supported this and it was also found by previous work in Luwero (Musisi et al. 1999; Bracken et al. 1990). Where discrimination against women exists it is often nearly impossible for women to represent their health and human rights interests and specific studies have to address this inequality (Rasekh et al. 1998). Bracken et al. (1992: 160) found, 'the suffering of women who had been raped appeared to have been largely overlooked; indeed, when it was mentioned it was often dismissed as unimportant'. Previous research with women war survivors in other areas of the world has shown the overwhelming need for gender-sensitive services (Pearson et al. 1998) and there is evidence, despite financial constraints, of women working collectively to counteract the effects of war and to empower each other in building a better society (Boric, 1997). The current study demonstrated the urgent need for gender-sensitive services as a woman nurse at Nakaseke Hospital stated:

Ruth: Actually they haven't put any services for women who have suffered the war there is no significant service they have given them.

(Interview P61, lines 110-111)

Specialised health services for women was felt to be one of the most important aspects (Rasekh et al, 1998) as explained by Rachel:

I think it is very important that the health sector is one of the key priority areas because however much mechanisation of agriculture you do, however much

uplifting the status of women by giving income-generating you would be able to do, if you don't find these women with a good health, it is pointless.

(Interview P10, lines 536-540)

The need to involve women in such services was considered important. With respect to focus groups, the majority of women in the current study preferred them to be women-only as Rose, a 35-year-old woman from Kasana, explained:

It is not easy to talk about private issues, but once you are only ladies, it's easy.

(Interview P70, lines 316-317)

Gender is a significant factor in dealing with war-survivors (UNICEF, 1990).

Women commonly find meaning following traumatic experiences by joining other women in social action (Herman, 1992:73). They are often scared of accessing medical help following rape and silence for them may represent a dignified position (Arcel, 2000). Women are particularly reluctant to disclose rape experiences to male workers (Giller, 1998) and experience torture and trauma differently from men (Pearson et al. 1998). Women's issues following war have to be sensitively dealt with (Liebling and Shah, 2002a) and there is a strong case to have sufficient women health workers for examinations and counselling (International NGO, 1989; Aberg, 1994; Shanks and Schull, 2000). Support by health workers to women should be integrated in comprehensive multidisciplinary projects aimed at sustainable civil development and the promotion of human rights. Indeed several women in the current study had been left as widows and previous research discussed the success of empowerment programmes with this population (Baron, 1994). Richters (1998: 125) stated:

Listening to victims of war and in-depth knowledge of the culture concerned in required for the establishment of priorities in psychosocial relief programmes.

During a Wakayamba group one woman said:

Let's be together because whatever was secret has been dealt with and there is no shyness because we all went through these things. Everybody knows the others problems as we all have the same problem.

(Interview P95, lines 1050-1052)

Madina, a 50-year-old woman from Kasana, preferred to talk with other women:

Women are very good otherwise it is embarrassing to talk about personal matters before a man. (Interview P72, lines 371-372)

Other women said, 'I fear the man' and 'it is easier with a fellow woman because you can tell her anything affecting you'. The majority of men interviewed had no strong preference regarding the gender of the interviewer with the exception of a few men who found it easier to talk to a woman.

According to a woman doctor in the Ministry of Health, war-affected men and women had different needs:

Speciosa: I think the way our culture is, men are supposed to be tough and not show pain, secrets and their concerns. When they make decisions they keep it to themselves and just act and not start, you know they call it gossiping. So I feel they miss out on this help from their colleagues. When you are in Luwero you hear the women's groups are doing better. The men are lost because it is difficult for them to form these groups and get help. (Interview P59, lines 141-148)

It was generally felt men found it more difficult than women to discuss their difficulties and were more likely to attend groups if there was a financial gain.

Although it was felt women would attend groups to discuss their experiences and needs alone, it was viewed that they also needed income-generating projects. This study found an urgent need for health budgets to be gendered and to provide services based on an assessment of women's needs. Such a service would prioritise reproductive and gynaecological health services and improve women's health considerably.

This study argues more women should be brought into decision-making positions and trained to handle community projects. Previous research has shown how the difficulties of women who have been displaced violently by war can evolve into opportunities to move beyond traditional gender boundaries and experience new levels of empowerment (Giacaman, 1989). Social redemption can arise from filling leadership positions and in action against both political and economic oppression where gender subordination can occur (Roe, 1992). This is true for the women in this study who had become more empowered since the war ended. When asked to describe what women had achieved since the war had ended women from a Wakayamba group said:

Since we got Museveni there have been no wars here and the woman has been empowered in the home. We have learnt a lot and many organisations have come to develop and support women. (Interview P91, lines 278-279: 287-288)

Seeing that the women have been elevated and have counsellors representing them. (Interview P93, lines 231-232)

Me it is the fact that a woman can have something to do for herself.
(Interview P93, line 234)
We are now leaders and can be listened to. (Interview P93, lines 236-237)

Women have also entered leadership roles in the government.
(Interview P91, lines 288-289)

Punamaki (1987) argued women war survivors draw strength from political and nationalistic commitment, which assists in the psychological process of healing. As found by the current study, Giller et al. (1991) argued women war survivors in Luwero were chiefly concerned about their gynaecological problems. A doctor in the Ministry of Health stated:

Speciosa: I could talk to the people in reproductive health here to do some kind of emergency programme. (Interview P59, lines 577-578)

Issue is taken with the view of Palmer et al. (1999: 1710) that there is a

‘considerable commitment to addressing reproductive health needs in conflict settings’ as the reproductive health needs of the women interviewed Luwero were still grossly neglected. However, it is agreed that in the development and running of such services women’s viewpoints should be ‘heard, understood, respected and enacted’ (Palmer and Zwi, 1998:244) and it is essential to involve women at every stage (see Bracken et al. 1992; McCallin, 1995; Isis-WICCE, 2001a; 2001b).

Implications for health service policy

It is our recommendation that a psychotraumatic treatment programme be implemented as a matter of priority for these war survivors.
(Musisi et al. 1999: 4)

The current study argues for a holistic approach to women war torture survivors in Luwero incorporating views of women themselves. Studies in Uganda have shown health policies have failed to address the needs of vulnerable groups, including women (Barton and Wamai, 1994: 192) and Heise (1993: 187) stressed the need for ‘greater international investment in gender-violence research and services.’ Research indicated health policies in Uganda are inappropriate and war-related disability and psychological stress has added to the burden of disease (Macrae et al. 1996: 1097). Uganda’s post-war health policies have failed to acknowledge the need for reform of the organisation of the health sector (Macrae et al. 1996: 1106). Attempts at treatment by the Medical Foundation for Victims of Torture did not materialise and were soon phased out. Hence, the women of Luwero are left badly in need of services (Musisi et al. 1999). It is essential further development of policies should consider women themselves (McNaught, 1988). This area has been grossly neglected despite the attempts of various women leaders and aid agencies to challenge it. A focus on purely physical health has

resulted in poor access to mental health services in developed and developing countries (Paltiel, 1991). Cardozo et al. (2000: 577) stated:

Mental health problems related to the psychological trauma of war and conflict situations are a major public health concern.

At the time of the current study, there was no specific policy for war-affected women although reproductive and mental health was recently incorporated into the Ministry of Health five-year plan (Ministry of Health, 2000: 24, 45) as Rachel described:

This intervention enabled the Ministry of Health for the first time in this country to identify mental health in their Five Year Plan it is there and I think what we need is still the implementation. (Interview P10, lines 621-623)

However, this study also supports the urgent need for physical health services, particularly in the area of reproductive and gynaecological health. Reproductive rights are central to women's health politics in most parts of the world (Garcia Moreno and Claro, 1994) and 'the magnitude of treatable gynaecological problems among the population of women in Luwero District is enormous' (AGOU, 1999: 15). Several women contracted AIDS through rape during the war and this should be viewed as a human rights issue. Women's organisations have continued to advocate for policies, which would assist to protect women from violations during war and in peacetime.

The need for a mental health policy for war-affected women was long overdue and there was a lack of understanding of the effects (Musisi et al.1999; Isis-WICCE, 2001b). The government strategy for taking services nearer to rural communities is considered a positive one, but could be extended to war-affected areas with mobile and local health clinics. A woman doctor in the Ministry of Health said:

Speciosa: Everybody recognises health is a human right issue but I think our problem is the implementation. Because as you see people were paying for health services but now everybody said they should not pay for health services because the poor are not accessing the services. (Interview P59, lines 409-414)
It has been argued women's rights can be linked to human rights and one aspect

of these is the socio-economic right, including the right to health care (Bunch, 1993).

Drugs and gynaecological services were badly needed in Luwero as a nursing officer from Nakaseke Hospital described:

Henry: The government does what it can but the hospital needs assistance for getting more drugs. There is no gynaecologist and no post for one they are all medical officers. (Interview P62, lines 137-140)

Health interventions since the war had lacked focus and due to stigma women in this study often could not talk about their war-related health needs. Health providers needed to be more sensitive to the needs of the community. Studies have also shown effective and culturally sensitive strategies to help diminish the medical and psychological effects of sexual violence on the lives of women are still to be developed (Mollica and Son, 1989). Women, NGOs, and local leaders in Uganda are actively targeting policy makers and Government with information about the effects of war on women but more needs to be done.

Summary

Despite the atrocities committed against them, women in Luwero were not 'silent victims' during and following the war. On the contrary, they utilised various strategies to deal with their war experiences, supported each other and their families, and participated in social and political action. They utilised traditional healers and faith to keep their spirit strong and supported and listened to each other. They also made use of existing services provided by non-government, health and community organisations.

In this way women regained their collective power and acted as survivors (see Friere, 1985; Kabeer, 1999). The war was a starting point for women working collectively by participating in income-generating activities.

Museveni's decentralisation system involves local women's participation at all political levels (Museveni, 1997: 90-92). There is also evidence that women in Luwero took on male roles during the war and this capacity to survive resulted in an increase in their strength and resilience and altered their sense of what it means to be a woman - autonomous and capable rather than vulnerable dependants on men (El-Bushra, 2000). This change in role has also been shown in previous research with women refugees (Roe, 1992; Arcel et al. 1995). There is a pressing need to help the women to sustain and build on the economic and political gains they have made (Sideris, 2003).

However, despite the 'apparent' political progress for women, legal redress for the violations they suffered was rare and normally unsuccessful. Compensation provided to Luwero District often failed to reach war-affected women (Lubanga, 1998). Rape and other gender-specific violations are still not recognised in humanitarian laws as crimes of violence against women by reason of their gender. However, as Brunet (1998) noted the horrific crimes perpetrated against women in Rwanda and former Yugoslavia have been addressed in the wording of the two ad hoc tribunals created to judge the perpetrators of the genocide, of crimes against humanity and of war crimes committed in these two contexts.

Gender-specific treatment programmes for women war-survivors have not been well documented and the psychological concerns of women after wars have been trivialised or neglected (Desjarlais et al. 1995). It is essential gender-sensitive services

for women war survivors of Luwero are urgently established as in other war-affected areas of the world e.g. Rwanda (Human Rights Watch, 1996). Isis-WICCE recommended a gynaecologist be posted to the local government hospital in Luwero (AGOU, 1999:14).

Although their work was conducted in a different context in Australia with refugees, the view of Cunningham et al. (1999), that women's resulting reproductive health needs from experiences of sexual violence should be recognised as a human rights issue, is supported. However, the women interviewed were not refugees but Ugandan women who were tortured and abused in their own homes, during abductions and whilst fleeing from war. They largely returned to their homes and remain there lacking appropriate health services. Society needs to ensure the dignity and rights of these most vulnerable women during and after war are protected for example, by access to basic and specialised health care (see Short, 1997; 1999). Continued attention needs to be paid to the infrastructure of Luwero in order to support such programmes.

It has been argued socio-economic recovery cannot be secured by 'ad-hoc' interventions but require strategic policy and funding decisions across a range of sectors, including health (Bracken and Petty, 1998). There is a need for the government to recognise the unique problems of women following war that calls for specialised gender-sensitive health care programmes (Isis-WICCE, 2001b). Article 25 of the UN Declaration of Human Rights refers to the fact that everyone has the 'right to medical care' (see Tumushabe, 2002: 1). Women's resulting reproductive health needs in Luwero should be viewed as a human rights issue and basic and specialised health care should be provided (Short, 1997; 1999). Although financial constraints are evident the constitution in Uganda states:

The State shall take all practical measures to ensure the provision of basic medical services to the population.
(Constitution of the Republic of Uganda, 1995: 7)

It is imperative women's experiences of sexual violence and torture during war are recognised as a human rights abuse and women are assisted to achieve justice, recognition and compensation. Thanks to the testimony of many courageous women in Rwanda and Yugoslavia, cases of rape have been prosecuted as a war crime and act of genocide (Prosecutor 1995; 1996). The gendered specific crimes against women in Luwero should also be recognised as an act of genocide (Lentin, 1997; Jamieson, 1999).

By attempting to take action for the atrocities against them, the women of Luwero demonstrated their resistance. The Hague International Convention of 1907 provides protection of civilians in occupied territories and prohibits the violation of basic rights (Sancho, 1997:149). Until international legal framework becomes more firmly established advocacy efforts will remain crucial when trying to prevent sexual violence during wars. Muthien and Combrink (2003: 18) argue that the development of international human rights law of a 'right to be free from violence' is little more than symbolic value for most African women.

According to Summerfield and Toser (1991) the long-term effects of war include a human rights dimension and health and development issues. Due to the multiple traumas and effects women in Luwero have suffered, and the many social, economic, health and psychological problems they face, it is only multi-faceted interventions that are likely to be successful. Particularly important are those, which listen to the voices of the women themselves and recognise their experiences have been shaped by gender relations (Sideris, 2003).

Uganda is a signatory to the UN Convention Against Torture and should adhere to the recommendations. The Human Rights Watch to the International Criminal Tribunal for Former Yugoslavia also made recommendations including the need for independent investigation, perpetrators brought to justice and protection of witnesses amongst others (Human Rights Watch, 2000). As Sideris (2003: 718) recommended:

Ensuring that war tribunals and truth commissions are not only gender-sensitive but actively challenge the political and cultural values that perpetuate gender-specific human rights abuses is critical to individual recovery and collective and national healing.

Policy recommendations

This study demonstrates the need for specialist services for women and men war torture survivors in Luwero and makes the following policy recommendations (see Musisi et al. 1999; Liebling and Kiziri-Mayengo, 2002; Liebling, 2003; Liebling, 2004a):

- The provision of a free mobile treatment service in Luwero, which includes specialised gynaecologists, obstetricians, and trained women counsellors and that would be effective in reaching grassroots women who urgently need treatment. Services that utilise a holistic approach incorporating women's own perspectives are required. Indeed, the Department for International Development included 'universal access to reproductive health services by 2015' as a priority area for action (DFID, 2000: 32).
- There is an urgent need for gender-sensitive services for women war-survivors and their families in Luwero District utilising empowerment principles and building on local structures and initiatives. (Liebling, 2002: 13)
- Psychological support for women and men torture survivors integrated into existing primary health care systems and community support networks.
- Training and sensitisation programmes of government, local leaders and health workers on the effects of war on women and men and the services that are required.

- Income-generating activities for women in Luwero supporting positive achievements and providing further collective empowerment. Increased political involvement of women with participation in peace negotiations.
- Legal redress and compensation for the human rights abuses women suffered in Luwero should be actively pursued using international laws that recognise rape as a war crime. Women's resulting health needs should be viewed as a human rights issue (Short, 1997; Short, 1999).
- Education at all levels to ensure the human rights of men; women and children are protected during and following war situations in Uganda.

Chapter Eight

Discussion of findings and directions for future research

Discussion of Findings

This study provides a unique account of women and men's experiences of violence and torture during civil war years in Luwero District, Uganda. It evolved out of a previous Isis-WICCE project that recommended a greater understanding of the long-term needs of these women war survivors (Musisi et al. 1999: 4). It also resulted from a determination to try to get further recognition and action for the atrocities women and men in Luwero have suffered. The study gives a greater understanding of women's experiences of civil war and challenges existing models of trauma that have historically pathologised their responses. It attempts to provide a delicate balance between acknowledging women's survival strategies in conditions of extreme adversity whilst at the same time recognising the urgent need for gender sensitive services. Due to the extreme sensitivities involved, particular attention has been given to carrying out the study in the most ethical manner possible, with the interests and safety of research participants uppermost in my mind (see Jewkes et al, 2000; Liebling and Shah, 2001; 2002).

The inter-disciplinary literature review centred on three broad areas including; a greater understanding women's experiences of violence during war situations internationally, the effects of these; including major debates about trauma and identity, and their resulting needs. The conceptual framework in chapter three outlined key theoretical concepts utilised for analysing the research data. The study draws on historical themes of militarism, patriarchy and power in relation to gender-based

violence and torture of women during wars (e.g. Allen, 1996; Bourke, 1999; Green, 1999; Amnesty International, 2000). Enloe (1987; 1988; 1989; 1993) has long made the link between masculinity, militarism and war. The concept of genocide is (en) gendered (see Lentin, 1999), in order to appreciate the impact and nature of the civil war in Luwero. This study takes its theoretical beginnings from the work of Bourdieu (1984; 1990) and revises this to include a broader gender analysis, drawing mainly on the work of Anthias and Yuval-Davis (1989). Bourdieu's (1984) concepts of 'social field' and 'habitus' are used to analyse the social field of the civil war in Luwero, that is, the forms of economic, social and cultural capital targeted for destruction by Obote's army (Bourdieu, 1984). The study also draws on work by Anthias and Yuval-Davis (1989) and others (e.g. Scarry, 1985; Bakare-Yusuf, 1997), to understand the targeting and torturing of women's bodies during war as well as their suffering and pain experienced (e.g. Scarry, 1985). Within this, the silencing of women's experiences is a key feature (e.g. Seifert, 1994; Ringelheim, 1997; Jacobs et al, 2000).

The concepts of gender and nationalism are an integral part of the analysis drawing on Anthias and Yuval-Davis' (1989) understandings of the ways in which women have tended to participate in ethnic and national processes. This has particular relevance to women's agency and resistance. Themes of identity, culture and ethnicity are drawn on to understand how women in Luwero were targeted during the war years as external enemies, bearers of culture and symbols of the ethnic group (e.g. Sideris, 2003).

Women's own constructions of their experiences are a central focus of this study and the diagnosis of PTSD is challenged. Alternatively, war trauma is conceptualised by drawing on Bourdieu's (1990) understanding of the self, combined with the roles

women play in ethnic struggles (Anthias and Yuval-Davis, 1989). The study also utilises the concept of health as a human rights issue, in relation to recognition of the outstanding health needs of Ugandan women war survivors (e.g. Holst, 1997; Short, 1997; 1999).

The conceptual framework for the study is then firmly centred within the historical context of Uganda. Prior to the civil war years, the Baganda were the most powerful ethnic group. The causes of the war are extremely complex but colonialism; struggles for power, (e.g. Mudoola, 1988) as well as militaristic and patriarchal regimes, are relevant themes (e.g. Bwengye, 1985; Kanyeihamba, 1988). Women's agency is also relevant within Uganda's turbulent history (e.g. Tripp, 2000).

The research design employed an in depth qualitative approach aimed at supporting women and men in Luwero to narrate their war experiences, the effects of these and their continuing long-term needs. A combination of methodologies were utilised, drawing on sociological, humanistic and feminist research approaches, as applied to the context of Uganda. Although women war survivors were the predominant focus of the study, men were also interviewed in order that gender comparisons could be made. The conditions that oppressed women's lives were challenged using an action-research approach that viewed women and men as experts (Cook and Fonow, 1984). Barriers to communication were reduced by learning Luganda, the local language and participating in community activities, particularly music, and dance. The gender of the interviewer, as well as expertise as a clinical psychologist in working with clients who have experienced trauma, was found to be invaluable for discussing highly sensitive issues. Both women and men appeared to benefit from a focus group approach led by a woman researcher, where power differentials were less pronounced. This finding

validates Perren-Klinger (1998), who also found focus groups were a good forum for disclosing in-depth information about extremely difficult experiences, including sexual, physical, psychological abuse and torture. A broadly grounded theory methodology was used for the analysis. Interviews were further analysed in the light of relevant concepts and theoretical debates outlined from international literature.

Analysis of interviews revealed the Luwero civil war was a planned strategy for a military power struggle (Allen, 1996). It was a war fought on the bodies of the Bagandan population who still bear the scars of this conflict. Women's bodies were at the centre of the battleground for power and control within this patriarchal and militaristic context (see Sideris, 2003). Using Bourdieu's (1984) concepts of economic, social and cultural capital it is demonstrated that Acholi soldiers systematically destroyed the *material power* and *entitlement to power* of the Baganda people. Acholi violence was directed against economic, social and cultural targets to destroy their power base. They targeted the destruction of the Bagandan community through women's traditional roles (The Oxfam Gender Training Manual, 1994). In this process of destruction, violence against women, in both gendered and sexualised forms played a crucial and distinctive, though not exclusive, role in the radical transformation of ethnic power relations in the social field (Bourdieu, 1984). Although both men and women were tortured, the majority pattern was that men were targeted for killing and significantly more died whereas the Acholi soldiers carried out a policy of sexualised torture of Baganda women, stopping short of, and sometimes including death. Rape in this context can be understood as both a crime of honour (Yuval-Davis, 1997) and torture (Musisi et al. 2000). The forms of violence utilised constituted a gendered form of genocide that understood Bagandan women as objects of value for men (Bourdieu, 1984) and was aimed at the elimination of the Baganda ethnic group. The genocide

included the powerful strategy of witnessing forced incest as well as other transgressive acts aimed at destroying the Bagandan men and women's cultural identity (Agger, 1992; Said, 2003).

Acholi soldiers attempted to destroy the power of the Baganda ethnic group by causing social absences and thereby damaging the social fabric of society. Liddle and Nakajima (2000) take the view that women represent capital for the state within the context of international relations. However, in contrast with Liddle and Nakajima (2000), this study argues women represent capital for men within the system of ethnic relations. Women in Luwero were forced to take men's place and this had both positive and negative effects. The imbalance between women and men's work is one of the factors that led to the increased fragility of marriages with an increased burden on women. Acholi soldiers reproduced the boundaries of the ethnic group by controlling sexual relationships (Anthias and Yuval-Davis, 1989). Women were controlled by Acholi soldiers in terms of the 'proper' way in which they should have children i.e. in ways that reproduced the boundaries of the symbolic identity of the Acholi rather than the Baganda ethnic group. Analysis from the current study supports Nordstrom (1993) and Royte's (1997) views that in African society women who are raped or bear children from rape are 'outcasts' and their children are also viewed in this way. As Turshen and Alidou (2000) and others (e.g. Sideris, 2000) also found, this frequently led to their rejection by their communities. This was the case in Luwero, although sometimes men in the current study took their wives back, understanding that being raped during the war was not their fault. During the conflict strategies used by the Acholi soldiers of forced recognition of sexual dishonour, forced collusion of sexual dishonour, and forced transgressive performance (Said, 2003) affected the identity construction and sense of self of Bagandan women and men (Bourdieu, 1990).

To Bourdieu's (1984) concept of economic capital, Anthias and Yuval-Davis' (1989) notion of women as biological reproducers of members of ethnic collectivities and productive labour is added in order to further gender the analysis. During the war years Acholi soldiers reshaped Bagandan women's reproductive powers through multiple rapes, impregnation and destruction of foetuses. This caused considerable damage to reproductive organs, and women were infected with sexually transmitted diseases and left with serious gynaecological health problems including HIV/AIDS (Isis-WICCE, 1998; AGOU, 1999; Liebling, 2004a). This in turn systematically diminished women's economic capital, as they were unable to continue to work and reproduce effectively. These physical effects also combined to the undermining of their self and damage to their identity as Bagandan women (Bourdieu, 1990), as well as eradicating from infertile women the power they would normally gain in Ugandan society from being mothers (Obbo, 1989). Drawing on Sideris's concepts (2003), this study argues that in Luwero the biological body provided a record of trauma not only in physical scars but also in the embodiment of external violation through the senses (Sveaass and Axelsen, 1994).

The effects of women's experiences resulted in chronic pain and this was a metaphor for immense suffering. As well as providing recognition of the physical damage caused, this study found one of the functions of using a narrative approach was to try and give meaning to men and women's experiences, including those of chronic pain (see Priel et al. 1991).

In depth analysis of interviews demonstrated there were severe psychological, physical, cultural and social effects on women and men in Luwero as a direct result of their war experiences. Some of these effects have been previously understood within a

PTSD framework (see Musisi et al. 1999). Herman's (1992) concept of 'complex' PTSD can assist in understanding the effects of trauma on thinking processes that resulted in the shattering of important core values and assumptions as well as changes in identity construction evident in this group of men and women. Ironically, and as Cockburn (1998: 188) and Musisi et al. (1999: 4) also found, a diagnosis of PTSD can lead to the recognition that the population are still suffering and provide a space for war survivors to be listened to. This study argues that a PTSD diagnosis within the context of Luwero may result in a lack of understanding and pathologising of women and men's responses to understandable trauma (see Summerfield, 1995; Young, 1995).

PTSD as a concept is not gendered and cannot adequately account for the social and cultural reality (e.g. Bracken et al. 1998), experiences and effects described by the women and men in this study. Nor can it explain the continuous and long-term traumatisation evident (Summerfield and Toser, 1991). The women's narratives revealed the war affected identity and the sense of self (Bourdieu, 1990) in both positive and negative ways. Women described being demoralised, dehumanised, fearful, distressed, deeply affected, ashamed, as well as great insight, rebellion, strength and wisdom (Agger, 1992). The current study concludes women's distress was a normal reaction to an extreme and intolerable situation (e.g. O'Brien, 1998; Summerfield, 1998;) and that these responses were socially and culturally mediated (Schwartz and Levett, 1989).

It is also argued that traumatising identity reconstruction represented one of the main mechanisms through which Acholi soldiers attempted to destroy Bagandan authority and their sense of right as the most powerful ethnic group. War trauma, in the context of Luwero, can be understood as a breakdown in cultural identity manifested in

psychological, physical, social and cultural effects that are integrated and inseparable, not split between mind, body and society (Finkler, 1994; Bendelow, 2000; Sideris, 2003). The traumatic effects of women's identity and sense of self (Bourdieu, 1990) of the forms of violence perpetrated against them can be understood as the attempt to eradicate Bagandan women's cultural identity and to destroy their entitlement to power as the dominant ethnic group (Bourdieu, 1984). The deconstruction of a sense of self is a social process that occurs through encounters with others, rather than happening to an individual in isolation (Bourdieu, 1990). The war years in Luwero led to a breakdown in the social arrangements and relationships that previously provided inner security, stability and human dignity. As Sideris (2003) and Nordstrom (1991) also argue, this study found the devastation of human suffering was caused by more than a destruction of property and women were the centre of the battlefield leading to a loss of social belonging and cultural identity.

However, dismantled identities can be recreated through social processes involving encounters with others that give 'recognition' to the traumatising changes in the social field and the normality of the responses to those changes Bourdieu (1990). During and following the war years, women in Luwero reconstructed their identities by taking on male roles. This capacity to survive resulted in an increase in their strength and resilience and altered their sense of what it means to be a woman – autonomous and capable rather than vulnerable dependants on men (El-Bushra, 2000). This shift in gender roles as a challenge to patriarchy has also been discussed following war in other parts of Africa (Turshen and Alidou, 2000: 88). Whilst women in Luwero have become more collectively empowered and we are able to see positive effects of their traumatic experiences, it appears men have become increasingly disempowered and lost their sense of identity. The current study found that since the war ended a substantial

proportion have withdrawn, misused alcohol and levels of domestic violence have increased.

There are limitations to Bourdieu's (1984) understanding of the operation of gender relations in the social field, which are limited to women's role as objects of power struggles between men (Lovell, 2000a), and account must also be taken of women's agency. Therefore, Anthias and Yuval-Davis' (1989) conceptualisation of women as both objects and subjects of ethnic conflicts have been utilised. The analysis in the current study supports Anthias and Yuval-Davis' (1989) concept of women as participants in national, economic and military struggle as several women in Luwero actively resisted by taking up arms and assisting Museveni's soldiers. They also took collective action by starting businesses, setting up women's groups, getting involved in politics, establishing income-generating schemes, supporting each other, caring for their children and orphans and becoming successful heads of households. The use of a feminist approach enables recognition of women's roles during the war years and acknowledgement of their agency and collective power (e.g. Friere, 1985; Kabeer, 1999), as even the most traumatised continue to have some active influence over their lives (Summerfield and Toser, 1991).

Although silence surrounds women who have experienced atrocities of war (e.g. Koo, 2002), this study found both women and men derived benefit from discussing their experiences within the context of a safe, supported and confidential focus group. It is also relevant that Isis-WICCE had spent two years previously sensitising the community of Luwero and the researcher was also known through the previous intervention study (see Musisi et al. 1999). During the current interviews women related positive effects of their experiences, as well as being able to reframe those that might

generally be perceived more negatively. Joseph and Linley (in press) argue, it is only over time, as the person emotionally processes their experience, that changes in outlook become organised into a meaningful structure. Perhaps as this study was carried out fourteen years after the war ended, women had the time to reflect on the more positive aspects of their experiences. It is also argued that in sharing their memories during the focus groups women created a shared identity and a feeling of trust, as previously found amongst war widows (Zur, 1997: 72). This sharing may have increased women's capacity for being able to view their traumatic experiences in a more positive light e.g. viewing rape as a positive outcome compared to being killed as men were. The study also concludes men benefited from discussing their experiences, particularly within focus groups.

Women involved in the current study have generally united in common cause, regained their collective power and derived wisdom, insight and strength from the trauma they suffered. Their ability to voice their experiences as a political act of resistance resulted in expression of their anger, a decrease in their expressed levels of depression and a reconstruction of their new identities. Additionally Museveni's regime since the war ended has encouraged the collective empowerment of rural women through greater participation in politics and the economy (Museveni, 1997). As Lyons (1991) also states, the greater social support derived from this system may have in turn contributed to women's more positive adaptation to the war years.

It is imperative that the effects of women's experiences of sexual violence and torture during the civil war years are recognised as a human right abuse and the women are assisted to achieve justice. The specific gendered crimes against them should be acknowledged as genocide and appropriate action taken (Lentin, 1997; Jamieson,

1999). Women should receive appropriate treatment for their resulting reproductive and gynaecological health needs. The 'right to health' (e.g. Short, 1997; 1999), is a fundamental human right recognised by the Constitution of Uganda (1995).

Involvement of local women in Uganda in developing and implementing a national women and health policy that includes a specific provision for women war survivors should be pursued. Chapter seven has detailed specific policy recommendations of the study. In the light of the research findings various recommendations are made for dissemination and future areas of study.

Dissemination and Impact of Research

Whilst carrying out this study I was constantly aware of the overwhelming need for practical health and welfare services still required by women and men war survivors in Luwero District. A conscious effort was therefore made to take every opportunity to provide psychological, medical, social and practical support for those interviewed. Academically every opportunity was taken to present the research in progress within the UK, Uganda and internationally. Dissemination of research findings continues to be a key feature with the hope of creating further opportunities for funding and provision of the urgently needed services for women and men war survivors in Luwero District.

During the process of carrying out fieldwork in Uganda, focus group discussions and individual interviews were carried out that allowed women and men the opportunity to narrate their war experiences, effects and their resulting needs. This process was aimed at assisting to promote an increase in collective empowerment and mutual support within the community, as well as providing an opportunity for ventilation of these experiences and emotions in a safe and supported context. It was

also a political act aimed at facilitating the international community to become more aware about the nature of the atrocities suffered by women and men in Luwero, their varied strategies in dealing with these and the continuing need for specialist services (Musisi et al, 1999; Liebling, 2004a).

During fieldwork practical assistance was provided to women and men interviewed through assisting with transport, provision of medication and funds for hospital care. Every opportunity was taken to purchase items from women and men we interviewed hoping this would contribute towards their daily survival and to thank them for participating in the research. This was an attempt to try to equalise the relationships involved and convey respect for their participation.

In July 2002 I attended the Women's World Conference: The 8th International Interdisciplinary Congress on Women, at Makerere University, Kampala, Uganda. I presented a joint paper entitled: 'Investigations of the Sexual Exploitation of the Girl Child in Tanzania and Women during Civil War Years in Uganda' (Liebling and Shah, 2002b) as well as an individual paper, "Samanya Agnes - I did not know Agnes" - Ugandan Women's Experiences of Violence, Rape and Torture During War in Luwero District: Implications for Health Policy, Welfare and Human Rights (Liebling, 2002). These papers have been accepted for publication in two volumes of the conference proceedings. I have also had four papers published based on the Isis-WICCE intervention project and some of the interviews carried out as part of the current study. These are in *Feminism & Psychology* (Liebling and Kiziri-Mayengo, 2002), *Law, Social Justice & Global Development* (Liebling and Shah, 2001), *Pandora's Box* (Liebling and Shah, 2002a), *Impact* (Liebling, 2003) and *Medical Sociology News* (Liebling, 2004a). The Psychology of Women Section of the British Psychological

Society has also accepted a paper for publication in Autumn 2004 (Liebling, 2004b).

The Women's World conference organised a 5-kilometre 'fun-run' around Kampala and sponsorship money was raised for women and men in Luwero by taking part in this event (Leamington Courier, 2002). Although not proficient at running I trained hard and managed to complete it. £560 was raised from friends and colleagues in the UK and conference participants in Uganda. The money was utilised to provide medical assessment and treatment for women and men interviewed. Two American colleagues at the conference also provided additional funding for operations. This intervention was reported in a Ugandan newspaper (New Vision, 2002).

I presented a paper entitled 'Ugandan Women's Experiences of Sexual Violence and Torture During Civil War Years in Luwero District: Implications for Health Policy, Welfare and Human Rights' in a workshop together with colleagues from Uganda at The African Women's Sexual and Reproductive Health and Rights Conference: Prosperity Through Empowerment in Johannesburg in February 2003. I also presented an updated version of the same paper at a conference entitled Reproductive Health from Disaster to Development in Brussels in October 2003. I have had a meeting with health professionals at International Rehabilitation Council for Torture Victims in Copenhagen, IRCT, and also presented this study at other workshops and conferences in the UK and Ireland.

In 2003 I was successful in being awarded the Phil Strong Prize in Medical Sociology to feed back the study findings. A workshop was held in Kikamulo Sub-County, Luwero on 18th December 2003 organised in conjunction with Isis-WICCE together with local women leaders. This included a local drama group, representatives

from the Ministry of Health, rotary club, non-government organisations, local and central government. Research participants also attended, goats were donated as part of an income-generating scheme, and medical treatment provided, using money raised by the Older Feminist Network of South Wales (Liebling, 2004a: 37).

Recommendations and directions for future research

I intend to utilise the ESRC publicity network to continue to disseminate my findings and will continue to pursue the policy recommendations of this thesis contained in chapter seven in the post of Clinical Tutor/Lecturer-Practitioner in Clinical Psychology at Coventry University (see Musisi et al. 1999; Liebling and Kiziri-Mayengo, 2002; Liebling, 2003; 2004a). I have recently obtained funding from the Centre for Social Justice at Coventry University to discuss the implications of the study findings with IRCT and the gender policy sections of the World Health Organisation and Oxfam.

This study has several implications for future academic practice. A gendered definition of the torture and genocide of women who have survived war situations needs to be further developed and understood within different contexts. Funding should be sought to provide badly needed psychological, health, welfare and legal services for the war survivors of Luwero. Any interventions should fully engage the participation of local experts, leaders and research participants as well as being integrated into existing primary health care systems. The effectiveness of these services could usefully be evaluated by research methodology drawing on the expertise of women and men war survivors. The findings and implications of this study could also be applied in other

areas of the world where women are affected by war, particularly other African countries.

There is a need to develop a better understanding of possible gender and ethnic risk factors, which contribute to both negative and positive (see Joseph et al. 1993) outcomes following war (Sutker et al. 1995). Further attention should be paid to the positive changes that occur following traumatic experiences during war (see Joseph and Linley, in press). It is important to discover more about women's agency, strength and contributions to war as well as their substantial international contributions to peace processes.

The scope of the current study did not allow issues related to war-affected children and orphans to be addressed in any depth. Further research should be carried out to provide greater understanding of the specific effects and needs of children and orphans affected by war in Luwero District.

It is important that further research is carried out to accurately assess the level of HIV/AIDS infection as a result of sexual violence women suffered through rape during the Luwero civil war. It would be helpful if this could be combined with funding to provide appropriate counselling and treatment for those affected.

Bibliography

- Abdo, Nahla. (1994) Nationalism and feminism: Palestinian women and the *Intifada* – No Going Back? In, Moghadam, Valentine. M. (1994) *Gender and National Identity: Women and Politics in Muslim Societies*. Zed Books Ltd. London and New Jersey, and Oxford University Press, Karachi.
- Aberg, Maj-Britt Jansson. (1994) *Care and Rehabilitation of Women Suffering Sexual Violence From the War in the Republics of The Former Yugoslavia, focus upon the family. Guidelines for Swedish Midwives and Nurses Working with Asylum-Seeking Women*. Paper presented at the Nordic conference 'The health aspects on refugee families in the Nordic countries,' Nov 14-15, 1994 in Linköping.
- Abrahams, M.J., Price, J., Whitlock, F.A. and Williams, G. (1976) The Brisbane floods, January 1974: The impact on health. *Medical Journal of Australia*, 2, 936-939.
- Agger, Inger. (1989) Sexual Torture of Political Prisoners: An Overview, *Journal of Traumatic Stress*, 2, 3, 305-318.
- Agger, Inger. (1992) *The Blue Room: Trauma and Testimony among Refugee Women. A Psycho-social Exploration*. Zed Books Ltd. London and New Jersey.
- Agger, I. and Jensen, S.B. (1993) *Trauma and Healing Under State Terrorism. Human Rights and Mental Health in Chile During Military Dictatorship: A Case Example*. Unpublished report to The Council for Developmental Research, The Ministry of Foreign Affairs, Aalborg University, Denmark.
- Ahearn, Frederick.L. and Noble, John. H. (2004) Post-Civil War Adaptation and Need in Managua, Nicaragua. In, *Journal of Biosocial Science*, 36, 401-415. Cambridge University Press.
- Ahn, Yonson. (1999) *Korean Comfort Women and Military Sexual Slavery in World War II*. Unpublished Ph.D. thesis. Centre for the Study of Women and Gender. The University of Warwick.
- Akello, Grace. (1982) Self Twice removed: Ugandan Women. *Change (UK) International Reports: Women and Society* 8.
- Akeroyd, Anne. V. (1994) HIV/AIDS in Eastern and Southern Africa. *Review of African Political Economy*, 60, 173-184. ROAPE Publications Ltd.
- Akiiki, F.S. (2002) The Focus on Women Kampala declaration: Ugandan women call for action on HIV/AIDS. *British Medical Journal*, 324, 247.
- Allen, Beverly. (1996) *Rape Warfare: The Hidden Genocide in Bosnia-Herzegovina and Croatia*. University of Minnesota Press. Minneapolis. London.
- Almedom, Astair.M. and Summerfield, Derek. (2004) Mental Well-Being in Settings of 'Complex Emergency': An Overview. In, *Journal of Biosocial Science*, 36, 381-388.

Amadiume, Ife. (1987) *Male Daughters, Female Husbands: Gender and Sex in an African Society*. London. Zed Books Ltd.

American Psychiatric Association. (1980) *Diagnostic and Statistical Manual of Mental Disorders*, Vol. 3. (DSM-111). Washington D.C. American Psychiatric Association, 236.

American Psychiatric Association. (1987) *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Washington D.C. American Psychiatric Association.

American Psychiatric Association. (1994) *Diagnostic and Statistical Manual of Mental Disorders*, 3rd Edition. Washington, D.C: American Psychiatric Association.

Amnesty International (1978) *Human Rights in Uganda*. AFR 59/05/78, London: Amnesty International, June 1978.

Amnesty International (1982) *Memorandum to the Government of the Republic of Uganda on a Mission by Amnesty International to Uganda in January 1982*. London, 30 July 1982.

Amnesty International (1985) *Uganda: Six Years After Amin*. Amnesty International. London.

Amnesty International. (1991) *Women in the Front Line: An Amnesty International Report*, Amnesty International Publications, and New York.

Amnesty International. (1993) Systematic sexual abuse in former Yugoslavia. In, *TORTURE*, 3, 2, 52.

Amnesty International. (1995) *Human Rights Are Women's Rights*. New York: Amnesty International.

Amnesty International. (1996) *Chad: Cases for Appeal*, AI Index: AFR 20/05/96, 18th September, London.

Amnesty International. (1997) *UGANDA: 'Breaking God's Commands: the destruction of childhood by the Lord's Resistance Army*. Report by the International Secretariat, Amnesty International, 18th September 1997, London.

Amnesty International. (1998) *Amnesty International Report: 1998: Uganda*. Country Report. Amnesty International, London.

Amnesty International. (1999a) *Amnesty International Report: 1998: Uganda*. Country Report. Amnesty International, London.

Amnesty International. (1999b) *UGANDA: Breaking the circle: protecting human rights in the northern war zone*. Amnesty International International Secretariat. London.

- Amnesty International. (2000a) *International Women's Day: Empty Rhetoric and Unfulfilled Promises*. News release issued by the International Secretariat of Amnesty International.
- Amnesty International. (2000b) *Sierra Leone: Rape and other forms of Sexual Violence Against Girls and Women*. AI Index: AFR 51/35/00, 29 June 2000, 2. Report by Amnesty International, London.
- Andermahr, Sonya., Lovell, Terry. and Wolkowitz, Carol. (1997) *A Concise Glossary of Feminist Theory*. Arnold. London. New York. Sydney. Auckland.
- Andreasen, N.C. (1995) Post Traumatic Stress Disorder, in *Comprehensive Textbook of Psychiatry*, 4th edition, H.I. Kaplan and B.J. Sadock (Ed.). Baltimore: Williams and Wilkins, 918-924.
- Ankrah, Maxine E. (1987) Conflict: The Experience of Ugandan Women in Revolution and Reconstruction. Unpublished paper. In, *Women & Politics in Uganda*. Aili Mari Tripp (Ed.) (2000). Madison: University of Wisconsin Press: James-Currey, Oxford and Fountain publishers, Kampala.
- Anthias, Floya. and Yuval-Davis, Nira. (1989) Introduction, in N. Yuval-Davis and F. Anthias (Eds.) *Woman-Nation-State*. The Macmillan Press Ltd. Cambridge.
- Anthias, Flora and Nira Yuval-Davis (1992) *Racialized Boundaries: Race, Nation, Gender, Colour and Class and the Anti-Racist Struggle*. London: Routledge.
- Arcel, Libby Tata., Folnegovic-Smale, Vera., Kozaric-Kovacic, Dragica. and Marusic, Ana. (1995) *Psycho-Social Help to War Victims: Women Refugees and Their Families from Bosnia and Herzegovina and Croatia*. International Rehabilitation Council for Torture Victims (IRCT), Copenhagen.
- Arcel, L.T. and Gorana, T.S. (1998) *War, violence, trauma and the coping process: armed conflict in Europe and survivor response*. Copenhagen: International Rehabilitation Council for Torture Victims.
- Arcel, Libby Tata. (2000) Deliberate Sexual Torture of Women in War: The Case of Bosnia-Herzegovina. In *International Handbook of Human Response to Trauma*, Shalev Yehuda and McFarlane, Kluwer (Eds.). Academic/Plenum Publishers. New York.
- Armstrong, Louise. (1987) *Kiss Daddy Goodnight: Ten Year Later*. New York. Pocket.
- Ashworth, G. (1986) *Of Violence And Violation and Human Rights*, London, Change.
- Association of Obstetricians and Gynaecologists of Uganda, AGOU. (1999) The Gynaecological Consequences of War on Women in Luwero District. In, Musisi, Seggane., Kinyanda, Eugene., Liebling, Helen., Kiziri-Mayengo, Rebecca., and Matovu, Peter. (Eds.) *The Short Term Intervention of the Psychological and Gynaecological Consequences of Armed Conflict in Luwero District Uganda*. An Isis-WICCE Research Report funded by Medica Mondiale. Isis-WICCE, Kampala, Uganda.

- Asiimwe, Jacqueline. (2002) Women and the Struggle for Land in Uganda. In, Aili Mari Tripp and Joy C. Kwesiga. (2002) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Association of Female Lawyers of Liberia. (AFELL) (1998) Hundreds of Victims Silently Grieving. In, M. Turshen and C. Twagiramariya (Eds.). *What Women do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.
- Avery, B. (1990) Breathing Life into Ourselves: the evolution of the National Black Women's Health Project, in E. White (Ed.) *The Black Women's Health Book: Speaking for Ourselves*. Seattle. The Seal Press.
- Axelsen, Eva. and Sveaass, Nora. (1994) Psychotherapeutic interventions with women exposed to sexual violence in political detention. *Nordisk Sexologi*, 12, 1-12.
- Ayella, Marybeth. (1993) They must be Crazy: Some of the Difficulties in Researching Cults, In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- B.A.B.E. (1999) *Rape of Ethnic Albanian Women in Kosovo town of Dragacin*. B.a.B.e.
- Bakare-Yusuf, Bibi. (1997) The Economy of Violence: Black Bodies and the Unspeakable Terror. In, Lentin, Ronit. (Ed.) *Gender and Catastrophe*. Zed Books. London and New York.
- Baider, L. and Rosenfeld, E. (1974) Effect of parental fears on children in wartime. *Social Casework*, 55, 497-503.
- Bamber, Helen. (1993) *The Medical Foundation and its Commitment to Human Rights and Rehabilitation*. Paper presented at a conference on the international struggle against torture and the case of Israel. Organised by the Association of Israeli-Palestinian Physicians for Human Rights Tel Aviv, 13-14th June 1993.
- Barnard, Henri. (1990) Bourdieu and ethnography: reflexivity, politics and praxis, in R. Harker C. Mahar and C. Wilkes. (Eds.) *An Introduction to the Work of Pierre Bourdieu: The Practice of theory*. London. MacMillan.
- Barton, Tom. and Wamai, Gimono. (1994) *Equity and Vulnerability: A Situation Analysis of Women, Adolescents and Children in Uganda, 1994*. The Government of Uganda: Uganda National Council for Children.
- Baron, Nancy. (1994) Empowering War Widows. *Torture*, 4, 1, 23.
- Barongo, Yoram. (1989) Ethnic Pluralism and Political Centralisation: The Basis of Political Conflict. In, Rupesinghe Kumar (Ed.) *Conflict Resolution in Uganda*. International Peace Research Institute, Oslo in association with James Currey London and Ohio University Press.
- Basoglu, M. (Ed.) (1992) *Torture and its' Consequences: current treatment approaches*. Cambridge. Cambridge University Press.

- Basoglu, M. (1998) Behavioural and cognitive treatment of survivors of torture. In, J.M. Jaranson and M.K. Popkin (Eds.). *Caring for victims of torture*. Washington DC. American Psychiatric Press, 131-148.
- Bassiouni, M. Cherif and McCormick, Marcia. (1996) *Sexual Violence: An Invisible Weapon of War in the Former Yugoslavia*. Occasional Paper No. 1. International Human Rights Law Institute. DePaul University College of Law. Chicago.
- Bazilli, Susan. (1991) Introduction. In *Putting Women on the Agenda*, Susan Bazilli (Ed.), 1-26. Johannesburg: Ravan.
- Beijuka, J. (1999) *Microfinance in Post-Conflict Countries: The case of Uganda*. ILO. <http://www.ids.ac.uk/cgap/static/1739.htm>
- Bendelow, Gillian. (1993) Using Visual Imagery to Explore Gendered Notions of Pain. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Bendelow, Gillian. (2000) *Pain and Gender*. Prentice Hall.
- Benderly, Jill. (1997) Rape, Feminism and Nationalism in the War in Yugoslav Successor States. In, Lois A. West (Ed.) *Feminist Nationalism*. Routledge. New York. London.
- Bendfeldt-Zachrisson, F. (1985) State (political) torture: some general, psychological and particular aspects. *International Journal of Health Services*, 15, 339-349.
- Beneke, T. (1998) 'Men on Rape'. In M.S. Kimmel and M.A. Messner (Eds.) *Men's Lives*. Boston. Allyn and Bacon.
- Benmayor, Rina. (1991) Testimony Action Research and Empowerment: Puerto Rican Women and Popular Education.' In S. Berger Gluck and D. Patai (Eds.), *Women's Words: The Feminist Practice of Oral History*, New York: Routledge.
- Bennett, O., Bexley, J. and Warnock, K. (1998) *Arms to fight Arms to Protect: Women speak about conflict*.
- Bentall, Richard. (2003) *Madness Explained: Psychosis and Human Nature*. Chapter 6. Allen Lane: London.
- Bergen, Racquel Kennedy. (1993) Interviewing survivors of marital rape: doing feminist research on sensitive topics. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Berger Gluck, Sherna. (1997) Shifting Sands: The Feminist-Nationalist Connection in the Palestinian Movement. In, Lois A. West (Ed.) *Feminist Nationalism*. Routledge. New York. London.
- Bhavnani, Kum-Kum. (1990) What's Power Got To Do With It? Empowerment and Social Research. In, I. Parker and J. Shotter. (Eds.) *Deconstructing Social Psychology*. London. Routledge.

- Black, Dora., Newman, Martin., Harris-Hendriks, Jean., and Mezey, Gillian. (1997) *Psychological Trauma: A Developmental Approach*. Gaskell. The Royal College of Psychiatrists.
- Boehnlein, J., Kinzie, J., Rath, B. and Fleck, J. (1985) One-year follow-up study of posttraumatic stress disorder among survivors of Cambodian concentration camps. *American Journal of Psychiatry*, 142, 956-959.
- Boehnlein, J.K. (1987) Clinical Relevance of Grief and Mourning among Cambodian Refugees. *Social Science and Medicine*, 36, 265-272.
- Boland, E. (1989) *A Kind of Scar: The Woman Poet in a National Tradition*. Dublin. Attic Press.
- Bordo, S. (1990) 'Reading the slender body'. In Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth (Eds.), *Body Politics, Women and the Discourses of Science*. New York: Routledge.
- Boric, Rada. (1997) Against the War: Women Organizing across the National Divide in the Countries of the Former Yugoslavia. In, Ronit Lentin (Ed.) *Gender & Catastrophe*. Zed Books Ltd. London and New York.
- Bouatta, Cherifa. (1994) Feminine militancy: *Moudjahidates* during and after the Algerian War. In *Gender and National Identity: Women and Politics in Muslim Society*. Valentine M. Moghadam. (Ed.). Zed Books Ltd. London and New Jersey, and Oxford University Press, Karachi.
- Boulanger, Ghislaine et al. (1986) Post traumatic Stress Disorder: A Valid Diagnosis? in G. Boulanger. (Ed.) *Vietnam Veteran Redefined: Fact and Fiction*. Hillsdale NJ: Erlbaum.
- Bourdieu, Pierre. (1977) *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.
- Bourdieu, Pierre. (1984) *Distinction: A Social Critique of the Judgement of Taste*. Routledge. London.
- Bourdieu, Pierre. (1990) *In Other Words*, Cambridge: Polity.
- Bourdieu, Pierre. (1998) *Acts of Resistance: Against the New Myths of Our Times*. Translated by Richard Nice. Cambridge: Polity.
- Bourke, Joanna. (1999) *An Intimate History of Killing: Face-to-Face Killing in Twentieth Century Warfare*. Granta Books. London.
- Bowser, Benjamin.P. and Sieber, Joan.E. (1993) AIDS Prevention Research: Old Problems and New Solutions. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.

- Bracken, Patrick. J., Giller, Joan.E. and Kabaganda, Stella. (1990) *Working with Survivors of Violence in Africa*. A Report from Uganda Medical Foundation. Department of Psychiatry, Makerere University.
- Bracken, Patrick and Gorst-Unsworth, Christine. (1991) The Mental State of Detained Asylum Seekers. *Psychiatric Bulletin*, 15, 657-659.
- Bracken, Patrick. J., Giller, Joan.E. and Kabaganda, Stella. (1992) Helping Victims of Violence in Uganda. *Medicine and War*, 8, 155-163.
- Bracken, Patrick. (1998) Hidden Agendas: Deconstructing Post Traumatic Stress Disorder. In, Patrick Bracken. and Celia Petty. (Eds.) *Rethinking the Trauma of War*. Save the Children. Free Association Books Ltd.
- Bracken, Patrick and Petty, Celia. (1998) *Rethinking the Trauma of War*. Save the Children. Free Association Books Ltd. London. New York.
- Bracken, Patrick. (2002) *Trauma: Cultural Meaning and Philosophy*. Whurt Publishers. London.
- Bradley, Christine. (1990) *Why Male Violence Against Women is a Development Issue: Reflections from Papua New Guinea*. Occasional Paper. New York, N.Y: United Nations Fund for Women (UNIFEM).
- Brah, Aviar. (1991) Questions of Differences and International Feminism. In *Out of the Margins: Women's Studies in the Nineties*. Jane Aaron and Sylvia Walby (Eds.) 168-176. London: Falmer Press.
- Breakwell, Glynis. (1986) *Coping with Threatened Identities*. London. Methuen.
- Breslau, N., Davies, G.C., Andreski, P et al. (1991) Traumatic events and post traumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry*, 48, 216-222.
- Breslau, N. and Davies, G.C. (1992) Post traumatic stress disorder in an urban population of young adults: risk factors for chronicity. *American Journal of Psychiatry*, 149, 671-675.
- Brewer, John D. (1993) Sensitivity as a Problem in Field Research: A Study of Routine Policing in Northern Ireland. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Bristow, A.R. and Esper, J.A. (1988) A feminist research ethics. In the Nebraska Sociological Feminist Collective (Eds.) *A Feminist Ethic for Social Science Research*. New York: Edwin Mellen.
- Brooke, A. (1995) Testing the Tools of Development: Credit Programmes, Loan Involvement, and Women's Empowerment. *IDS Bulletin*, 26, 3, 56-68.
- Brown, C. (1999) Burma: The Political Economy of Violence. *Disasters*, 23, 3, 2234-2256.

Brownmiller, Susan. (1975) *Against Our Will: Men, Women and Rape*. New York: Ballantine Books.

Brownmiller, Susan. (1976) *Against Our Will: Men, Women and Rape*. Toronto: Bantam Books.

Brunet, A. (1998) Rape: A Human Rights Violation. Article extracted from a paper presented at the Exchange Programme Institute, 2 October. In, *Impact*, 1,1, 15-16, Kampala: Isis-WICCE.

Bunch, Charlotte. (1990) Women's Rights as Human Rights: Toward a Re-Vision of Human Rights. *Human Rights Quarterly*, 12: 486-498.

Bunch, Charlotte and Carrillo, Roxanna. (1992) *Gender Violence: A Development and Human Rights Issue*. Attic Press. Dublin. Ireland. With the assistance of Women's Aid, Dublin.

Bunch, Charlotte. (1993) Feminist Visions of Human Rights in the Twenty-First Century. In K.E.Mohoney and P.Mahoney (Eds.) *Human Rights in the Twenty-First Century*, 21-31. Martinus Nijhoff Publishers.

Bunch, C. and Reilly, N. (1994) *Demanding Accountability: The Global Campaign and Vienna Tribunal for Women's Human Rights*, UNIFEM, New York.

Bunster-Burotto, Ximena. (1986) Surviving Beyond Fear: Women and Torture in Latin America. In *Women and Change in Latin America*. June Nash and Helen Safa (Eds.), 297-325. South Hadley, MA: Bergin and Garvey Publishers.

Bunster-Burotto Ximena. (1994) Surviving Beyond Fear: Women and Torture in Latin America, in Miranda Davies (Ed.) *Women and Violence: Realities and Responses Worldwide*. Zed Books Ltd. London and New York.

Burgess, A.W. and Holmstrom, L.L. (1979) 'Adaptive Strategies and Recovery from Rape', *American Journal of Psychiatry*, 136, 1278-1282.

Burgess, A.W. and Holmstrom, L.L. (1974) Rape trauma syndrome. *American Journal of Psychiatry*, 131, 981-985.

Burt, M.R. and Katz, B.L. (1987) Dimensions of recovery from rape: Focus on growth outcomes. *Journal of Interpersonal Violence*, 2, 57-81.

Butalia, U. (1997) 'A question of silence: partition, women and the state'. In, Ronit Lentin (Ed.) *Gender & Catastrophe*. Zed Books. London.

Bwengye, Francis. A.W. (1985) *The Agony of UGANDA: From Idi Amin to Obote*. Regency Press. London & New York Ltd.

Byanyima, Winnie. Karagwa. (1992) Women in Political Struggle in Uganda. In, Bystydzienski (Ed.) *Women Transforming Politics. Worldwide Strategies for Empowerment*, 129-142.

- Byrne, B. and Baden, S. (1995) *Gender, Emergencies and Humanitarian Assistance*. European Commission Report, Brussels.
- Callaghan, Karen. (1996) Torture-The Body in Conflict: The Role of Movement in Psychotherapy. In, Marian Liebmann (Ed.) *Arts Approaches to Conflict*. Jessica Kingsley Publishers. London.
- Canadian Centre for the Victims of Torture Newsletter, CCVT. (1999) *Women and Human Rights*. March 1999.
- Carballo, M. and Simic, S. (1996) Health in countries torn by conflict: lessons from Sarajevo. *Lancet*, 348, 972-874.
- Carballo, Manuel., Smajkic, Arif., Zeric, Damir., Dzidowska, Monika., Gebre-Medhin, Joy. and Halem, Joost Van. (2004) Mental Health and Coping In A War Situation: The Case of Bosnia and Herzegovina. In, *Journal of Biosocial Science*. 36, 463-477, Cambridge University Press.
- Carby, Hazel. (1982) White Women listen: black feminism and the boundaries of sisterhood. In Centre for Contemporary Cultural Studies (Eds.) *The Empire Strikes Back*. London: Hutchinson.
- Cardozo, Barbara Lopez., Vergara Alfredo., Agani Ferid. and Gotway, Carol. A. (2000) Mental health, Social Functioning and Attitudes of Kosovar Albanians Following the War in Kosovo. *Journal of American Medical Association*, 284, 5, 569-577. American Medical Association
- Cardyn, Lisa. (2002) Sexualised Racism/Gendered Violence: Outraging the Body Politic in the Reconstruction South. *Michigan Law Review*, 100, 4, 675-867.
- Case, P. (1990) The prevention point needle exchange program. In J.E. Sieber Y.Song-Kim and P. Kelzer (Eds.) *Vulnerable populations and AIDS: Ethical and procedural requirements for social and behavioural research and intervention*.
- Cherifati-Merbatine, D. (1994) 'Algeria at a crossroads: national liberation, Islamization and women' in V. M. Moghadam (Ed.) *Gender and National Identity: Women and Politics in Muslim Societies*.
- Clark, D. and Haldane, D. (1990) *Wedlocked?* Cambridge. UK. Polity.
- Clayer, J.R., Bookless-Pratz, C., and Harris, R.L. (1985) Some health consequences of a natural disaster. *Medical Journal of Australia*, 143, 182-184.
- Cockburn, Cynthia. (1998) *The Space Between Us: Negotiating Gender and National Identities in Conflict*. Zed Books Ltd. London and New York.
- Codere, H. (1986) Fieldwork in Rwanda, (1959-1960). In P.Golde (Ed.) *Women in the Field: Anthropological experiences*, 143-164. Berkeley: University of California Press.

- Connors, Jane. (1994) Government Measures to Confront Violence against Women. In *Women and Violence: Realities and Responses Worldwide*. Miranda Davies (Ed.). Zed Books Ltd. London and New York.
- Constitution of the Republic of Uganda*. (1995) The Republic of Uganda.
- Cook, J., and Fonow, M. (1984) Knowledge and women's interests: Issues of epistemology and methodology in feminist sociological research. *Sociological Inquiry*, 56, 2-29.
- Cooke, Peter. and Kasule, Sam. (1999) The Musical Scene in Uganda-Views from Without and Within. *African Music*, 7, 4.
- Copelon, Rhonda. (1994) Intimate Terror: Understanding Domestic Violence as Torture. In *Human Rights of Women: National and International Perspectives*. Rebecca J. Cook (Ed.), 116-152. Philadelphia: University of Pennsylvania Press.
- Copelon, Rhonda. (1995) Gendered War Crimes: Reconceptualizing Rape in Time of War. In *Women's Rights Human Rights: International Feminist Perspectives*. Julie Peters and Andrea Wolper (Eds.). Routledge. New York. London.
- Copelon, R. (1998) Surfacing Gender, Reconceptualizing Crimes against Women in the Time of War. In *The Women and War Reader*. L.A. Lorentzen and J. Turpin (Eds.). New York: New York University Press.
- Counts, Dorothy. (1987) Female Suicide and Wife Abuse: A Cross-Cultural Perspective. *Suicide and Life-Threatening Behaviour*, 17, 3, 194-205.
- Cox, Elizabeth Shrader. (1994) Gender Violence and Women's Health in Central America. In *Women and Violence: Realities and Responses Worldwide*. Miranda Davies (Ed.). Zed Books Ltd. London and New York.
- Crawford, Robert. (1997) You are Dangerous to Your Health: The Ideology and Politics of Victim Blaming. Original Articles on Ideology and Medicine. *International Journal of Health Services*, 7,4, 663-680.
- Csordas, T.J. (1994) *Embodiment and Experience: The Existential Ground of Culture and Self*, Cambridge: Cambridge University Press.
- Cunningham, Margaret., Harris, Elizabeth. and Comino, Elizabeth. (1999) *Health and Human Rights: Refugee Health an Issue for Action. Proceedings of the First National Symposium 4-5 May, 1998*. School of Community Medicine, University of New South Wales, and Centre for Health Equity, Training and Research Evaluation, Sydney, Australia.
- Curran, P.S. (1988) Psychiatric Aspects of terrorist violence: Northern Ireland 1969-1987. *British Journal of Psychiatry*, 153, 470-475.
- Danica, Elly. (1988) *Don't: A Woman's Word*. San Francisco. Cleis Press.

- Darling, Marsha Jean. (1987) 'The Disinherited as Source: Rural Black Women's Memories.' *Michigan Quarterly Review*, 26, 1, 48-63.
- Das Gupta, Monica. (1989) The Effects of Discrimination on Health and Mortality, in *Proceedings of the International Population Conference*, 3, 349-365. Liege, Belgium: International Union for the Scientific Study of Population.
- Davis, Angela. (1982) (First published 1981) *Women, Race and Class*. London: The Women's Press.
- Davis, Angela Y. (1989) *We Do Not Consent: Violence against Women in a Racist Society. Women, Culture and Politics*. New York: Vintage.
- Davis, S. (1996) Women, War and the Violence of History. *Violence Against Women*, 2, 4, 359-377.
- Dean, Eric. T. (1992) 'The Myth of the Troubled and Scorned Vietnam Veteran.' *Journal of American Studies*, 26, 59-74.
- de Beauvoir, Simone. (1949/53) *The Second Sex*. New York: Knopf.
- de Berry, Jo. (1999) *Life after Loss: An Anthropological Study of Post-War Recovery, Teso, Uganda, with special reference to Young People*. Thesis submitted for the degree of Doctor of Philosophy, University of London.
- de Berry, Jo. (2000) *Coping with the Consequences of Violence: The Sexual Vulnerability of Young Women in Teso Uganda*. Paper is a version of an earlier presentation given at the conference Dimensions of Vulnerability. Research funded by the Economic and Social Research Council and by the Diana, Princess of Wales Memorial Fund.
- Department for International Development, DFID. (2000) *Better health for poor people: Strategies for achieving the international development targets*. November 2000.
- Dejeux, J. (1987) *Femmes d'Algerie: Legende, Tradition, Histoire, Literature*. La Boite a Documents.
- Desjarlais, R., Eisenberg, L., Good B., and Kleiman, A. (1995) *World Mental Health Problems and Priorities in Low Income Countries*. Oxford University Press. New York, 129-180.
- de Smedt, J. (1998) Child Marriages in Rwandan Refugee Camps. *Africa*, 68, 2, 211.
- Desouter, S. and Reyntjens, F. (1995) Rwanda: les violations des droits de l'homme par le FPR/APRO, *Institut de Politique et de Gestion du Development, Universite d'Anvers, Antwerp*. Unpublished working paper.
- Dixon-Mueller, R. (1993) The sexuality connection in reproductive health. *Studies in Family Planning*, 24, 5, 269-282.
- Dobash, P. and Dobash, R. (1992) *Women, Violence and Social Change*. London. Routledge.

- Doyal, Lesley. (1995) *What Makes Women Sick: Gender and the Political Economy of Health*. Macmillan Press Ltd.
- Duelli Klein, R (1983) How to do what we want to do: Thoughts about feminist methodology. In G. Bowles and R. Duelli Klein (Eds.) *Theories of Women's Studies*. London: Routledge & Kegan Paul.
- Dundu, Z. (1998) 'Gender Specific Violations During War and Armed Conflict'. Article extracted from a paper presented at a public forum during the Exchange Programme Institute, August 31st to September 18th, 1998, in *Impact*, 1, 1, 15-16, Isis-WICCE publication, Kampala, Uganda.
- Eagle, Gillian. T. (1998) Promoting Peace By Integrating Western and Indigenous Healing in Treating Trauma. *Peace and Conflict. Journal of Peace Psychology*, 4, 3, 271-282. Lawrence Erlbaum Associates, Inc.
- Eastman, Crystal. (1978) Now I Dare to do it: An Interview with Dr Aletta Jacobs, Who Called the Women's Peace Conference at the Hague, *The Survey*, 9th October 1915.
- Easton, D. (1953) *The Political System*. Knopf.
- Ebila, Florence. (2002) Uganda Women Watering the Literary Desert. In, Aili Mari Tripp and Joy C. Kwesiga. (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Edwards, Rosalind. (1990) Connecting method and epistemology: A white woman interviewing black women. *Women's Studies International Forum*, 13, 477-490.
- Edwards, Rosalind. (1993) An Education in Interviewing: Placing the Researcher and the Research. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Edwards, Susan. (1993) Female Sexuality and the Law. In *Women's Studies: Essential Readings*, Stevi Jackson et al. (Eds.), 265-268. New York: New York University Press.
- Eisenbruch, M. (1990) The Cultural Bereavement Interview: A New Clinical Research Approach for Refugees. *Psychiatric Clinics of North America*, 13, 715-735.
- Eisenbruch, M. (1991) From Post-Traumatic Stress Disorder to Cultural Bereavement: Diagnosis of Southeast Asian Refugees. *Social Science and Medicine*, 33, 673-680.
- Eisenstein, Zillah. (1996) *Hatreds: Racialised and Sexualised Conflicts in the 21st Century*. New York: Routledge.
- El-Bushra, J. and Mukarubuga, C. (1995) Women, War and Transition. *Gender and Development*, 3, 3, 16-22.
- El-Bushra, Judy. (2000) Transforming Conflict: Some thoughts on a Gendered Understanding on Conflict Processes, in Susie Jacobs, Ruth Jacobson and Jen Marchbank (Eds.) *States of Conflict. Gender, Violence and Resistance*. London. Zed Press.

Eng, Patricia. (1995) Domestic Violence in Asian/Pacific Island Communities: A Public Health Issue. In Diane L. Adams (Ed.) *Health Issues for Women of Color: A Cultural Diversity Perspective*. Sage Publications.

Enloe, Cynthia. (1987) Feminist Thinking about War, Militarism and Peace. In, B. Hess (Ed.) *Analysing Gender: A Handbook of Social Science Research*, Newbury Park: Sage.

Enloe, Cynthia. (1988) *Does Khaki Become You? The Militarisation of Women's Lives*. London: Pandora.

Enloe, Cynthia. (1989) *Bananas, Beaches and Bases: Making Feminist Sense of International Politics*. London: Pandora.

Enloe, Cynthia. (1993) *The Morning After: Sexual Politics at the End of the Cold War*, Berkeley. University of California Press.

Etter-Lewis, Gwedolyn. (1991) 'Black Women's Life Stories: Reclaiming Self in Narrative Texts'. In S. Berger Gluck. and D. Patai (Eds.), *Women's Words: The Feminist Practice of Oral History*, 43-58, New York: Routledge.

Everett, Jana, Sue Ellen M Charlton and Kathleen Staudt. (1989) Conclusion. In, *Women, the State and Development*. Sue Ellen M. Charlton, Jana Everett, and Kathleen Staudt (Eds.) 177-190. Albany, NY: SUNY Press.

Fallon, P., Bluglass, R., Edwards, B. and Daniels, G. (1999) *Executive Summary of the Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital*. CM4194-11. London.

Farias, P. (1991) Emotional distress and its socio-political correlates in Salvadoran refugees: analysis of a clinical sample. *Culture, Medicine and Psychiatry*, 15, 167-192.
Fein, Helen. (1993) *Genocide: A Sociological Perspective*. London: Sage.

Feldmann, Harry. (1992) Vergewaltigung und ihre psychischen Folgen: Ein Beitrag zur post-traumatischen Belastungsreaktion. Stuttgart: Enke.

Fester, Gertrude. (1989) The United Women's Congress in *Lives of Courage: Women for a New South Africa*. Diana E.H. Russell (Ed.), 241-253. New York: Basic Books.

Fielding, Nigel. G. (1993) Mediating the Message: Affinity and Hostility in Research on Sensitive Topics. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.

Finch, Janet. (1984) Its great to have someone to talk to: The ethics and politics of interviewing women. In C.Bell and H. Roberts (Eds.). *Theories of Women's Studies*. London: Routledge and Kegan Paul.

Finkler, Kaya (1994) *Women in Pain: Gender and Morbidity in Mexico*. University of Pennsylvania Press. Philadelphia. USA.

Folnegovic-Smalc, Vera. (1994) Psychiatric Aspects of the Rapes in the War against the Republics of Croatia and Bosnia-Herzegovina, in Alexandra Stiglmayer (Ed.), *Mass Rape: The War against Women In Bosnia-Herzegovina*. Lincoln: University of Nebraska Press.

Folnegovic-Smale, Vera., Kozaric-Kovacic, Dragica. and Arcel, Libby, T. (1994) Psychosocial Help to the Victims of war: Reaching Target Groups and Setting Future Aims. *Croatian Medical Journal*, 35, 2, 69-70.

Foucault, M. (1979) *Discipline and Punish: The Birth of the Prison*. Penguin Books, London.

Franco, J. (1992) Gender, Death and Resistance: Facing the Ethical Vacuum, in *Fear at the Edge: State Terror and Resistance in Latin America*. J.E. Corradi et al. (Ed.) University of California Press, Berkeley, 104-118.

Frankel, Fred. H. (1994) 'The Concept of Flashbacks in Historical Perspective.' *International Journal of Clinical and Experimental Hypnosis*, 42, 321-336.

Frankenberg, R., Robinson, I. and Delahooke, A. (2000) *Countering Essentialism in Behavioural Science: the example of the vulnerable child ethnographically examined*. Centre for the Study of Health, Sickness and Disablement, Brunel University, West London.

Freeman, M.D. A. (1980) Violence against Women: Does the Legal System Provide Solutions or Itself Constitute the Problem? *British Journal of Law and Society*, 7, 215-241.

Friere, Paulo. (1985) *The Politics of Education: Culture, Power and Liberation*. South Hadley, Mass: Bergen and Garvey.

Furley, O.W. (1989) Britain and Uganda from Amin to Museveni: Blind Eye Diplomacy, In *Conflict Resolution in Uganda*, Kumar Rupesinghe (Ed.). Oslo. London: International Peace Research Institute. James Curry.

Garcia-Moreno, Claudia. and Claro, A. (1994) Challenges from the Women's Health Movement: women's rights versus population control, in G.Sen., A. Germain. and L.Chen. (Eds.) *Population Politics Reconsidered: health, empowerment and rights*. Cambridge, Mass. Harvard University Press.

Garcia-Moreno, Claudia and Watts, Charlotte. (1999) *Violence Against Women: Its Importance for HIV/AIDS Prevention*. World Health Organisation, Geneva, and London School of Hygiene and Tropical Medicine.

Gawanas, B. (1993) Violence against Women in Tanzania. *Review of Political Economy*, 56, 111.

Giacaman, R. (1989) Palestinian women in the uprising: From followers to leaders. *Journal of Refugee Studies*, 2, 137-146.

Giller, Joan E., Bracken, Patrick, J. and Kabaganda, Stella. (1991) Uganda: War, women and rape. *The Lancet*, 337, 604.

Giller, Joan. E. (1992) *War, Women and Rape*. Thesis completed in the School of Oriental and African Studies, University of London, United Kingdom.

Giller, Joan. (1998) Caring for 'Victims of Torture' in Uganda: Some Personal Reflections. In, Patrick. J. Bracken and Celia Petty (Eds.) *Rethinking the Trauma of War*. Free Association Books Ltd. London and New York. Save the Children Fund.

Gitahi, R.G. (1984) Interviews 21st January and 29th January 1984. In, Kanogo, Tabitha.M. J. (1987) Kikuyu women and the politics of protest: Mau Mau. In, MacDonald, S., Holden, P., and Ardener, S. (Eds.) *Images of Women in Peace and War: Cross-Cultural and Historical Perspectives*. The University of Wisconsin Press.

Glaser, B.G. and Strauss, A.L. (1967) *The Discovery of Grounded Theory*. Chicago. Aldine.

Goldblatt, B. and Meintjes, S. (1996) Unpublished Submission to the South African Truth and Reconciliation Commission.

Goldblatt, B. and Meintjes, S. (1998) South Africa's Truth and Reconciliation Commission: Bringing Gender into Focus, Centre for Applied Legal Studies, University of the Witwatersrand, Johannesburg.

Golde, P. (1986) Odyssey of encounter. In P. Golde (Ed.) *Women in the Field: Anthropological experiences*, 67-93. Berkeley: University of California Press.

Golub, Deborah. (1985) Symbolic Expression in Post-Traumatic Stress Disorder: Vietnam Combat Veterans in Art Therapy. *The Arts in Psychotherapy*, 12, 4, 285-296.

Gonsalves, C.J. (1982) Psychological stages of the refugee process. A model for therapeutic interventions. *Professional Psychology: Research and Practice*, 23, 5, 382-389.

Goodwin, J. (1990) Applying to Adult Incest Victims What We Have Learned from Victimised Children, in *Incest-Related Syndromes of Adult Psychopathology*. R. Kluff (Ed.). Washington D.C: American Psychiatric Press, 55-74.

Gordon, Deborah. (1988) Writing Culture, Writing Feminism: The Poetics and Politics of Experimental Ethnography, *Inscriptions*, 3, 4, 7-24.

Gordon, G. and Kanstrup, C. (1992) Sexuality – the missing link in women's health. *IDS Bulletin*, 23, 1, 29-37.

Gorst-Unsworth, C., Van Velsen, C. and Turner, S.W. (1993) Prospective pilot study of survivors of torture and organised violence examining the existential dilemma. *Journal of Nervous and Mental Disease*, 181, 263-264.

Gottlieb, Barbara. (1985) Women and Children as Victims of War. *Response*, 8, 2, 19-21.

Goudy, W.J. and Richards, R.O. (1973) On resistance to community surveys: Who puts the bite on whom? *Social Problems*, 20, 400-401.

Government of Uganda. (1991) *Initial and Second Report by the Ugandan Government on the Implementation of the Convention on the Elimination of All Forms of Discrimination against Women*. Kampala, Uganda.

Graham, Hilary. (1984) Surveying through stories. In C.Bell and H. Roberts (Eds.) *Social Researching*. London: Routledge and Kegan Paul.

Green, December. (1999) *Gender Violence in Africa: African Women's Responses*. Macmillan Press Ltd.

Greenhalgh, T. and Hurwitz, B. (1999) Narrative based medicine: Why Study Narrative? *British Medical Journal*, 318: 48-50.

Griffin, Susan. (1980) Thoughts on Writing a Diary, in Janet Sternburg, (Ed.), *The Writer on Her Work*. New York: W.W. Norton.

Griffin, C. (1987) Young women and the transition from school to un/employment: A cultural analysis. In G.Weiner and M.Arnot (Eds.) *Gender under scrutiny: New inquiries in education*. London: Hutchinson.

Gubar, Susan. (1982) The Blank Page and the Issue of Female Creativity, in Elizabeth Abel. (Ed.), *Writing and Sexual Difference*. Chicago: University of Chicago Press.

Gukiina, Peter.M. (1972) *UGANDA: A Case Study in Political Development*. University of Notre Dame Press. Notre Dame, Indiana, USA.

Gupta, Geeta Rao. (2002) How men's power over women fuels the HIV epidemic: It limits women's ability to control sexual interactions. *British Medical Journal*, 7331, 26th January 2002, 183-184.

Hague, Euan. (1997) Rape, Power and Masculinity: The Construction of Gender and National Identities in the War in Bosnia-Herzegovina. In, Ronit Lenin (Ed.) *Gender & Catastrophe*. Zed Books. London and New York.

Halim, Asma Mohammed Abdel. (1994) Challenges to the Application of International Women's Human Rights in the Sudan. In, *Human Rights of Women: National and International Perspectives*. Rebecca J. Cook (Ed.), 397-421. Philadelphia. University of Pennsylvania Press.

Halim, Asma Abdel. (1998) Attack with a Friendly Weapon. In, M. Turshen and C. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.

Hansen, Holger, Bernt. and Twaddle, Michael.(1988) *Uganda Now: Between Decay and Development*. James Currey, London.

Harding, Sandra. (1987) *Feminism and Methodology*. Bloomington: Indiana University Press.

Harmsworthy, Josephine Wanjia. (1985) The Uganda Family in Transition. In *Crisis in Uganda: The Breakdown of Health Services*. Paul. D. Wiebe and Cole P. Dodge (Eds.), 99-100. Oxford and New York: Pergamon.

Harrington, John. A. (1998) Privatizing Scarcity: Civil Liability and Health Care in Tanzania. *Journal of African Law*, 42, 147-171. School of Oriental and African Studies.

Harris, B.L. (1995) *Rape and the Liberian Conflict*. Unpublished MSc.

Hattenstone, Simon. (2000) *Small Wonder*. Interview with Helen Bamber, Medical Foundation for the Victims of Torture, in The Guardian Newspaper, March 11th 2000.

Hayner, P.B. (1994) Fifteen Truth Commissions - 1974 to 1994: A Comparative Study, *Human Rights Quarterly*, 16, 597-655.

Heise, L.Lori. (1991) *Violence against Women*. Paper presented at the 18th Annual NCIH International Health Conference, Arlington, VA.

Heise, L.Lori. (1993) Violence against women: the missing agenda, in M.Koblinsky, J.Timyan and J.Gay (Eds.) *The Health of Women: a global perspective*. Boulder, Co. Westview Press.

Heise, L Lori., Raikes, Alanagh., Watts, Charlotte, H. and Zwi, Anthony, B. (1994a) Violence against Women: A Neglected Public Health Issue in Less Developed Countries, *Social Science and Medicine*, 39, 9, 1165-1179.

Heise, L.L., Pitanguy, J., and Germain, A. (1994b) *Violence against Women. The Hidden Health Burden*. World Bank Discussion Papers.

Heise, L. Lori. (1995) Freedom Close to Home: The Impact of Violence Against Women on Reproductive Rights. In, Julie Peters and Andrea Wolper (Eds.) *Women's Rights: Human Rights. International Feminist Perspectives*. Routledge. New York. London.

Henwood, Karen. L. and Pidgeon, Nick. (1992) Qualitative research and psychological theorizing. *British Journal of Psychology*, 83, 97-111.

Henwood, Karen. L. (1996) Qualitative inquiry: perspectives, methods and psychology. In, *Handbook of Qualitative Research Methods: for psychology and the social sciences*. John T.E. Richardson (Ed.) The British Psychological Society. Leicester. UK.

Herman, Judith, Lewis. (1992) *Trauma and Recovery: The Aftermath of Violence: From Domestic Abuse to Political Terror*. Basic Books.

Herriott, R.E. and Firestone, W.A. (1983) Multisite qualitative policy research: Optimizing description and generalizability. *Educational Researcher*, 12, 14-19.

Heyzer, Noeleen. (1998) Working Toward a World Free from Violence Against Women: UNIFEM's Contribution. In, *Gender and Development: Violence Against Women*. An Oxfam Journal. Oxfam. Oxford.

- Hinshelwood, Gill. (1997) *Gender-Based Persecution*. Paper presented at United Nations Expert Group Meeting on Gender-Based Persecution, Toronto, Canada, 9-12 November 1997.
- HMSO. (1992) *Report of the Committee of the Inquiry into Complaints about Ashworth Hospital, 1 & 2 (CM2029/1)*. London.
- Holst, E. (1997) The Role of health professional in promoting human rights, in Psychosocial Trauma and Human Rights Program (1997) *Human Rights and Health Professionals: Towards an Education Program for the Asian Region*, 71-79.
- Hood, S., Mayall, B. and Oliver, S. (1999) (Eds.) *Critical Issues in Social Research: Power and Prejudice*. Open University Press. Buckingham. Philadelphia.
- hooks, bell. (1984) *Feminist Theory from Margin to Center*, Boston: South End Press.
- hooks, bell. (1989) (First published in 1988) *Talking Back: Thinking Feminist, Thinking Black*. London: Sheba.
- hooks, bell. (1990) *Yearning Race, Gender and Cultural Politics*. London. Turnaround.
- Horowitz, M.J. (1979) Psychological response to serious life events. In V.Hamilton and D.M. Warburton (Eds.) *Human Stress and Cognition: An information processing approach*. New York, Wiley.
- Horton, Richard. (1999) Croatia and Bosnia: the imprints of war – 1. Consequences. *The Lancet*, 353, 2139-2144.
- Hubbard, Dianne. (1991) A Critical Discussion of the Law on Rape in Namibia. In, Susan Bazilli (Ed.), *Putting Women on the Agenda*, 134-179. Johannesburg: Ravan.
- Hughes, Donna and Foster, Kathleen. (1996) War, nationalism and rape: women respond by opening a centre against sexual violence in Belgrade Serbia. *Women's Studies International Forum*, 19, 1/ 2, 183-184.
- Human Development Technical Group 1. (1997) *Health Policy in Eastern Africa: A Structured Approach to Resource Allocation*. Eastern and Southern Africa group. Africa Region, January 15th, 1997.
- Human Rights Watch. (1995) *Violence against Women in South Africa*. New York: Human Rights Watch.
- Human Rights Watch. (1996) *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath*. New York: Human Rights Watch.
- Human Rights Watch. (2000) Federal Republic of Yugoslavia. Internet Report March 2000.
- Humm, Maggie. (1992) *Modern Feminisms: Political, Literary, Cultural*. New York: Columbia University Press.

Hundt, Gillian Lewando., Chatty, Dawn., Thabet, Abdel Aziz. and Abuateya, Hala. (2004) Advocating Multi-Disciplinarity in Studying Complex Emergencies: The Limitations of a Psychological Approach to Understanding How Young People Cope with Prolonged Conflict in Gaza. In, *Journal of Biosocial Science*, 36, 417-431.

Iacopino, V. (1995) Human Rights and health concerns for the twenty-first century. In, S.K.Majumdar., L.M. Rosenfeld., D.B Nash and A.M. Audet (Eds.) *Medicine and Health Care into the Twenty-first Century*. Philadelphia. Pennsylvania Academy of Science, 376-392.

Ibingira, Grace, S. (1973) *The Forging of an African Nation: The Political and Constitutional Evolution of Uganda from Colonial Rule to Independence, 1894-1962*. New York, Viking Press.

Idriss, S. (2000) Who can prevent genocide? Ask the women of Burundi. *Agenda*, 43, 57-61.

Ifeka-Moller, Caroline. (1975) Female Militancy and Colonial Revolt: The Women's War of 1929, Eastern Nigeria. In *Perceiving Women*. Shirley Ardener (Ed.), 127-157. London: Malaby Press.

Ingham, Kenneth. (1994) *Obote: A political biography*. Routledge. London and New York.

International Classification of Diseases, ICD-10. (1992) *The ICD-10 Classification of Mental and Behavioural Disorders*. World Health Organisation Publication.

International Federation of Red Cross and Red Crescent Societies. (1995) *Working with victims of organised violence from different cultures*.

International NGO Working Group on Refugee Women. (1989) *Working with Refugee Women: a practical guide*. Geneva. The Group.

Isis-WICCE. (1998) *Women's Experiences during the Armed Conflicts in Luwero District and Impacts on Reproductive Health*. Paper presented at the consultative meeting for the intervention in Luwero District on 6th November 1998.

Isis-WICCE. (1999) *Impact*. An annual Publication of Isis-WICCE, 2. Kampala, Uganda.

Isis-WICCE. (2001a) *Women's Experiences of Armed Conflict in Uganda, Gulu District, 1986-1999 Part One*. An Isis-WICCE research report, Kampala, Uganda.

Isis-WICCE. (2001b) *Medical Interventional Study of War Affected Gulu District, Uganda Part Two*. An Isis-WICCE research report, Kampala, Uganda.

Isis-WICCE (2002a) *Documentation of Teso Women's experiences of Armed Conflict 1987-2001. Part One*. An Isis-WICCE Research Report. August 2002. Isis-WICCE, Kampala, Uganda.

Isis-WICCE (2002b) *Medical Interventional Study of War Affected Teso Region, Uganda. Part Two*. An Isis-WICCE Research Report. August 2002. Isis-WICCE, Kampala, Uganda.

Jack Dana Crowley. (1991) *Silencing the Self: Women and Depression*. Cambridge. MA. Harvard University Press.

Jacobs, Susie., Jacobson, Ruth. and Marchbank, Jennifer. (2000) *States of Conflict: Gender, Violence and Resistance*. Zed Books Ltd. London.

Jacobsen, Lone. and Smidt-Nielsen, Knud. (1997) *Torture Survivor-Trauma and Rehabilitation*. International Rehabilitation Council for Torture Victims, IRCT, Copenhagen, Denmark.

Jamieson, Ruth. (1999) Genocide and the social production of immorality. *Theoretical Criminology*, 3, 2, 131-146.

Janoff-Bulman, R. (1985) The aftermath of victimisation: Rebuilding shattered assumptions. In C.R. Figley (Ed.) *Trauma and its Wake: The Study and Treatment of Post-Traumatic Stress Disorder*, 15-35. New York. Brunner/Mazel.

Janoff-Bulman, R. (1992) *Shattered Assumptions*. New York. Free Press.

Jardine, Alice. (1987) Men in Feminism: Odor di Uomo or Compagnongs de Route? in Jardine and Smith. (Eds.) *Men in Feminism*. New York. Methuen.

Jayawardena, Kumari. (1986) *Feminism and Nationalism in the Third World*. London. Zed Press.

Jayawardena, Kumari. and de Alwis, Malathi. (1996). Introduction: Communalising women's sexuality in South Asia. In, Kumari Jayawardena and Malathi de Alwis. (Eds.) *Embodied Violence: Communalising Women's Sexuality in South Asia*. Kali for Women. New Delhi, India. Social Scientists' Association.

Jeffords, Susan. (1989) *The Remasculinisation of America: Gender and the Vietnam War*. Bloomington: Indiana University Press.

Jennings, P.J. and Swiss, S. (2001) Health and human rights: women and sexual violence. *The Lancet*, 351, 302-304.

Jewkes, Rachel., Watts, Charlotte., Abrahams, Naeema., Penn-Kekana, Loveday. and Garcia-Moreno, Claudia. (2000) Ethical and Methodological Issues in Conducting Research on Gender-Based Violence in Southern Africa. In *Reproductive Health Matters*, 8, 15, 93-103.

Jok, Jok Madut. (1999) Militarization and Gender Violence in South Sudan, *Journal of Asian and African Studies*, 34, 4, 427-442.

- Jones, Joanne. (2000) 'She resisted with all her might': sexual violence against women in later nineteenth-century Manchester and the local press. In, Shani D'Cruze (Ed.) *Everyday Violence in Britain, 1850-1950: Gender and Class*. Pearson Education Limited. England.
- Jorgensen, Jan Jelmert. (1983) *UGANDA: A Modern History*. Croom Helm Ltd. London.
- Jorgensen, Jan Jelmert. (1990) Restructuring State Enterprises under the NRM. A paper given at a conference in Uganda held at the Minary Centre, Dartmouth College, New Hampshire, 7-8th April.
- Joseph, Stephen., Williams, Ruth. and Yule, Williams. (1993) Changes in outlook following disaster: the preliminary development of a measure to assess positive and negative responses. *Journal of Traumatic Stress*, 6, 271-279.
- Joseph, Stephen., Williams, Ruth and Yule, Williams. (1997) *Understanding Post-Traumatic Stress: A Psychosocial Perspective on PTSD and Treatment*. John Wiley and Sons Ltd. England
- Joseph, Stephen. and Linley, P.A. (in press) Positive adjustment to threatening events: An organismic valuing theory of growth through adversity. *Review of General Psychology*.
- Kabaganda, Stella. (1991) *Working Amongst the Post War Victims in Luwero Triangle (1981-1985) in Uganda: A Personal Observation*. A paper presented at the international conference held in Windhoek, Namibia from 25th August to 2nd September 1991.
- Kabeer, Naila. (1999) Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. *Development and Change*, 30, 435-464.
- Kabwejere, Tarsis. (1972) The Dynamics of Colonial Violence: The Inductive System in Uganda. *Journal of Peace Research*, 9, 4, 303-314.
- Kabwejere, Tarsis. (1974) *The Politics of State Formation: The Nature and Effects of Colonisation in Uganda*. Nairobi: EALB.
- Kadama, P. (1993) *Situation in the Health Sector, 1993: Women and Children*. Ministry of Health/Health Policy Unit, Uganda.
- Kafi, Sharif. A. (1992) *Disaster and Destitute Women: Twelve Case Studies*. Dhaka. Bangladesh Development Partnership Centre.
- Kagoro, Barbara. (1989) Profiles of NRA Women Soldiers of Bombo Unit. *New Vision*, 16th February.
- Kanogo, Tabitha.M.J. (1987) Kikuyu women and the politics of protest: Mau Mau. In, S. MacDonald. P. Holden. and S. Ardener. (Eds.) *Images of Women in Peace and War: Cross-Cultural and Historical Perspectives*. The University of Wisconsin Press.

- Kanyehimba, George. (1988) Power that rode through Uganda under the muzzle of a gun. In, Holger Bernt Hansen and Michael Twaddle. (Eds.) *Uganda Now: Between Decay and Development*. James Currey Ltd. London
- Kanyoro, Musimbi. (1996) Feminist Theology and African Culture, In *Violence against Women: Reflections by Kenyan Women Theologians*, Grace Wamue and Mary Getui (Eds.) Acton Publishers. Nairobi. Kenya.
- Kaplan, Caren. (1991) Resisting Autobiography: Out-Law Genres and the Transitional Feminist Subject, in Sidonie Smith and Julia Watson (Eds.), *De-colonizing The Subject*. University of Minnesota Press.
- Karuhanga-Beraho, Monica. (2002) The Women's Movement in Uganda and Women in Agriculture. In, Aili Mari Tripp and Joy C. Kwesiga. (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Kasolo, Josephine. (1991) *Women's Use of Health Services: A Survey in Rural Uganda*. Paper presented at the 18th Annual NCIH International Health Conference, Arlington, VA.
- Kasozi, A.B.K. (1994) *The Social Origins of Violence in Uganda, 1964-1985*. Fountain publishers Ltd. Kampala, Uganda.
- Keane, T.M., Zimmerling, R.T. and Caddell, J.M. (1985) A behavioural formulation of post-traumatic stress disorder in Vietnam veterans. *The Behaviour Therapist*, 8, 9-12.
- Kelly, Liz. (1988) *Surviving Sexual Violence*. Polity Press.
- Kennedy Bergen, Raquel. (1993) Interviewing Survivors of Marital Rape: Doing Feminist Research on Sensitive Topics. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Kikampikaho, Margaret. and Kwesiga, Joy Constance. (2002) Contributions of Women's Organisations to Girls' Education in Uganda. In, Aili Mari Tripp and Joy C. Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Kimmel, M. and Messner, M.A. (1998) 'Introduction' in M. Kimmel and M.A. Messner (Eds.) *Men's Lives*. Boston and London. Allyn and Bacon.
- Kirmayer, L. (1989) Cultural variations in the response to psychiatric disorders and mental distress. *Social Science and Medicine*, 29, 327-329.
- Kisekka, M. (1992) Women's organised health struggles: the challenge to women's associations, in M. Kisekka (Ed.) *Women's Health Issues in Nigeria*. Zaria. Nigeria. Tamaza Publishing Company.
- Kitzinger, Celia and Wilkinson, Sue. (1996) Theorising Representing the Other. In *Representing the Other: A Feminism & Psychology Reader*. Sage Publications.

- Kleber, Rolf. J., Figley, Charles, R., and Gersons, Berthold P.R. (1995) *Beyond Trauma: Cultural and Societal Dynamics*. Plenum Press. New York and London.
- Koivusalo, M and Ollila, E. (1997) *Making a Healthy World: Agencies, Actors & Policies in International Health*. Zed books. London.
- Koo, Katrina Lee (2002) Confronting a Disciplinary Blindness: Women, War and Rape in the International Politics of Security. *Australian Journal of Political Science*, 37, 3, 525-536.
- Kordon, D., Edelman, L., Lagos, Nicoletti, E. and Groshaus, M. (1992) Torture in Argentina. In M. Basoglu (Ed.) *Torture and Its Consequences*. Cambridge. Cambridge University Press.
- Kumar, Nita. (1992) *Friends, Brothers, and Informants: Fieldwork Memories of Banaras*. Berkeley: University of California Press.
- Ladefoged, Peter, Blick, Ruth. and Clipper, Clive. (1967) *Language in Uganda*. Nairobi: Oxford University Press.
- Langer, Lawrence, L. (1982) *Versions of Survival: The Holocaust and the Human Spirit*. Albany: State University of New York Press.
- Layika, F.U. (1996) War Crimes Against Women in Rwanda. In, Reilly (Ed.) *Without Reservation*, 38-42.
- Layland, Joyce. (1990) On the conflicts of doing feminist research into masculinity. In Stanley, Liz (Ed.) *Feminist Praxis*. London: Routledge.
- Lazreg, Marnia. (1990) Feminism and Difference: The Perils of Writing as a Woman on Women in Algeria. In *Conflicts in Feminism*. Marianne Hirsch and Evelyn Fox Keller (Eds.), 326-348. New York: Routledge.
- Lazreg, Marnia. (1994) *The Eloquence of Silence*. New York: Monthly Review Press.
- Leacock, Eleanor. (1986) Women, Power and Authority. In *Visibility and Power: Essays on Women in Society and Development*. Leela Dube, Eleanor Leacock. and Shirley Ardener (Eds.), 107-135. Delhi: Oxford University Press.
- Leamington Courier. (2002) *Helen plans to return to Africa for a special mission*. Article in the Courier Series published June 14th 2002.
- Lebowitz, L and Roth, S. (1994) 'I felt like a slut': The cultural context and women's response to being raped. *Journal of Traumatic Stress*, 7, 363-390.
- Lee, J.M. (1965) Buganda's position in Federal Uganda. *Journal of Commonwealth Affairs*, 3, 3, 165-181.
- Lee, Raymond.M. (1981) *Inter religious courtship and marriage in Northern Ireland*. Unpublished doctoral dissertation, University of Edinburgh.

- Lee, Raymond. M. (1992) Nobody said it had to be easy: Postgraduate field research in Northern Ireland. In R.G. Burgess (Ed.) *Studies in quantitative methodology: Vol.3. Learning about fieldwork*. Greenwich, CT: JAL.
- Lee, Raymond. M. (1995) *Dangerous Fieldwork: Qualitative Research Methods Series* 34. A Sage University Paper. Sage Publications Inc. California.
- Lees, Susan. (1996) Unreasonable Doubt: The Outcomes of Rape Trials. In, *Women, Violence and Male Power*, Marianne Hester., Liz Kelly. and Jill Radford (Eds.), 99-115. Philadelphia. PA. Open University Press.
- Leese, Peter. (2002) *Shell Shock: Traumatic Neurosis and the British Soldiers of the First World War*. Palgrave MacMillan Ltd. Great Britain.
- LeGrand, Camille, E. (1983) Rape and Rape Laws: Sexism in Society and Law. *California Law Review*, 61: 919-941.
- Lemkin, Raphael. (1944) *Axis Rule in Occupied Europe*. Washington DC: Carnegie Endowment for International Peace.
- Lentin, Ronit. (1997) *Gender & Catastrophe*. Zed Books. London and New York.
- Lentin, Ronit. (1999) 'The Rape of the Nation: Women Narativising Genocide.' *Sociological Research Online*, 4, 2.
- Leonardo, Micaela, Di. (1984) *The Variities of Ethnic Experience: Kinship, Class and Gender among California Italian-Americans*. Ithaca, N.Y. Cornell University Press, 41.
- Leslie, Joanne and Gupta Geeta Rao. (1989) *Utilisation of Services for Maternal Nutrition and Health Care*. Maternal Nutrition and Health Care Programme, International Centre for Research on Women.
- Liddle, Joanna and Nakajima, Sachiko. (2000) *Rising Suns, Rising Daughters: Gender, Class and Power in Japan*. Zed Books. London and New York.
- Liddle, Joanna and Nakajima, Sachiko. (2003) States of Distinction: Gender, Japan and the International Political Economy. *Women's History Review*. Accepted for publication.
- Liebling, Helen. (1992) A study of anxiety levels in female prison officers working in different conditions of security. *Division of Criminological & Legal Psychology Newsletter*.
- Liebling, Helen and Chipchase, Hazel. (1993) A pilot study on the problem of self-injurious behaviour in women at Ashworth Hospital. *Division of Criminological & Legal Psychology Newsletter*, 35, 19-23.
- Liebling, Helen. and Chipchase, Hazel. (1995a) Research with Women who self-harm and the Training Needs of Staff who Work with Them. *Special Hospitals Research Bulletin*, 4, 14-17.

Liebling, Helen. and Chipchase, Hazel. (1995b) Women who Self-Harm. *Counselling News*, 20, 28-29.

Liebling, Helen. and Chipchase, Hazel. (1996a) Feminist Group Therapy for Women who Self-harm: An Initial Evaluation, in N. Clark and G. Stephenson (Eds.). *Psychological Perspectives on Police and Custodial Culture and Organisation*. Selected Papers from the Division of Criminological & Legal Psychology Annual Conference 1995.

Liebling, Helen. and Chipchase, Hazel. (1996b) Special Harm? In, C. Hemingway (Ed.) *The Experience of Women in the Special Hospital System*. Avebury.

Liebling, Helen., Chipchase, Hazel. and Velangi, Rebecca. (1996) Women who self-harm in a Special Hospital. *SHOUT*, 3, 1, 9-11. Bristol Crisis Service for Women.

Liebling, Helen., Chipchase, Hazel. and Velangi, Rebecca. (1997a) Why do Women self-harm at Ashworth Maximum Security Hospital? In, N.Deu and L. Roberts (Eds.) *Dangerous, Disordered and Doubly Deviant, Selected papers from the Special Hospital Advisory Group (SHPAG) Annual conference 1994. Issues in Criminological & Legal Psychology*, 27, 10-22.

Liebling, Helen., Chipchase, Hazel. and Velangi, Rebecca. (1997b) Why do women harm themselves? - Surviving special hospitals. *Feminism & Psychology*, 7, 3, 427-437.

Liebling, Helen., Lovelock, Caroline., Chipchase, Hazel. and Herbert, Yvonne. (1998) Working with Women in Special Hospitals by J. Williams, 'The Spoken Word', *Journal of Feminism & Psychology*, 8, 3, 357-369.

Liebling, Helen. and Chipchase, Hazel. (1998) Feminist Group Therapy for Women who Self-Harm. In J. Boros, I. Munnich, and M. Szegedi (Eds.). *Psychology and Criminal Justice: International Review of Theory and Practice*.

Liebling, Helen. and Chipchase, Hazel. (2000a) Positive approaches for women who self-harm, in *Positive Directions for women in secure environments*. Issues in Forensic Psychology, 2, 23-28, Rebecca Horn and Sam Warner (Eds.) The British Psychological Society. Division of Forensic Psychology.

Liebling, Helen. and Chipchase, Hazel. (2000b) Women who self-harm in a high security hospital. In, *Forensic Mental Health Care: A Case Study Approach*. D. Mercer, T. Mason, M.McKeown, and G. McCann (Eds.). Churchill Livingstone. London.

Liebling, Helen. and Ojiambo-Ochieng, Ruth. (2000) *The Psychological consequences of War on Women in Uganda*. Paper presented at the spring conference of the International Society for the Study of Dissociation, UK, 6th ISSD (UK) conference entitled, 'Beyond Trauma,' held at Salford University, Manchester, UK between 15-17th April 2000.

Liebling, Helen. and Shah, Shilu. (2001) Researching Sensitive Topics: Investigations of the Sexual Abuse of Women in Uganda and Girls in Tanzania. In, *Law, Social Justice and Global Development*, Issue 1.

Liebling, Helen. (2002) "*Samanya Agnes - I did not know Agnes*" - *Ugandan Women's Experiences of Violence, Rape and Torture during War in Luwero District: Implications for Health Policy, Welfare and Human Rights*. Paper presented at the Women's Worlds 2002: The 8th International Interdisciplinary Congress on Women Makerere University, Kampala, Uganda, July 21-26th 2002. Accepted for publication.

Liebling, Helen and Shah, Shilu. (2002a) Researching Sensitive Topics: Investigations of the Sexual Abuse of Women in Uganda and Girls in Tanzania. In, *Pandora's Box 2002*. K.Konkoly, Z. Spencer and T. Stephenson (Eds.). A publication of the Women and the Law Society. University of Queensland.

Liebling, Helen and Shah, Shilu. (2002b) *Investigations of the Sexual Exploitation of the Girl Child in Tanzania and Women during Civil War Years in Uganda*. Paper presented at the Women's World Conference 2002: The 8th International Interdisciplinary Congress on Women, Makerere University, Kampala, Uganda, 21st-26th July. Accepted for publication.

Liebling, Helen and Kiziri-Mayengo, Rebecca. (2002) The Psychological Effects of Gender-Based Violence Following Armed Conflict in Luwero District, Uganda. *Feminism & Psychology*, 12, 4, 553-560.

Liebling, Helen. (2003) Women's War Experiences: Sexual Violence and Torture During Civil War Years in Luwero. In, *Impact: An Annual Publication*, 4, 22-25, Isis-WICCE, Uganda.

Liebling, Helen. (2004a) Phil Strong Memorial Prize: Women war survivors in Luwero District, Uganda. In, *Medical Sociology News*, 30, 1, 36-41.

Liebling, Helen. (2004b) Ugandan Women's Experiences of Sexualised Violence and Torture during Civil War Years in Luwero District: Implications for Health Policy, Welfare and Human Rights. Accepted for publication in Autumn 2004 by the Psychology of Women Section, *British Psychological Society*.

Littlewood, R. (1991) Against pathology: the new psychiatry and its critics. *British Journal of Psychiatry*, 159, 696-702.

Littlewood, R. (1997) Military Rape, *Anthropology Today*, 13, 2, 7-16.

Livia, Anna. (1996) In, Kitzinger, Celia. and Wilkinson, Sue. (Eds.) *Representing the Other: A Feminism & Psychology Reader*. Sage publications. London. Thousand Oaks. New Delhi.

Logue, J.N., Hansen, H. and Struening, E. (1979) Emotional and physical distress following Hurricane Agnes in Wyoming Valley of Pennsylvania. *Public Health Reports*, 4, 495-502.

Loncar, Mladen. (1994) Rape as Method of Torture and as War Crime. *RAHAT's Medical Journal*, November 1994, 1, 3.

Lorber, Judith. (2000) *Gender and the Social Construction of Illness*. Alta Mira Press. A Division of Rowman & Littlefield publishers.

Lorch, Donatella. (1995) Wave of Rape Adds New Horror to Rwanda's Trail of Brutality. *New York Times*. May 15th 1995.

Loughrey, G.C., Bell, P., Kee, M. et al. (1988) Post traumatic stress disorder and civil violence in Northern Ireland. *British Journal of Psychiatry*, 153, 554-560.

Lovell, Terry. (2000a) 'If I was a lad, do you think I would say I'm a lass?' Bourdieu and the feminist project'. *Feminist Theory*, 1, 11-32.

Lovell, Terry. (2000b) Thinking feminism with and against Bourdieu. *Feminist Theory*, 1, 11-32. Sage publications. London: Thousand Oaks and New Delhi.

Lovell, Terry. (2003) Resisting with Authority: Historical Specificity, Agency and the Performative Self. *Theory, Culture & Society*, 20, 1, February 2003, 1-17. Sage Publications. London, Thousand Oaks and New Delhi

Low, D.A. and Pratt, C.R. (1960) *Buganda and British Overrule*. London: Oxford University Press.

Lubanga, Rosalind. (1998) *Documenting Women's Experiences in Armed Conflict Situations in Uganda, 1980-1986, Luweero district. An Isis-WICCE Research Report*. June 1998, Isis-WICCE, Kampala, Uganda.

Lunyiigo-Lwanga, Samwiri. (1989) In *Conflict Resolution in Uganda*, Kumar Rupesinghe (Ed.). Oslo. London: International Peace Research Institute. James Curry.

Luweero District Council Health and Community Services Annual Report. (Financial Year 2000-2001) July 2000-June 2001. Prepared by Mr. Semivule G.W. Chairperson Sectoral Committee.

Lyons, J.A. (1991) Strategies for assessing the potential for positive adjustment following trauma. *Journal of Traumatic Stress*, 4, 93-111.

MacKinnon, Catherine. A. (1993a) *Turning Rape into Pornography: Postmodern Genocide*. July-August.

MacKinnon, Catherine.A. (1993b) On Torture: A Feminist Perspective on Human Rights. In K.E.Mohoney and P.Mahoney (Eds.) *Human Rights in the Twenty-First Century*, 21-31. Martinus Nijhoff Publishers.

Macleod, Jan., Bell, Patricia. and Forman, Janette. (1994) Bridging the Gap: Feminist Development Work in Glasgow. In *Women and Violence: Realities and Responses Worldwide*. Miranda Davies (Ed.). Zed Books Ltd. London and New York.

Macrae, J., Zwi, A. and Birungi, H. (1993) *A Healthy Peace? Rehabilitation and Development of the Health Sector in a post-conflict situation - the case of Uganda*. Report of a pilot study Health Economics and Financing Programme, Health Policy Unit, London School of Hygiene and Tropical Medicine.

- Macrae, Joanna, Zwi, Anthony, B., and Gilson, Lucy. (1996) A Triple Burden for Health Sector Reform: Post-Conflict Rehabilitation in Uganda. *Social Science and Medicine*, 42, 7, 1095-1108.
- Maddox, H.E. (1946) {1901} The Women of Ankole: Extracts from 'Mengo Notes-1', *Uganda Journal*, 10, 1, 37-38.
- Magezi, A.A., Kaharuza, F. and Barton, T. (1994) *Peasant Survival Strategy: A Case Study of Engozi as a Means of Health Transport in Kigezi, Uganda*. CHDC.
- Mamdani, Mahmood. (1983) *Imperialism and Fascism in Uganda*. Heinemann Educational Books. Nairobi, Ibadan, London.
- Mangaliso, Zengie. A. (1997) Gender and Nation-Building in South Africa. In *Feminist Nationalism*. Lois.A.West (Ed.). Routledge. New York and London.
- Mann, J. (1994) Health and Human Rights. *Health and Human Rights*. 1, 6-28.
- Martin, D.M. and Hashi, F.O. (1992) *Law as an Institutional Barrier to the Economic Empowerment of Women*. World Bank Working Paper No 3. World Bank. New York.
- MATCH International Centre. (1994) The Circle of Healing: Aboriginal Women Organising in Canada. In, *Women and Violence: Realities and Responses Worldwide*. Miranda Davies (Ed.). Zed Books Ltd. London and New York.
- Matembe, Miria. with Nancy R. Dorsey (2002) *Gender, Politics, and Constitution Making in Uganda*. Fountain Publishers Ltd. Kampala, Uganda.
- Maynard, Mary. (1994) Methods, Practice and Epistemology: The Debate about Feminism and Research. In, M. Maynard and J. Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*. London. Taylor and Francis.
- Maynard, Mary. (1996) Challenging the Boundaries: Towards an Anti-Racist Women's Studies. In *New Frontiers in Women's Studies: Knowledge, Identity and Nationalism*., Mary Maynard and June Purvis (Eds.), 11-29, London: Taylor and Francis.
- Mazrui, Ali. (1967) The National Language Question in East Africa. *East African Journal* 4, 3, 12-19.
- Mazrui, Ali. (1973) The Lumpen Proletariat and the Lumpen Militariat: African Soldiers as a Military Class. *Political Studies*, 21, 1, 1-12.
- Mbilinyi, Marjorie. (1989) Women's Resistance in Customary Marriage: Tanzania's Runaway Wives. In *Forced Labour and Migration: Patterns of Movement within Africa*. Abebe Zegeye and Shubi Ishemo (Eds.), 211-254. London: Hans Zell.
- McCallin, M. (1995) *The Reintegration of Young Ex-Combatants into Civilian Life*. Report for the International Labour Office. Geneva. ILO.
- McDonald, Avril. (1999) Sex Crimes at the *ad hoc* Tribunals. *Nemesis*, 3, 72-82.

- McFarlane, A.C. (1987) Family functioning and overprotection following a natural disaster: The longitudinal effects of post-traumatic morbidity. *Australian and New Zealand Journal of Psychiatry*, 21, 210-218.
- McFarlane, A.C., Atchison, M., Rafalowicz, E. and Papay, P. (1994) Physical symptoms in post traumatic stress disorder. *Journal of Psychosomatic Research*, 38, 715-726.
- McKee, Lorna and O'Brien, Margaret. (1983) Interviewing men, taking gender seriously. In Gamarnikow, Eva et al. (Eds.) *The Public and the Private*. London: Heinemann.
- McKinley, J.C. (1996) Legacy of Rwanda Violence: The Thousands Born of Rape. *New York Times*, 23 September, A1, A9.
- McMillen, C., Zuravin, S. and Rideout, G. (1995) Perceived benefits from child sexual abuse. *Journal of Counselling and Clinical Psychology*, 63, 1037-1043.
- McNaught, Allan. (1988) *Race and Health Policy*. Croom Helm Ltd.
- Medecins San Frontieres. (2000) *Assessing Trauma in Sierra Leone*, 11th January 2000. Holland.
- Medica Mondiale e.V. (1999) *War is Always Violence Against Women*. Koln.
- Medica Women's Therapy Centre. (1995) Research: dominant gynaecological and psychological consequences of rape. Unpublished Report by Mirha Pojaic.
- Meeting of the Ad Hoc Committee of the Board of Trustees and Assembly of District Branches of the American Psychiatric Association to Review the Draft of DSM-III-R, Washington, D.C., 4th December. (1985).
- Mehdid, Malika. (1996) Women, Patriarchy and Politics in Algeria. In, in Shririn.M.Rai and Geraldine.Lievesley (Eds.), *Women and the State: International Perspectives*. Taylor and Francis. London.
- Meintjes, Sheila. (1998) Gender, nationalism and transformation: difference and commonality in South Africa's past and present. In, *Women, Ethnicity and Nationalism: The Politics of Transition*. Rick Willford and Robert, L. Miller. (Eds.). Routledge. New York.
- Melick, M.E. (1978) Life change and illness: Illness behaviour of males in the recovery period of a natural disaster. *Journal of Health and Social Behaviour*, 19, 335-342.
- Mensch, Barbara. (1993) Quality of Care: A Neglected Dimension. In M.Koblinsky, J.Timyan and J.Gay (Eds.) *The Health of Women: a global perspective*. Boulder, Co. Westview Press.
- Mezey, G.C. and Taylor, P.J. (1988) Psychological reactions of women who have been raped. A descriptive and comparative study. *British Journal of Psychiatry*, 152, 330-339.

- Mezey, G. (1994) Rape in War, *Journal of Forensic Psychiatry*, 5,3, 583-93.
- Middleton, J. and Winter, E.H. (1963) *Witchcraft and Sorcery in East Africa*. London: Routledge and Kegan Paul.
- Midgley, J. (1997) *Social Welfare in Global Context*. Sage Publications. Thousand Oaks. CA.
- Mies, Maria. (1983) Toward a methodology for feminist research. In G. Bowles and R. Duelli Klein (Eds.), *Theories of Women's Studies*. London: Routledge and Kegan Paul.
- Mies, Maria. (1986) *Patriarchy and Accumulation on a World Scale: Women in the International Division of Labour*. London. Zed Books Ltd.
- Miller, Alice. (1983) *For Your Own Good: Hidden Cruelty in Child-Rearing and the Roots of Violence*. New York: Farrar, Straus, Giroux.
- Ministry of Health. (1993a) *The Three-Year Health Plan Frame. 1993/94-1995/6*. Ministry of Health.
- Ministry of Health. (1993b) *White Paper on Health Policy Up-date and Review*. Ministry of Health.
- Ministry of Health. (1999) *National Health Policy*. September 1999. The Republic of Uganda.
- Ministry of Health. (2000) *Health Sector Strategic Plan 2000/01-2004/05*. Kampala. Uganda.
- Moghadam, Valentine. M. (1994) *Gender and National Identity: Women and Politics in Muslim Societies*. Zed Books Ltd. London and New Jersey, and Oxford University Press, Karachi.
- Mohanty, Chandra Talpade. (1991) Introduction: Cartographies of Struggle: Third World Women and the Politics of Feminism, in *Third World Women and the Politics of Feminism*. Chandra Talpade Mohanty, Ann Russo and Lourdes Torres (Eds.) 1-50. Bloomington: Indiana University Press.
- Moi, Toril. (1991) Appropriating Bourdieu. In, Terry Lovell (Ed.) *Feminist Cultural Studies*. London: Edward Elgar.
- Mollica, R.F. and Jalbert, R.R. (1989) *Community of confinement: The mental health crisis in site two (displaced persons camp on the Thai-Kampuchean border)*. Virginia, USA. World Federation for Mental Health.
- Mollica, Richard, F. and Son, Linda. (1989) Cultural Dimensions in the Evaluation and Treatment of Sexual Trauma: An overview. *Psychiatric Clinics of North America*, 12, 2, 363-370.

- Mollica, R.F., Wyshak, G., Lavelle, J., Troung, T., Tor, S. and Yang, T. (1990) Assessing symptom change in Southeast Asian refugee survivors of mass violence and torture. *American Journal of Psychiatry*, Jan, 147, 1, 83-88.
- Montiel, Cristina Jayne. (2000) Political Trauma and Recovery in a Protracted Conflict: Understanding Contextual Effects. *Peace and Conflict: Journal of Peace psychology*, 6, 2, 93-111. Lawrence Erlbaum Associates Inc.
- Morris, David B (1991) *The Culture of Pain*. Berkeley: University of California Press.
- Mudoola, Dan. (1988) Political transitions since Idi Amin- a study in political pathology. In, Holger Bernt Hansen and Michael Twaddle. (Eds.) *Uganda Now: Between Decay and Development*. James Currey Ltd. London.
- Mugenyi, M. (1997) *Teenage Girls, War Trauma, Healing Methods: The Case of Uganda*. Ph.D. research, Kampala, Uganda.
- Mujaju, Akiiki. (1976) The Political Crisis of Church Institutions in Uganda. *African Affairs*, 75, 298, 67-85.
- Mujaju, Akiiki. (1989) International Conflict and its International Context. In *Conflict Resolution in Uganda*, Kumar Rupesinghe (Ed.). Oslo. London: International Peace Research Institute. James Curry.
- Mujawayo, E (1995) A Poem to Dry One's Tears. *Links*. Oxfam. Oxford.
- Mukama, Francis. (1984) *A Report by the Government Subcommittee for Resettlement of the Displaced in the Districts of Luwero, Mpigi, and Mubende*. Kampala: Prime Minister's Office. July 1984.
- Mukama, Ruth. (2002) Women Making a Difference in the Media. In, Aili Mari Tripp and Joy C Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Mulumba, Deborah. (2002) The Women's Movement and Conflict Resolution in Uganda. In, Aili Mari Tripp and Joy C. Kwesiga (2002) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Museveni, Yoweri Kaguta. (1997) *Sowing the Mustard Seed: The Struggle for Freedom and Democracy in Uganda*. Elizabeth. Kanyogonya and Kevin. Shillington (Eds.). Macmillan Education Ltd. London and Basingstoke.
- Musisi, Nakanyike, B. (1991) Women 'Elite Polygyny and Buganda State Formation'. *Signs: Journal of Women in Culture and Society*, 16, 4, 757-786.
- Musisi, Nakanyike, B. (2001) Gender and the Cultural Construction of 'Bad Women' in the Development of Kampala-Kibuga, 1900-1962. In, Dorothy Hodgson and Cheryl McCurdy (Eds.) *Wicked Women and the Reconfiguration of Gender in Africa*, 171-187.

Musisi, Seggane., Kinyanda, Eugene., Liebling, Helen., Kiziri-Mayengo, Rebecca., and Matovu, Peter. (1999) *The Short Term Intervention of the Psychological and Gynaecological Consequences of Armed Conflict in Luwero District Uganda*. An Isis-WICCE Research Report funded by Medica Mondiale. Isis-WICCE, Kampala, Uganda.

Musisi, Seggane, Kinyanda, Eugene., Liebling, Helen. and Kiziri-Mayengo, Rebecca. (2000) Post-traumatic torture disorders in Uganda: A three-year retrospective study of patient records at a specialized treatment centre in Kampala, Uganda. In, *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, December 2000, 10, 3, 81-87.

Muthien, Bernedette and Combrinck, Helene (2003) *When Rights are Wronged: Gender-Based Violence & Human Rights in Africa*. Paper presented at the African Women's Sexual and Reproductive Health and Rights Conference: Prosperity Through Empowerment, Johannesburg, February 4th-7th, 2003.

Mutibwa, Phares. (1992) *Uganda since Independence: A Story of Unfulfilled Hopes*. Hurst & Company, London.

Mwaka, Victoria. and Ojiambo-Ochieng, Ruth. (1998) *Women as victims of Torture during Armed Conflict: The Case of Luwero 1980-1986*. A paper presented at the first UN Torture Day celebrations organised by the African Centre for the Rehabilitation of Torture Victims, ACTV, Fort Portal, Uganda, June 26th.

Nabudere, Dani Wadada. (1980) *Imperialism and Revolution in Uganda*. London and Dar es Salaam: Onyx Press and Tanzania Publishing House.

Nabudere, Dani Wadada. (1989) External and internal factors in Uganda's continuing crisis. In, Holger Bernt Hansen and Michael Twaddle (Eds.) *Uganda Now: Between Decay and Development*. James Currey Ltd. London.

Namibian Department of Women's Affairs. (1994) *Namibia National Report to the Fourth World Conference on Women*. Mimeo, November 1994.

Narayan, Kirin. (1993) 'How Native is a 'Native' Anthropologist?' *American Anthropology*, 95, 671-686.

National Research Council. (1996) *Understanding Violence against Women*. N Crowell and W Burgess (Eds.). Panel on Research on Violence against Women. Washington DC. National Academy Press.

Neema, Sheila. (2002) *Women's Organisations: A Gateway to Women's Health in Uganda*. In, Aili Mari Tripp and Joy C. Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.

Neki, J.S., Joiner, N., Kilonzo, G., Hauli, J.G. and Duvinage, G. (1986) Witchcraft and psychotherapy. *British Journal of Psychiatry*, 149, 145-155.

Nettleton, Sarah. (1995). *The Sociology of Health and Illness*. Polity Press in association with Blackwell publishers.

New Vision (2002) *Syphilis: Luweero*. Article published on 27th August 2002 and follow up letter from myself to the editor.

Nikolic-Ristanovic, Vesna. (1996) War and Violence against Women. In, *The Gendered New World Order: Militarism, Development and the Environment*. Jennider Turpin and Lois Ann Lorentzen (Eds.). Routledge. New York.

Njovana, Eunice and Watts, Charlotte. (1996) Gender Violence in Zimbabwe: A Need for Collaborative Action. *Reproductive Health Matters*, 7, 46-54.

Nordstrom, Carolyn. (1991) Women and war: Observations from the field. *Minerva: Quarterly Report on Women and the Military*, 9, 1-15.

Nordstrom, Carolyn. (1993) Treating the Wounds of War: Resolving the War in Mozambique will, Require Facing the Culture of Violence as Well as its Physical Toll. *Cultural Survival Quarterly*, summer, 28-30.

Nordstrom, Carolyn. (1994a) *Rape: Politics and Theory in War and Peace*. Canberra: Australian National University Peace Research Centre Working Paper No. 146.

Nordstrom, Carolyn. (1994b) 'The Backyard Front'. In Carolyn Nordstrom and Jo-Ann Martin (Eds.), *The Paths to Domination, Resistance, and Terror*. Berkeley: University of California Press.

Nordstrom, Carolyn. (1996) *What John Wayne Never Told Us: Sexual Violence in War and Peace*. Unpublished manuscript.

Nowakowska, Urszula. (1999) Violence Against Women: International Standards, Polish Reality. *Journal of Communist Studies and Politics*. March edition, 15, 1, 41-63.

Nzita Mbagu-Niwampa, Richard. (1997) *Peoples and Cultures of Uganda*. Fountain Publishers Ltd. Kampala, Uganda.

Oakley, Ann. (1981) Interviewing women: A contradiction in terms. In H. Roberts (Ed.), *Doing Feminist Research*. London: Routledge and Kegan Paul.

Oakley, Ann. (1999) People's way of knowing: gender and methodology. In S.Hood, B. Mayall and S. Oliver (Eds.) *Critical Issues in Social Research: Power and Prejudice*. Open University Press. Buckingham. Philadelphia.

Oakley, Ann. (2000) *Experiments in Knowing: Gender and Method in the Social Sciences*. Polity Press in association with Blackwell Publishers Ltd. Cambridge. Oxford.

Obbo, Christine. (1989) Sexuality and Economic Domination in Uganda. In Floya Anthias and Nira Yuval-Davis (Eds.). (1989) *Woman-Nation-State*. The Macmillan Press Ltd. Cambridge.

O'Brien, L. Stephen. (1998) *Traumatic Events and mental Health*. Cambridge University Press.

- Ochberg, F.M. (1988) *Post-Traumatic Therapy and Victims of Violence*. Brunner/Mazel, New York.
- Odejide, A.O., Oyewunmi, L.K. and Ohaeri, J.O. (1989) Psychiatry in Africa: An Overview. *American Journal of Psychiatry*, 146, 708-716.
- Odida, O.I. (1998) *Peace and conflict resolution*. A paper prepared for presentation at the FIDA international conference in Nairobi, Kenya, October 5-8, 1998.
- Odongo, Onyango. (2000) *A Political History of Uganda: The Origin of Museveni's Referendum 2000*. The Monitor Publications Ltd, Kampala, Uganda.
- Ojiambo-Ochieng, Ruth. (1998) War, Gender and Traumatization. Article extracted from a paper *entitled*, War, Gender and Traumatization: Women's Experiences of Germany, in October 1998. In, *Impact*, 1, 1, 15-16, Isis-WICCE publication, Kampala.
- Okie, Susan. (1993) Mutilation and Rape Normal for Girls. *Toronto Star*. April 7th, 1993.
- Okodoi, J.A. (1992) *Pallisa Community Development Health Care Centre: A community participation model project*. PACODET.
- Okurut, S., Oloit, L., Odong, A., Oloit, F., Okurut, A., Okurut, V., Arube-Wanai, J., Wamai, G. and Barton, T. (1994) *Participatory Action-Oriented Research to Support PEC in Eastern Uganda: Exploring Community and Natural Resources in the PACODET area*. Paper for IIED Conference, Sussex, PACODET, CHDC.
- Okurut, Stanley., Odong, Amos., Imalingat, James., Okurut, Anne., Oloit, Lawrence, and Oloit, Filder. PACODET (1996) 'Participatory research process and empowerment: The PACODET community, Uganda'. In K de Koning and M Martin (Eds.) *Participatory Research in Health Issues and Experiences*. Zed Books Ltd. London and New Jersey.
- Oller, Lucrecia. (1994) Domestic Violence: Breaking the Cycle in Argentina. In *Women and Violence: Realities and Responses Worldwide*. Miranda Davies (Ed.). Zed Books Ltd. London and New York.
- Olson, Tillie. (1983) *Silences*. New York: Dell Laurel.
- Organisation for Social Science Research in Eastern and Southern Africa. (OSSREA) (2000) *Women's Role in Armed Conflict and their Marginalisation in the Governance of Post-Conflict Society: The Case of 'Luwero Triangle' Uganda*. OSSREA.
- Ottemoeller, Dan. (1999) The Politics of Gender in Uganda: Symbolism in the Service of Pragmatism, *African Studies Review*, 42, 2: 87-104.
- Padarath, Ashnie. (1998) Women and Violence in KwaZulu/Natal. In, M. Turshen and C. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.

- Padfield, Maureen, and Proctor, Ian. (1996) The effect of the interviewer's gender on the interviewing process: a comparative enquiry. *Sociology*, 30, 2, 355-366.
- Palmer, Celia A. and Zwi, Anthony, B. (1998) Women, Health and Humanitarian Aid in Conflict. *Disasters*, 22, 236-249. Blackwell publishers. Oxford.
- Palmer, Celia A. (1999) Rapid Appraisal of Needs in Reproductive Health Care in Southern Sudan: qualitative study. *British Medical Journal*, 319, 743-748.
- Palmer, Celia, A., Lush, Louisiana., and Zwi, Anthony B. (1999) The emerging international policy agenda for reproductive health services in conflict settings. *Social Science and Medicine*, 49, 1689-1703.
- Paltiel, Freda, L. (1991) *The Mental Health of Women*. Paper presented at the 18th Annual NCIH International Health Conference, Arlington, VA.
- Paltiel, Freda, L. (1993) Women's Mental Health: A Global Perspective, In M.Koblinsky, J.Timyan and J.Gay (Eds.) *The Health of Women: a global perspective*. Boulder, Co. Westview Press.
- Parker, M. (1996) The mental health of war damaged populations. *IDS Bulletin*, 27, 3.
- Patai, Daphne (1991) U.S. Academics and Third World Women: Is Ethical Research Possible? In, Sherna Berger Gluck. and Daphne Patai (Eds.) *Women's Words: The Feminist Practice of Oral History*, London: Routledge, New York and London. 137-153.
- Payne, Lina. and Smyth, Ines. (1999) The need for reliable systems: gendered work in Oxfam's Uganda programme. *Development in Practice*, 9, 1 & 2, February 1999.
- Pearson, Nancy, L., Lopez, June Pagaduan. and Cunningham, Margaret. (1998) *Recipes for Healing: Gender-Sensitive Care for Women Survivors of Torture*. University of the Philippines, Isis International-Manila, The International Rehabilitation Council for Torture Victims (IRCT).
- Peritore, N.P. (1990) Reflections on dangerous fieldwork. *American Sociologist*, 21. 359-372.
- Perren-Klinger, G. (1998) *Self-Empowerment: Psychosocial work by, with, and for women: Work Hypothesis and Experiences*. Paper presented at a consultative meeting on gender leadership and trauma management for African women, Hotel Equatoria, Kampala, 16-19 November 1998.
- Petchesky, Rosalind. P. (2000) Human Rights, Reproductive Health and Economic Justice: Why they are Indivisible. In, *Reproductive Health Matters*, May 2000, 8, 15, 12-17.
- Peters, J. and Wolper, A. (1995) *Women's Rights Human Rights: International Feminist Perspectives*. New York, Routledge.

- Pettman, J.J. (1996) Boundary Politics: Women, Nationalism and Danger, in M. Maynard and J. Purvis (Eds.) *New Frontiers in Women's Studies: Knowledge, Identity and Nationalism*. London: Taylor and Francis.
- Petty, Celia. and Jareg, Elizabeth. (1998) Conflict, Poverty and Family Separation: the problem of Institutional Care. In, Patrick Bracken and Celia Petty (Eds.) *Rethinking the Trauma of War*. Save the Children. Free Association Books Ltd.
- Pidgeon, Nick. (1996) Grounded theory: theoretical background. In, *Handbook of Qualitative Research Methods: for psychology and the social sciences*. John T.E. Richardson (Ed.) The British Psychological Society. Leicester. UK.
- Pidgeon, Nick. and Henwood, Karen. (1996) Grounded theory: practical implementation. In, *Handbook of Qualitative Research Methods for psychology and the social sciences*. John T.E. Richardson (Ed.) The British Psychological Society. Leicester.
- Pierson, Ruth Roach. (1987) Did Your Mother Wear Army Boots? Feminist Theory and Women's Relation to War, Peace and Revolution. In, S. Macdonald. P. Holden. and S. Ardener (Eds.) *Images of Women in Peace and War: Cross-Cultural and Historical Perspectives*. The University of Wisconsin Press.
- Pillay, A. (2000) Coalition-building for peace in Africa. *Agenda*, 43, 32-35.
- Plath Sylvia. (1966) Daddy. In Alvin H. Rosenfield (Ed.) *The Problematics of the Holocaust Literature*.
- Potash, Betty. (1995) Women in the Changing African Family. In *African Women South of the Sahara*. Margaret Jean Hay and Sharon Sticher (Ed.) 69-72. New York: Longman.
- Press release. (1987) *Obote: Massacres and the Reign of Terror in Uganda*. Lusaka, Zambia, November 1987, 6-7.
- Price, J. (1978) Some age-related effects on the Brisbane floods. *Australian and New Zealand Journal of Psychiatry*, 12, 55-58.
- Priel, B., Rabinowitz, B. and Pels, R. (1991) A semiotic perspective on chronic pain: implications for the interaction between patient and physician, *British Journal of Medical Psychology*, 64, 65-71.
- Prosecutor v. Furundzija*. (1995) Case no: IT-95-17/1. International Criminal Trial for Rwanda: Trial Chamber.
- Prosecutor v. Jean Paul Akayesu*. (1996) Case no ICTR-96-4-T. International Criminal Trial for Rwanda: Trial Chamber.
- Pullen, Elaine. (1999) *Feminism and Sociology*. University of Warwick: unpublished Ph.D. thesis.

- Punamaki, Raija-Leena. (1987) Psychological Stress Responses of Palestinian Mothers and Their Children in Conditions of Military Occupation and Political Violence. *The Quarterly Newsletter of the Laboratory of Comparative Human Cognition*, 9, 2, 76-84.
- Punamaki, Raija-Leena. (1989) Factors affecting the mental health of Palestinian children exposed to political violence. *International Journal of Mental Health*, 18, 63-79.
- Punamaki, Raija-Leena. (1990) Relationships between Political Violence and Psychological Responses among Palestinian Women. *Journal of Peace Research*, 27, 1, 75-85.
- Pupavac, Vanessa. (2004) Psychosocial Intervention And The Demoralisation of Humanitarianism. In, *Journal of Biosocial Science*, 36, 491-504. Cambridge University Press.
- Pye-Smith, C., Borrini-Feyerabend, G., and Sandbrook, R. (1994) *The Wealth of Communities: Stories of Success*. In Local Environment Management Earthscan Publications.
- Rai, Shirin and Lievesey, Geraldine. (1996) *Women and the State: International Perspectives*. London: Taylor and Francis.
- Randall, Margaret. (1981) *Sandino's Daughters*. Vancouver. New Star Books.
- Randall, Margaret. (1987) Let Us Move On, in, *This is About Incest*. Ithaca, New York. Firebrand Books.
- Randall, Vicky (1998) Gender and Power: Women engage in the State. In V.Randall and G.Waylan (Ed.) *Gender, Politics and the State*. Routledge. London and New York.
- Raphael, B. (1986) *When disaster strikes*. London: Hutchinson.
- Rasekh, Zohra., Bauer, Heidi, M., Manos, Michele, M. and Iacopino, Vincent. (1998) Women's Health and Human Rights in Afghanistan. *Journal of American Medical Association*, 280, 5, 449-455.
- Reinharz, S. (1992) *Feminist Methods in Social Research*. New York: Oxford University Press.
- Reissman, Catherine Kohler. (1990) Strategic uses of Narratives in the Presentation of Self and Illness: A Research Note. *Social Science and Medicine*, 30, 11, 1195-1200.
- Reissman, Catherine Kohler. (1991) When gender is not enough: women interviewing women. In Judith Lorber and Susan Farrell (Eds.) *The Social Construction of Gender*. London: Sage.
- Rejali, D.M. (1998) 'After feminist analyses of Bosnian violence'. In L.A. Lorentzen and J. Turpin (Eds.) *The Women and War Reader*. New York University Press. New York.

- Renzetti, Claire M. and Lee, Raymond, M. (1993) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Reynolds, David.K. (1980) *The Quiet Therapies: Japanese Pathways to Personal Growth*. The University Press of Hawaii. Honolulu.
- Ribbens, J. (1989) Interviewing - an 'unnatural' situation? *Women's Studies International Forum*, 12, 6, 579-592.
- Rich, Adrienne. (1986) Blood, Bread and Poetry: The Location of the Poet. In *Blood, Bread and Poetry: Selected Prose, 1979-1985*. New York: Norton.
- Richters, Annemiek. (1994) *Women, Culture and Violence- A Development, Health and Human Rights Issue*. Leiden: VENA.
- Richters, Annemiek. (1995) *Conflict and mental health in Bosnia-Herzegovina. Theoretical and Practical reflections*. Conference paper, International Conference on Mental Health in the State of Kuwait, 1-4 April 1995.
- Richters, Annemiek. (1998) Sexual Violence in Wartime. Psychosocial Wounds and the Healing Processes: the examples of the Former Yugoslavia. In, Patrick Bracken and Celia Petty (Eds.) *Rethinking the Trauma of War*. Save the Children. Free Association Books. London. New York.
- Ridd, Rosemary. (1983) Where Women must dominate: Response to Oppression in South African Urban Community. In *Women and Space: Ground Rules and Social Maps*, Shirley Ardener (Ed.), 183-199. Oxford, UK: Berg Publishers.
- Ringelheim, Joan. (1997) Genocide and Gender: A Split Memory. In, Ronit Lentin (Ed.) *Gender & Catastrophe*. Zed Books. London and New York.
- Rist, R.C. (1994) Influencing the policy process with qualitative research. In *Handbook of Qualitative Research*, N.K.Denzin and Y.S. Lincoln (Eds.), 545-557, Sage Publications, Newbury Park, California.
- Roberts, A.D. (1962) The Lost Counties of Bunyoro. *Uganda Journal* 26, 2, 194-199.
- Robson, Colin. (1993) *Real World Research: A Resource for Social Scientists and Practitioner-Researchers*. 2nd Edition. Blackwell publishers. Oxford, UK and Cambridge, USA.
- Roe, Michael. D. (1992) *Displaced Women in Settings of Continuing Armed Conflict*. The Haworth Press, Inc, 89-104.
- Rogers, L. (2003) How tragedy changed lives for the better. *Sunday Times*. 16th March. 14.

- Rosenthal, Gabriel. (1998) *Experiences and Reflections in Working with Traumatized Women in War and Crisis Area: The Effects of Trauma on Different Generation Families of the Shoah Survivors*. Paper presented at the consultative meeting on Gender, Leadership and Trauma Management for African Women, Hotel Equatoria, Kampala, Uganda.
- Rowbotham, S. (1992) *Women in Movement: Feminism and Social Action*. Routledge. London.
- Royte, E. (1997) The Outcasts, *The New York Times Magazine*, 19th January.
- Rozario, Santi. (1992) *Purity and Communal Boundaries: Women and social change in a Bangladeshi village*. Zed Books. London and New Jersey.
- Rozario, Santi. (1997) 'Disasters' and Bangladeshi Women. In, Ronit Lentin (Ed.) *Gender & Catastrophe*. Zed Books. London and New York.
- Rozee, Patricia, D. and Van Boemel, Gretchen. (1989) The Psychological Effects of War Trauma and Abuse on Older Cambodian Refugee Women. In *Women and Therapy*, 8, 4, 23-50.
- Rubin, L. (1976) *Worlds of pain: Life in the working-class family*. New York: Basic Books.
- Rupesinghe, Kumar. (1989) *Conflict Resolution in Uganda*. International Peace Research Institute, Oslo in association with James Currey London and Ohio University Press.
- Rutter, M. (1985) Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598-611.
- Ryan, S.D. (1971) 'Uganda: A Balance Sheet of the Revolution'. *Mawzo* 2, no. 1, June 37-64.
- Sabalic, Ines. and Seifert, Ruth. (1993) *Nirgends erwdhnt – doch uberall geschehen Munich: Gleichstellungsstelle (Equal Rights Office for Women) of the City of Munich*.
- Sabri, Wa'el and McGee, Patrick (1999) Refugees and HIV/AIDS, in *Health and Human Rights: Refugee Health an Issue for Action*. M.Cunningham, E. Harris. and E. Comino (Eds.) School of Community Medicine, University of New South Wales and Centre for Health Equity, Training, Research and Evaluation, Sydney, Australia.
- Sacks, Karen. (1982) *Sisters and Wives: The Past and Future of Sexual Equality*. Urbana: University of Illinois Press.
- Said, Edward. W. (1978) *Orientalism*. New York: Pantheon.
- Said, Edward.W. (1989) Representing the Colonized Anthropologys Interlocutors. *Critical Inquiry*, 14: 205-25.

- Said, Edward. (2003) 'Always on Top'. Review of Catherine Hall (Ed.). *Civilising Subjects: Metropole and Colony in the English Imagination 1830-1867*. In, *London Review of Books*, 20th March 2003, 3-6.
- Sancho, Nelia. (1997) The 'Comfort Women' System during World War 11: Asian Women as Targets of Mass Rape and Sexual Slavery by Japan. In Ronit Lenin (Ed.) *Gender & Catastrophe*. Zed Books, London and New York.
- Save the Children. (1998) In, P.J. Bracken and C. Petty (Eds.) *Rethinking the Trauma of War*. Free Association Books. London.
- Scarry, Elaine. (1985) *The Body in Pain: The Making and Unmaking of the World*. Oxford University Press. New York. Oxford.
- Schiller, Laurence. D. (1990) The Royal Women of Buganda. *International Journal of African Historical Studies*, 23, 3, 455-473.
- Schwartz, L. and Levett, A. (1989) Political repression and children in South Africa: The social construction of damaging effects. *Social Science and Medicine*, 28, 741-750.
- Scott, Joan W. (1989) Gender: A Useful Category of Historical Analysis, in Elizabeth Weed (Ed.) *Coming to Terms: Feminism, Theory and Politics*. New York: Routledge, 99.
- Scott, Joan. (1992) Experience, in Judith Butler and Joan W. Scott (Eds.) *Feminists Theorise the Political*, Routledge.
- Scott, Ellen. and Bindi Shah. (1993) 'Future Projects/Future Theorizing in Feminist Field Research Methods: Commentary on Panel Discussion.' *Frontiers: A Journal of Women Studies*, 8, 3, 90-103.
- Scott, Penelope. (1999) Black people's health: ethnic status and research issues. In S.Hood, B. Mayall and S.Oliver (Eds.) *Critical Issues in Social Research: Power and Prejudice*. Open University Press. Buckingham. Philadelphia.
- Sculley, D. (1990) *Understanding sexual violence: A study of convicted rapists*. Boston: Unwin Hyman.
- Secundy, Marian Gray. (1995) Ethical Issues in Research. In Diane L. Adams (Ed.) *Health Issues for Women of Color: A Cultural Diversity Perspective*. Sage Publications.
- Seifert, Ruth. (1994) War and Rape: A Preliminary Analysis, in Alexandra Stigmayer (Ed.), *Mass Rape: The War Against Women in Bosnia-Herzegovina*, University of Nebraska Press. Lincoln and London.
- Seifert, Ruth. (1996) The second front: the logic of sexual violence during wars. *Women's Studies International Forum*, 19, 1/ 2, 35-43.
- Sen, G., and Grown, C. (1987) *Development crises, and alternative visions: Third World Women's Perspectives*. New York: Monthly Review Press.

- Sen, Amartya. (1990) More Than 100 Million Women are Missing, *The New York Review of Books*, December 20.
- Sen, P. (1998) Domestic Violence, Deportation and Women's Resistance: Notes on Managing Intersectionality. *Development in Practice*, Oxfam, UK, November 1998.
- Shanklin, Eugenia. (1990) Anlu Remembered: The Kom Women's Rebellion of 1958-1961. *Dialectical Anthropology*, 15, 159-181.
- Shanks, Leslie, and Schull, Michael. J. (2000) Rape in war: the humanitarian response. *Journal of the Canadian Medical Association*, 163, 9, 1152-1156. Canadian Medical Association.
- Shepard, B. (2000) *A War of Nerves: Soldiers and Psychiatrists 1914-1994*. Harvard University Press. Cambridge. MA.
- Shepherd, Judith. (1992) Post-Traumatic Stress Disorder in Vietnamese Women. In *Women and Therapy*, 13, 3, 281-296. The Haworth Press.
- Shepherd, B. (2000) *War of Nerves: Soldiers and Psychiatrists 1914-1994*. Jonathan Cape. London.
- Sherry, J. (2000) Quoted in B. Gellman. (Ed.) The belated global response to AIDS in Africa. *Washington Post*, 5 July: A01.
- Shikola, Teckla. (1998) We left our shoes behind. In, M. Turshen and C. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.
- Short, Stephanie (1997) On the tension between individual health rights and public health responsibilities. *Australian and New Zealand Journal of Public Health*, 21, 3, 246-7.
- Short, Stephanie. (1999) Human Rights: A New Paradigm for Health. In, Cunningham, Margaret., Harris, Elizabeth. and Comino, Elizabeth (Eds.) *Health and Human Rights: Refugee Health An Issue for Action: Proceedings of the First National Symposium 4-5 May 1998*. School of Community Medicine, University of New South Wales and Centre for Health Equity, Training, Research and Evaluation (CHETRE), Australia, 1999.
- Sideris, Tina. (1999) *Violation and healing of the spirit: Psycho-social responses to war of Mozambican women refugees*. Unpublished thesis submitted for the requirements of the degree of Doctor of Literature and Philosophy in Psychology at the Rand Afrikaans University.
- Sideris, Tina. (2000) *Women, War and Survival - Cultural and Social Factors*. Paper prepared for the 3rd Human Resources Development Partnership Workshop of the Rehabilitation and Research Centre for Torture Victims held in Dhaka, Bangladesh 25-30 September 2000.

- Sideris, Tina. (2003) War, gender and culture: Mozambican women refugees. *Social Science & Medicine*, 56, 4, 713-724.
- Sieber, Joan.E., and Stanley, B. (1988) Ethical and professional dimensions of socially sensitive research. *American Psychologist*, 42, 735-741.
- Sieber, Joan E. (1993) The Ethics and Politics of Sensitive Research. In Claire M. Renzetti and Raymond M Lee (Eds.) *Researching Sensitive Topics*. Sage Publications. Newbury Park, London. New Delhi.
- Silard, Kathy. (1994) Helping Women to Help Themselves: Counselling Against Domestic Violence in Australia. In, *Women and Violence: Realities and Responses Worldwide*. Miranda Davies (Ed.). Zed Books Ltd. London and New York.
- Simpson, Michael. A. (1995) What Went Wrong? Diagnostic and Ethical problems in Dealing with the Effects of Torture and Repression in South Africa. In *Beyond Trauma: Cultural and Societal Dynamics*. Rolf. J. Kleber, Charles. R. Figley and Berthold. P.R. Gersons (Eds.). New York. Plenum Press.
- Sinister Wisdom Collective. (1990) Editorial. *Sinister Wisdom*, 42, 4, 1-6.
- Sluka, J.A. (1990) Participant observation in violent social contexts. *Human Organization*, 49, 114-126.
- Smart, Carol. (1984) *The Ties That Bind*. London. Routledge.
- Smart, Carol. (1989) *Feminism and the Power of the Law*. Routledge.
- Smart, Carol. (1990) Law's Power, the Sexed Body and Feminist Discourse. *Journal of Law and Society*, 17, 2: 194-210.
- Smith, D.E. (1987) *The Everyday World as Problematic: A Feminist Sociology*. Boston: Northeastern University Press.
- Smithson, P. (1993) *Financial Constraints to Health Sector Sustainability in Uganda*. SCF.
- Snider, Leslie., Cabrejos, Claudio., Marquina, Edith Huayllasco., Trujillo, Juan Jose., Avery, Alexis. and Aguilar, Homero Ango. (2004) Psychosocial Assessment for Victims of Violence in Peru: The Importance of Local Participation. *Journal of Biosocial Science*, 36, 389-400. Cambridge University Press.
- Snyder, Margaret. (2002) Women's Agency in the Economy: Business and Investment Patterns. In, Aili Mari Tripp and Joy C. Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.
- Social Economic Survey. (2000) Luwero District Population by Sub-County. Report compiled by the District Headquarters, Luwero.

Solomon, Z., Mikulincer, M., and Kotler, M. (1987) A two year follow-up of somatic complaints among Israeli combat stress reaction casualties. *Journal of Psychosomatic Research*, 31, 463-469.

Solouriac, A., Cahn, J. and Charpentier, J. (1968) *Pain*, London: Academic Press.

Somalia Country Report. (1995) Report for the Fourth World Conference on Women. Mimeo. Beijing, People's Republic of China. September 1995.

Stacey, Judith. (1988) Can there be a feminist ethnography? *Women's Studies International Forum*, 11, 1, 21-27.

Stacey, Jackie. (1994) *Star Gazing. Hollywood Cinema and Female Spectatorship*. London: Routledge.

Stanko, Elizabeth Anne. (1985) Would You believe this Woman? Prosecutorial Screening for Credible Witnesses and a Problem of Justice. In *Judge, Lawyer, Victim, Thief: Women, Gender Roles and Criminal Justice*. Nicole Hahn Rafter and Elizabeth Anne Stanko (Eds.) 63-82. Boston: Northeastern University.

Stanko, Elizabeth. (1994) Dancing with denial: researching women and questioning men. In, Mary Maynard and June Purvis (Eds.) *Researching Women's Lives from a Feminist Perspective*. London: Taylor and Francis.

Stanley, L., and Wise, S. (1983) Back into the personal or: Our attempt to construct feminist research. In G. Bowles and R. Duelli Klein (Eds.), *Theories of Women's Studies*. London: Routledge and Kegan Paul.

STD/AIDS Control Programme. (1993) *HIV/AIDS Surveillance Report, December 1993*. Ministry of Health. STD/AIDS Control Programme.

Steiner, Henry.J. and Alston, Philip. (1996) *International Human Rights in Context: Law, Politics, Morals*. Oxford University Press.

Stephen, Lynn. (1994) *Hear My Testimony; Maria Teresa Tula, Human Rights Activist of El Salvador*, Boston: South End Press.

Stewart, Ann. (1996) Should African women give up on the state? The African experience, in Shirin.M.Rai and Geraldine.Lievesley (Eds.), *Women and the State: International Perspectives*. Taylor and Francis. London.

Stiglmayer, Alexandra. (1994) *Mass Rape: The War against Women in Bosnia-Herzegovina*. Lincoln: University of Nebraska Press.

Stover, E. and Nightingale, E.O. (1985) *The Breaking of Bodies and Minds*. New York. W.H. Freeman.

Strum, Philippa. (1992) *The Women are Marching: The Second Sex and the Palestinian Revolution*. New York: Lawrence Hill Books.

- Suleiman Susan Rubin. (1986) *The Female Body in Western Culture: Contemporary Perspectives*. Cambridge: Harvard University Press.
- Summerfield, Derek. and Toser Leslie. (1991) Low Intensity War and Mental Trauma in Nicaragua: A Study in a Rural Community. *Medicine and War*, 7, 84-99.
- Summerfield, Derek. (1995) 'Addressing Human Response to War and Atrocity: Major Challenges in Research and Practices and the Limitations of Western Psychiatric Models', in *Beyond Trauma*, R. Kleber, C. Figley, and B. Gersons (Eds.). Plenum Press. New York.
- Summerfield, Derek. (1997) Trauma is a dangerous label for a normal reaction. Challenging Western Wisdom. *Recovery*, Jan/Feb, 1, 9-10.
- Summerfield, Derek. (1998) The Social Experience of War and Some Issues for the Humanitarian Field. In, Patrick Bracken and Celia Petty (Eds.) *Rethinking the Trauma of War*. Save the Children. Free Association Books Ltd.
- Summerfield, Derek. (1999) A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science and Medicine*, 48, 10, 1449-1462.
- Sutker, Patricia, B., Davis, John Mark., Uddo, Madeline., and Ditta, Shelly, R. (1995) Assessment of Psychological Distress in Persian Gulf Troops: Ethnicity and Gender Comparisons. *Journal of Personality Assessment*, 64, 3, 415-427.
- Sveaass, N. and Axelsen, E. (1994) Psychotherapeutic interventions with women exposed to sexual violence in political detention: A presentation of two therapies. *Nordisk Sexologi*, 12, 13-28.
- Swiss, Shana. and Giller, Joan E. (1993) Rape as a crime of war: a medical perspective. *Journal of American Medical Association*, 270, 5, 612-615.
- Tal, Kali. (1996) *Worlds of Hurt: Reading the literatures of Trauma*. Cambridge University Press.
- Tamale, Sylvia. (1999a) *When Hens Begin to Crow: Gender and Parliamentary Politics in Uganda*. Boulder: Westview Press and Kampala: Fountain publishers.
- Tamale, Sylvia (1999b) cited in *When Rights are Wronged: Gender-Based Violence & Human Rights in Africa*. Paper presented by Bernedette Muthien and Helene Combrinck at the African Women's Sexual and Reproductive Health and Rights Conference: Prosperity Through Empowerment, Johannesburg, February 4th-7th, 2003.
- Taylor, J. and Stewart, S. (1991) *Sexual and Domestic Violence: Help, Recovery and Action in Zimbabwe*. Published by A. Von Glenn and J. Taylor in collaboration with Women in Law in Southern Africa, Harare.
- Terr, L.C. (1991) Childhood Traumas: An Outline and Overview, *American Journal of Psychiatry*, 148, 10-20.

The Oxfam Gender Training Manual. (1994) Suzanne Williams, Janet Seed and Adelina Mwau (Eds.). Handout 66. Uganda Case Study. Oxfam. UK and Ireland.

The Republic of Uganda. (1988) *First Health Project: Staff Appraisal Report 7203-UG*, Population and Resources Division, Eastern Africa Department. World Bank, Washington.

Thomas, D.Q. and Ralph, R. (1994) Rape in War: Challenging the Tradition of Impunity. *SAIS Review*, Winter-Spring, 81-99.

Thompson, E.P. (1980) *The Making of the English Working Class*. Harmondsworth: Penguin.

Thorogood, N. (1987) Race, class and gender: The politics of housework. In J. Brannen and G.Wilson (Eds.), *Give and take in families: Studies in resource distribution*. London: Allen and Unwin.

Tillion, Germaine. (1975) *Ravensbruk*. New York: Doubleday.

Tinkasiimire, Therese Sister. (2002) Women's Contributions to Religious Institutions in Uganda (1962-2001). In Aili Mari Tripp and Joy C. Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.

Tripp, Aili Mari. (2000) *Women & Politics in Uganda*. Madison: University of Wisconsin Press; James Currey, Oxford and Fountain publishers, Kampala.

Tripp, Aili Mari. (2002) Introduction: A New Generation of Women's Mobilisation in Uganda. In, Aili Mari Tripp and Joy C. Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.

Tripp, Aili.Mari. and Kwesiga, Joy.C. (2002) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.

Tripp, Aili Mari and Ntiro, Sarah. (2002) Women's Activism in Colonial Uganda. In, Aili Mari Tripp and Joy C. Kwesiga (Eds.) *The Women's Movement in Uganda: History, Challenges and prospects*. Fountain publishers. Kampala, Uganda.

Tumushabe, Joseph. (2002) *Beneath the Gunfire: an assessment of the effects of war on women's rights in Uganda*. . Paper presented at the Women's Worlds 2002: The 8th International Interdisciplinary Congress on Women Makerere University, Kampala, Uganda, July 21-26th 2002.

Tumwine, S. (1985) The Progress of the War and the Balance of the Belligerent Forces. *Uganda Resistance News*, 3, 2, March 1985.

Turner, S. (1989) Working with Survivors. *Bulletin of the Royal College of Psychiatrists*, 13, 173-176.

- Turner, S.W. (1992) Therapeutic work with Survivors of Torture. In, *Intercultural Therapy: Themes, Interpretation and Practice*. Jafar Kareem and Roland Littlewood (Eds.) Blackwell Science Ltd. Oxford.
- Turner, S.W. and Gorst-Unsworth, C. (1993) Psychological Sequellae of Torture, in *International Handbook of Traumatic Stress Syndromes*, John P. Wilson and Beverley Raphael (Eds.). Plenum Press, New York.
- Turner, S.W. and McIvor, R. (1997) Torture. In, Black, Dora., Newman, Martin., Harris-Hendriks, Jean. and Mezey, Gillian. (1997) *Psychological Trauma: A Developmental Approach*. Gaskell. The Royal College of Psychiatrists.
- Turpin, Jennifer. and Lorentzen, Lois Ann. (1996) *The Gendered New World Order: Militarism, Development and the Environment*. Routledge. New York.
- Turshen, M. (Ed.) (1991) *Women and Health in Africa*, Trenton, NJ: Africa World Press.
- Turshen, M. (1992), US Aid to AIDS in Africa, *Review of African Political Economy*, 55, 95-100.
- Turshen, Meredith. (1998) Women's War Stories, In, Meredith Turshen and Clotilde. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.
- Turshen, Meredith and Twagiramariya, Clotilde. (1998) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.
- Turshen, Meredith. and Alidou, Ousseina. (2000) Africa: Women in the aftermath of civil war. *Race & Class*, 41, 4, 81-99.
- Twaddle, Michael. (1988) Museveni's Uganda: notes towards an analysis. In, Holger Bernt Hansen and Michael Twaddle (1988) *Uganda Now: Between Decay and Development*. James Currey, London.
- Twagiramariya, Clotilde and Turshen, Meredith. (1998) Favours to Give Consenting Victims The Sexual Politics of Survival in Rwanda. In, Meredith Turshen and Clotilde. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.
- Uganda Country Report. (1984) *Washington Post*, 10th August 1984. In, A.B.K.Kasozi (Ed.) (1994) *The Social Origins of Violence in Uganda, 1964-1985*. Fountain publishers Ltd. Kampala, Uganda.
- Uganda Digest. (1984) Speech given by Obote at Soroti 'Some Policy Revelations,' 11 April 1984, 4, 8, 20.
- Uganda Resistance News*. (1985a) 3, 2, March/April 1985, 6.
- Uganda Resistance News*. (1985b) 3, August 1985, 1.

UNICEF. (1990) *Economic Crisis, Adjustment, and the Bamako Initiative: Health Care-Financing in the Economic Context of sub-Saharan Africa. Bamako Initiative Technical Report-Background Document for the Pan-African Conference on Community Financing in Primary Health Care*, Kinshasa, Zaire, June 1990.

United Nations (1989) *Violence against Women in the Family*. Vienna Centre for Social Development and Humanitarian Affairs.

United Nations (1991) *The World's Women 1970-1990: Trends and Statistics*. Social Statistics and Indicators Series K, No.8, New York: United Nations Department of Discrimination on Health and Social Affairs.

United Nations. (1993) *Report on the Situation of Human Rights in the Territory of the Former Yugoslavia*. Geneva, Switzerland. United Nations document E/CN.4/1993/50.

United Nations (1998) *Women 2000: Sexual violence and armed conflict: United Nations Response*. United Nations. Division for the Advancement of Women. Department of Economic and Social Affairs.

United Nations (2001) *Integration of the Human Rights of Women and the Gender perspective. Violence against women*. Report of the Special Rapporteur on violence against women its causes and consequences, Ms. Radhika Coomaraswamy, submitted in accordance with Commission on Human Rights resolution 2000/45. Economic and Social Council Commission on Human Rights. GE. 01-10444 (E).

United Nations High Commission for Refugees. (1995) *Sexual Violence against Refugees, Guidelines on prevention and response*. Geneva. United Nations.

United Nations High Commissioner for Refugees. (1999) *Reproductive Health in Refugee Situations: An Inter-agency Field Manual*. World Health Organisation, United Nations Fund for Population Activities and United Nations High Commissioner for Refugees.

U.S. State Department. (1996) 1989-1997 Annual Reports to the Committee on Foreign Affairs. U.S. House of Representatives and Committee on Foreign Relations. U.S. Senate, Country Reports on Human Rights, 1989-1997. Washington DC. U.S. State Department.

Valentich, M. (1994) Rape Revisited: Sexual Violence Against Women in the Former Yugoslavia. *Canadian Journal of Human Sexuality*, 3. 1. Spring, 53-64.

Veterans Administration. (1986) *Selected Bibliography 2: Post-Traumatic Stress Disorder with Special Attention to Vietnam Veterans*. Revision 25. Phoenix: VA Medical Centre, 16th January 1986.

Vincent, Joan. (1988) Abiding Women: Sexuality and Control in Modern Teso. In M. Diaz, R. Randolph and D. Schneider (Eds.) *Dialectics and Gender: Anthropological Approaches*. London: Westview.

Vincent, Joan. and Bond, George, C. (1989) *Living on the Edge: Structural Adjustment in the Context of AIDS*. A paper given at the Lyngby Landbrugsskole conference on Uganda, Denmark, 20-23 September 1989.

Vincent, Joan. (1993) *Personal communication to Jo de Berry*. In, Jo de Berry. (2000) *Coping with the Consequences of Violence: The Sexual Vulnerability of Young Women in Teso Uganda*. Paper is a version of an earlier presentation given at the conference Dimensions of Vulnerability. Research funded by the Economic and Social Research Council and by the Diana, Princess of Wales Memorial Fund.

Volman, Daniel. (1998) The Militarisation of Africa. In, M. Turshen and C. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.

Wachira, A. (1984) Interview 21st and 26th January 1984. In, Kanogo, Tabitha.M.J. (1987) Kikuyu women and the politics of protest: Mau Mau. In, S. MacDonald P. Holden and S.Ardener (Eds.) *Images of Women in Peace and War: Cross-Cultural and Historical Perspectives*. The University of Wisconsin Press.

Walby, Sylvia. (1986) *Patriarchy at Work*. Minneapolis: University of Minnesota Press.

Walker, L.E. (1979) *The Battered Woman*. New York. Harper and Row.

Walker, L.E. (1989) Psychology and violence against women. *American Psychologist*, 44, 4, 695-702.

Walt, Gillian and Melamed, Angela. (1984) *Mozambique: Towards a People's Health Service*. Third World Studies. Zed Books Ltd.

Walt, Gillian. (1994) *Health Policy: An Introduction to Process and Power. People, governments and international agencies – who drives policy and how it is made*. Witwatersrand University Press. Johannesburg. Zed Books. London and New Jersey.

Warren, Carol, A.B. (1988) *Gender Issues in Field Research. Qualitative Research Methods Series, 9*. A Sage University Paper. Sage Publications Inc. California.

Washington Post. (1984) 5th and 10th August 1984.

Watts, Charlotte and Zimmerman, Cathy. (2002) Violence against women: global scope and magnitude. *The Lancet*.

Waysman, M., Schwarzwald, J. and Solomon, Z. (2001) Hardiness: an examination of its relationship with positive and negative long terms changes following trauma. *Journal of Traumatic Stress*. 14, 3, 531-548.

Weatherby, J.M. (1962) Inter-Tribal Warfare on Mt.Elgon in the Nineteenth and the Twentieth Centuries. *Uganda Journal*, 26, 2, 200-214.

- Weinstein, E and Lira, E. (1987) 'La Tortura' (The Torture), in E. Weinstein, E.Lira and M.E. Rojas, et al. (Eds.) *Trauma, Duelo y Reparacion. Una Experiencia de Trabajo Psicosocial en Chile. (Trauma, Mourning and Reparation, Experiences from Psychosocial Work in Chile)*, 33-91. Fasic/Interamericana, Santiago, Chile.
- Welbourne, A. (1990) *Report on the Social and Economic Dimensions of Ill Health among Uganda Households*. Mimeo report submitted to the British Development Division for Eastern Africa, Overseas Development Administration.
- West, Lois. A. (1997) *Feminist Nationalism*. Routledge. New York. London.
- White, Carolyn Day. (1973) *The Role of Women as an Interest Group in the Ugandan Political System*. MA Makerere University.
- Wilford, Rick. and Miller, Robert, L. (1998) *Women, Ethnicity and Nationalism: The Politics of Transition*. Routledge. New York.
- Williams, S., Seed, J. and Mwau, A. (1994) *Oxfam Gender Training Manual*. Oxfam. Oxford.
- Wilson, J.P. and Lindy, J.D. (1994) *Countertransference in the treatment of PTSD*. New York: Guildford Press.
- Wipper, Audrey. (1995) Women's Voluntary Associations. In *African Women South of the Sahara*. Margaret Jean Hay and Sharon Sticher (Eds.), 164-186. New York: Longman.
- Wise, Sue. and Stanley, Liz. (1993) *Breaking out Again*. London: Routledge.
- Wisecchild, Louise. (1988) *The Obsidian Mirror: An Adult Healing from Incest*. Seattle. Seal.
- Wolf, Diane.L. (1996) *Feminist Dilemmas in Fieldwork*. Westview Press.
- Women's Commission of the Human Rights League of Chad. (1998) Women Denounce Their Treatment in Chad. In, M. Turshen and C. Twagiramariya (Eds.) *What Women Do in Wartime: Gender and Conflict in Africa*. Zed Books Ltd.
- Woodward, Claire. and Joseph, Stephen. (2003) Positive change processes and post-traumatic growth in survivors of childhood abuse: Understanding vehicles of change. *Psychology and Psychotherapy: Theory, Research and Practice*, 76, 267-283.
- World Bank. (1991) *World Development Report 1990: Poverty*. New York: Oxford University Press.
- World Bank. (1993a) *World Development Report 1993: Investing in Health*. Oxford University Press. New York.
- World Bank. (1993b) *Uganda: Growing out of Poverty*. World Bank.
- World Health Organisation. (1985) *World Health Statistics Annual*. Geneva. WHO.

- World Health Organisation. (1996) *Global Commission on Women's Health to promote Health Security throughout the Life Span*. Geneva. WHO/32n. 22nd April.
- World Health Organisation. (1997) *Violence against Women. La violence contres les femmes*. Family and Reproductive Health. Women's Health and Development Programme. WHO, Geneva.
- World Health Organisation. (2003) *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Uganda*. Updated on 20th October 2003. UNAIDS. UNICEF. World Health Organisation.
- Yamey, Gavin. and Rankin, William. W. (2002) AIDS and global justice: Resources from the global AIDS fund must reach the poorest. *British Medical Journal: Global voices on the AIDS catastrophe*, 7331, 26th January 2002, 181-182.
- Yeary, J. (1982) Incest and chemical dependency. *Journal of Psychoactive Drugs*, 14, 133-135.
- Yin, Robert. K. (2003) *Case Study Research: Design and Methods. Third Edition. Applied Social Research Methods Series. Volume 5*. Sage Publications. Thousand Oaks, London and New Delhi.
- Young, Elise G. (1992) *Keepers of the History: Women and the Israeli-Palestinian Conflict*. New York: Teachers College Press, Athene Series.
- Young, Allan. (1995) *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Princeton University Press. Princeton. New Jersey.
- Yule, W., Hodgkinson, P., Joseph, S., Parkes, C.M. and Williams, R. (1990) The Herald of Free Enterprise: 30 months follow up. Paper presented at the second European Conference on Traumatic Stress, Netherlands, 23-27 September 1990.
- Yule, William. (1999) *Post-Traumatic Stress Disorders: Concepts and Therapy*. John Wiley and Sons.
- Yuval-Davis, Nira. (1985) Front and rear: the sexual division of labour in the Israeli army. *Feminist Studies*, 11, 3, 649-676.
- Yuval-Davis, Nira. (1989) National reproduction and 'The Demographic Race' in Israel in Nira Yuval-Davis and Floya Anthias (Eds.) *Woman-Nation-State*, London, Macmillan.
- Yuval-Davis, Nira. (1997) *Gender & Nation*. Sage publications. London. Thousand Oaks. New Delhi.
- Yuval-Davis, Nira. (1998) Gender and Nation. In, Rick Wilford and Robert L. Miller (Eds.) *Women, Ethnicity and Nationalism: The Politics of Transition*. Routledge. New York.
- Yuval-Davis, Nira. and Anthias, Floya. (Eds.) (1989) *Woman-Nation-State*, London, Macmillan.

Zajovic, Stasa. (1993) '*Cleansing*', unpublished paper. Women in Black, Belgrade.

Zajovic, Stasa. (1994) Women and Ethnic Cleansing. In, *Women against Fundamentalism*, 5, 1, 36. London. Translated by Cynthia Cockburn.

Zaman, Habiba. (1999) Violence against Women in Bangladesh: Issues and Responses. *Women's Studies International Forum*, 22, 1, 37-48.

Zur, Judith. (1977) Reconstructing the Self through Memories of Violence among Mayan Indian War Widows. In, Ronit Lentin (Ed.) *Gender & Catastrophe*. Zed Books. London and New York.

Zwi, Anthony, B. and Ugalde, A. (1989) Towards an epidemiology of political violence in the Third World. *Social Science and Medicine*, 28, 633.

