

# The Effect of the Lord's Resistance Army's Violence on Victims from Northern Uganda in *Prosecutor v. Dominic Ongwen*

A Feinstein International Center Report presented as evidence at the International Criminal Court trial of former Lord's Resistance Army commander, Dominic Ongwen 

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## List of Acronyms

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|      |  |
|------|--|
| AYPA | African Youth Psychosocial Assessment  |
| DDG  | Digital Data Gathering                 |
| GoU  | Government of Uganda                   |
| GP   | General Population                     |
| ICC  | International Criminal Court           |
| IDP  | Internally Displaced Person            |
| LRA  | Lord's Resistance Army                 |
| LRV  | Legal Representatives for Victims      |
| PPS  | Probability Proportional to Size       |
| SLRC | Secure Livelihoods Research Consortium |
| VP   | Victim Population                      |

## Acknowledgements

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This study was conducted with the support of The Open Society Initiative for Eastern Africa. The study was conducted in collaboration with Victims' Support Initiative through the support of The Open Society Initiative for Eastern Africa. Tufts University, Feinstein International Center, and Victims' Support Initiative would like to acknowledge the contribution of the following individuals towards the completion of this study: Joseph Akwenu Manoba, Francisco Cox, Megan Hirst, Anushka Sehmi, James Mawiri, Sharon Nakandha, Listowel Atto, Priscilla Aling, Tom Dannenbaum and Anne Radday.

# I. Executive Summary

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In May 2018, this report was presented by the Feinstein International Center, Tufts University, as evidence at the International Criminal Court (ICC) trial of former Lord's Resistance Army (LRA) commander, Dominic Ongwen, in the case *Prosecutor V. Dominic Ongwen*. Ongwen has been charged with 70 counts of war crimes and crimes against humanity for his alleged role in attacks on civilians in four internally displaced persons (IDP) camps, Abok, Lukodi, Odek, and Pajule in northern Uganda. The research was commissioned by the Legal Representatives for Victims, which represent the 2,605 victims with status before the court in this case.

## Methods

The report presents findings from the Victimization Assessment survey carried out in February 2018 with a representative population-based sample of the victims of the LRA attacks on Abok, Lukodi and Odek. We compare this victim population to the general population of Acholi and Lango sub-regions who have *not* experienced any war crimes and crimes against humanity using data from the Secure Livelihoods Research Consortium (SLRC), Uganda survey. The SLRC survey data are representative of the entire population of Acholi and Lango sub-regions. The comparison between the general population of Acholi and Lango who are war-affected but have not experienced war crimes and crimes against humanity, with the victims in the case *Prosecutor V. Dominic Ongwen* gives us insight into how the alleged war crimes and crimes against humanity committed during the LRA attacks in Abok, Lukodi and Odek may have impacted the victims as individuals and their households, and what this means for their wellbeing and overall recovery.

## Key Findings

### War Crimes and Crimes Against Humanity Suffered

For each of the victims, we collected data on the experience of individual war crimes and crimes against humanity allegedly committed by the LRA in attacks carried out at camps for internally displaced people at Abok, Lukodi, and Odek. We collected information on: attacks directed against civilians; killing or wounding a person *hors de combat*; murder; attempted murder; enslavement; torture; rape; sexual slavery; forced pregnancy; sexual violence; other inhumane acts; conscription and use in hostilities of children under 15 years of age; pillaging; and destruction and appropriation of property.

Among the victim population, the three most commonly experienced crimes were i) 95% were present when the LRA carried the attacks on the camp; ii) 89% had their property destroyed or stolen by the LRA; and iii) 87% had a family member killed by the LRA during the attacks.

On average, respondents experienced 6.9 war crimes and crimes against humanity as a result of the LRA attacks. Even children, newborn to five years old at the time of the attack, experienced, on average, 4.7 war crimes and crimes against humanity. Respondents who were deprived of their liberty and forced to engage in acts of a sexual nature experienced 13 war crimes and crimes against humanity on average. This crime was experienced equally by both men (11 percent of respondents) and women (13 percent of respondents).

In comparison, data from the entire war-affected population of Acholi and Lango sub-regions show that over the 20+ years of the war, individuals in these regions experienced an average of 0.34 war crimes and crimes against humanity.

On average, each household in the victim population experienced 22 war crimes and crimes against humanity during the three attacks. This finding is remarkable when compared to the average household in Acholi and Lango, which experienced 2.3 war crimes and crimes against humanity over the course of the war.

## Psychosocial Effect

We find a significant relationship between the LRA attacks on the three IDP camps and impaired psychosocial functioning in both male and female respondents from those camps. Compared to men, women had significantly greater rates of depression, anxiety, and somatic complaints without medical causes. In particular, forced sexual acts and having a child while in LRA captivity resulted in increased impairment of the respondent compared to those respondents without such experiences.

## Physical Effect and Access to Resources

Two-thirds of the victims reported having a disability, and for half of them their disability “affects their ability to work a lot” or they “cannot work at all”. Disability affects both the victim and their household. Households affected by the attacks have, on average, two people with a disability. The high level of disability is partially reflected in the high dependency ratio: 70 percent of people affected by attacks are dependents. In other words, if a household has 10 members, 7 are dependents. This high dependency ratio makes it difficult for households to earn enough to support themselves and access the resources they need.

Compared to the general population in Acholi and Lango, it takes households that experienced the attacks significantly longer to reach a health clinic; they are significantly less likely to go to a clinic that has the services they need for routine and serious health problems; and they are significantly less likely find the necessary services and medication available in the clinics. Further, households who suffered the most war crimes and crimes against humanity have **the worst access** within the affected population. This difference in access and quality of services slows recovery.

## Asset Wealth

The victims of the attacks have significantly less household wealth and lower earning and income potential compared to the general population in the region.

## Food Security

Victims’ households have significantly greater food insecurity as compared to the general population in the region. Of all the variables, the number of disabled individuals has the greatest relationship with higher household food insecurity. Furthermore, victims who were deprived of their liberty and forced to engage in acts of a sexual nature have significantly worse food security than the victims who did not suffer this particular crime.

## Access to School

Boys and girls living in households affected by the attacks are significantly less likely to attend school every day compared to their same-sex peers in the region. Importantly, boys and girls of victims who had either been sexually assaulted or abducted during the attacks have significantly lower school enrollment and attendance. Only 29 percent of children living in a household of someone who was abducted during the attacks are enrolled in school. Notably, 0 percent of girls and 9 percent of boys who live in a household of a respondent who had been sexually assaulted during the attacks attend school every day.

The combination of the high numbers of war crimes and crimes against humanity committed by the LRA and the resulting physical injury and disability, poorer mental wellbeing, the stripping and destruction of their assets, and their reduced ability to carry out livelihoods has resulted in these households being unable to afford to enroll and keep their child attending school. Thus, we predict poor outcomes for their children’s education and human capacity development.

## Access to Potable Water

Access to clean water is important to prevent child illness and poor nutrition (e.g., stunting) associated with negative long-term cognitive and physical development. The victims have significantly less access to potable water compared to the general population of Acholi and Lango. Already high levels of stunting (32 percent) in northern Uganda combined with significantly lower levels of food security, education, access to health services, and potable water among the population affected by the attacks, leads us to predict poor future health and diminished physical and cognitive development among the children of the victim population.

## Access to Livelihoods and Social Protection Services

Fifty-seven percent of the victims' households are receiving livelihood services and 30 percent are receiving social protection services. However, respondents reported receiving one or less services a year. Given the needs highlighted above, this indicates the response is falling short of meeting their needs. Importantly, there is no correlation between the experience of war crimes and crimes against humanity and/or disability and receiving either social protection or livelihood services, or the number of services they receive. In fact, we found that many of the most vulnerable households are not receiving any services.

## Desire for Justice and Reparation

Victim participants have a strong desire for justice. For many, justice includes recognition of the wrongdoing committed against them, punishment for those found guilty, deterrence against future atrocities, and direct reparations. Respondents stressed the need for rehabilitation, therapeutic care, livelihood support, financial restitution and compensation, and educational provision for their household members.

## II. Report Objectives

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The objectives of this report are to:

- Document the physical, material and psychosocial effect of harm suffered by victims as a result of the crimes committed during attacks and abductions allegedly orchestrated by Dominic Ongwen.
- Assess the immediate and repercussive effects on the victims and their households.
- Determine the presence and possible impact of government and humanitarian agency services that have been undertaken to support victims and their households.
- Recommend appropriate responses to the various categories of victimization identified.

Throughout the report, when we use the term 'victim participant' or 'victim participant population' (VP) we mean the 2,605 victim participants with status before the court in the case *Prosecutor V. Dominic Ongwen*. When the report refers to 'the general population' (GP) it means the population statistics of respondent and/or households that come from the Secure Research Livelihoods Consortium (SLRC), Uganda survey that did not experience a war crime or crime against humanity.

## III. Background

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In early 2015, 2,605 living victims nominated two lawyers to represent them in the case against Dominic Ongwen, which is currently ongoing before the International Criminal Court (ICC). The Legal Representatives for Victims (LRV) were consequently appointed by the Court and later granted legal aid to support their case.

Following a January 2016 confirmation hearing, 70 charges were confirmed against Dominic Ongwen including attacks against the civilian population in Northern Uganda, murder, attempted murder, torture, cruel

treatment, enslavement, pillaging, destruction of property, persecution and other inhumane acts which were allegedly committed in four former IDP camps. The 2,605 clients who were granted the right to participate in this case were located in several villages and parishes near Odek, Abok and Lukodi trading centers.

Counsel representing victims have a duty to present the views and concerns of their clients at different stages of the proceedings, where the victims' personal interests are affected. This has to be done in a manner that is not prejudicial to or inconsistent with the rights of the accused and a fair and impartial trial. In this regard, during presentation of the victims' case, Counsel may call witnesses to testify. The LRV hired the services of a team of experts to conduct an independent, in-depth assessment of the victims' experiences before, during and after the attacks in issue. The assigned individuals present their findings in this report that they presented and defended before the Court as expert evidence.

## Profile of Research Team

**Teddy Atim**, was born and raised in northern Uganda and has worked as a practitioner and researcher in the region since 2001. Her research focuses on the effects of the more than two decades of conflict between the Government of Uganda and the Lord's Resistance Army (LRA) rebels in northern Uganda. She focuses on recovery from conflict looking at themes of: remedy and reparation, accountability for alleged war crimes and crimes against humanity, traditional justice mechanisms, gender and youth. She has carried out research and worked closely with local, national and international partners in Uganda, advising on the national transitional justice policy and national investigations into alleged war crimes and crimes against humanity committed during the war. She has also worked with donor groups to recommend and manage support for humanitarian aid, recovery, peace building and transitional justice in Uganda. She has also offered support to victims' groups in northern Uganda on issues around documentation of alleged war crimes and crimes against humanity resulting from the conflict, remedy and reparation. Atim has co-authored numerous publications on the effects on the conflict in northern Uganda. Presently, she is a Researcher at the Feinstein International Center, Tufts University, USA. She is also a research collaborator on a multi-country research project working in Liberia, Sierra Leone, Rwanda and Democratic Republic of Congo, where she leads the research theme 'Children Born of War.' Atim will defend her doctoral dissertation on the topic of youth and war in northern Uganda in September 2018 at Wageningen University in the Netherlands. She holds a Masters of Arts in Humanitarian Assistance from the Fletcher School of Law and Diplomacy and the Friedman School of Nutrition Science and Policy at Tufts University.

**Anastasia Marshak** is a PhD candidate in nutrition at the Friedman School of Nutrition Science and Policy, and a Researcher at the Feinstein International Center at Tufts University. Her research primarily centers on quantitative analysis of child nutrition and health outcomes; the role of humanitarian response in building resilience; changing livelihoods in the face of insecurity and conflict; and the role of alleged war crimes and crimes against humanity committed during armed conflict. She has been part of research teams on northern Uganda since 2012. She is currently supporting research in northern Uganda, where she is analyzing the long-term impact of conflict on livelihoods and access to services. Her other research in Uganda includes evaluation of youth violence in Karamoja, the role of microfinance in supporting livelihoods of internally displaced persons in Uganda, and the role of market access on livelihoods in Karamoja. She has also worked in Chad, Sudan, Sierra Leone, Kenya, Haiti and Nepal. Marshak holds a Masters of Arts in economics from Boston University, USA and a Bachelor's of Science in quantitative economics and international relations from Tufts University.

**Dyan Mazurana, PhD**, is Associate Research Professor at the Fletcher School of Law and Diplomacy and the Friedman School of Nutrition Science and Policy, and a Senior Research Fellow at the World Peace Foundation, at Tufts University. She is Research Director at the Feinstein International Center, Tufts University, a center

dedicated to producing evidence-based research to inform responses to humanitarian crises. Mazurana carries out research in the areas of women, children, and armed conflict; gender and armed groups; gendered dimensions of humanitarian response to conflict and crises; documenting alleged war crimes and crimes against humanity committed during conflict and accountability, remedy, and reparation. She serves as an advisor to several governments, UN agencies, INGOs, and child protection organizations regarding humanitarian assistance, improving efforts to assist youth and women affected by armed conflict, and access to justice. She has worked in southern, west and east Africa, Afghanistan, the Balkans, and Nepal. She has carried out research with populations affected by armed conflict in northern Uganda since the year 2001. Mazurana has published more than 100 scholarly and policy books, articles and international reports. Her work has been translated into more than 30 languages. Mazurana holds a Doctorate of Philosophy in Women Studies in the fields of International Relations and Comparative Politics; International Humanitarian Law and International Human Rights Law during armed conflict, with an emphasis on women's rights; Critical Social Theory, English and Comparative Languages from Clark University, USA. She also holds two Masters of Arts degrees, in addition to her Bachelors Degree.

**Jordan Farrar, PhD**, is the Associate Director of Research for the Research Program on Children and Adversity at the Boston College School of Social Work. As Associate Director she oversees all research that focuses on improving the evidence base on the epidemiology of mental health problems and family functioning. She also oversees intervention research to develop and test mental health services for children and families affected by multiple forms of adversity, including armed conflict, poverty and infectious disease. She has worked in Uganda since 2012, assisting with school-based approaches to sex education in high-risk communities with her most recent research using mixed methodologies to understand how war-affected youth and service providers experience post-conflict social support. Her research interests include the role of forgiveness and cultural healing practices; post-conflict community-based social support; the long-term and intergenerational impact of armed conflict; the role of family strengthening interventions for conflict-affected populations and the use of implementation science to support interventions for individuals and families affected by multiple forms of adversity. She has also worked in Rwanda, Sierra Leone, India and with Somali Bantu and Bhutanese refugees who have resettled in the New England area. Farrar holds a Doctorate of Philosophy in Social Work from the University of Denver, USA, and a Masters of Social Work from George Mason University, USA.

## Roles of Members of Research Team in Producing this Report

**Teddy Atim** co-designed the overall study. She participated in designing the Victimization Assessment Survey, the Secure Livelihoods Research Consortium Uganda Survey, and the qualitative, in-depth study questionnaire that complements the Victimization Assessment Survey. Atim field-tested all data collection tools. Atim directed all field research. Atim hired, trained and oversaw all surveyors for the Victimization Assessment Survey. She carried out all the qualitative, in-depth research interviews and transcribed all the interviews from Luo to English. Atim contributed to the analysis and writing of the final report, including the recommendations.

**Anastasia Marshak** contributed to the design the Victimization Assessment Survey and the Secure Livelihoods Research Consortium Uganda Survey. Marshak oversaw all data entry and cleaned all data uploaded from the field for the surveys. Marshak lead on all the statistical analysis and the write up of statistical findings. She produced all the tables and figures in the report. Marshak provided insights for the overall report and the recommendations.

**Dyan Mazurana**, PhD, co-designed the overall study. Mazurana took part in designing the Victimization Assessment Survey, the Secure Livelihoods Research Consortium Uganda Survey (of which she is the team leader), and the qualitative, in-depth study that complements the Victimization Assessment Survey. Mazurana

worked with Marshak on write up of the statistical analysis for the report. Mazurana lead on the analysis of the qualitative data. Mazurana helped construct the overall written report, including recommendations.

**Jordan Farrar**, PhD, led on the psychosocial analysis and write up within the findings from the Victimization Assessment Survey. Farrar provided material for the recommendations, particularly as regards improving psychosocial wellbeing.

## IV. Methodology

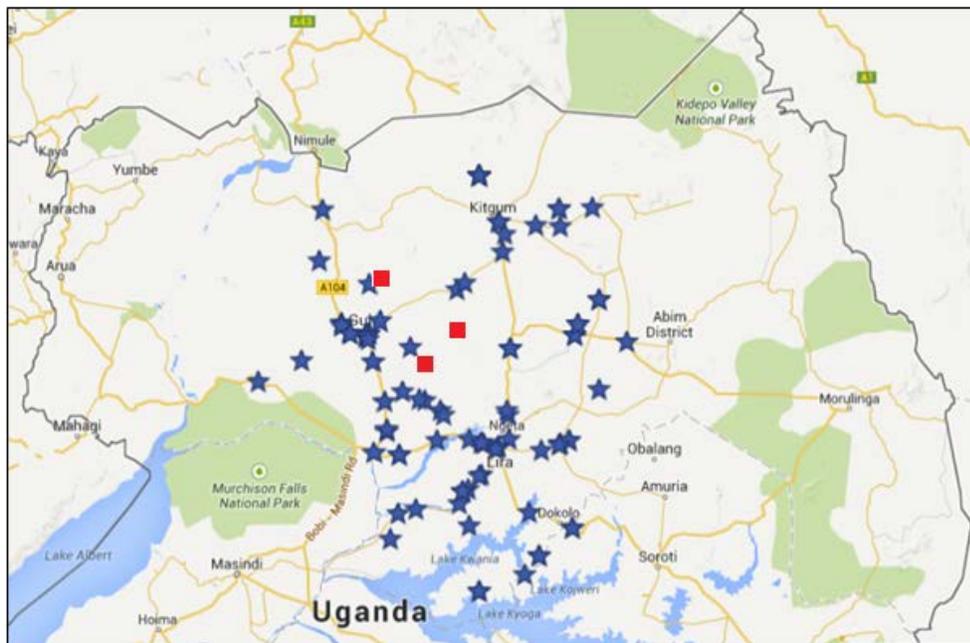
To meet the objectives of this report, the study draws on two original quantitative surveys, original qualitative research, and relevant secondary publications.

### A. Survey Research

The quantitative findings draw from two separate surveys. The first survey is the Victimization Assessment Survey carried out with a representative population-based sample of the victim participants with status before the Court in the case *Prosecutor V. Dominic Ongwen* from Abok, Lukodi and Odek. These are victims from alleged LRA attacks that occurred on or around 29 April 2004 at Odek IDP camp, 19 May 2004 at Lukodi IDP camp, and 8 June 2004 at Abok IDP Camp. For the rest of this report, we will refer to these victims as ‘victim participants’.

We then use data from an existing survey that is representative of entire population of Acholi and Lango sub-region – Secure Livelihoods Research Consortium (SLRC) – from the same region (see Map 1) and carried out in the same time period in order to compare the victim participant population to the population who have NOT experienced a crime against humanity or war crime. In this section, we present information on the survey content, timing and location of the surveys, data collection, and sampling starting with the SLRC survey followed by the Victimization Assessment survey. We then discuss how we carried out the analysis combing both surveys.

**Map 1: Map of location of Victimization Assessment survey and SLRC, Uganda survey sites**



Note: ■ represents the Victimization Assessment survey location and ★ represents SLRC survey locations

## A1. Survey Content, Data Collection and Sampling

### Secure Livelihoods Research Consortium Survey

Data from the SLRC Uganda survey is derived from a panel survey (carried out in January and February 2013, 2015 and 2018). Panel surveys ask the same questions to the exact same people and households over time, which enables the researchers to track and measure change over time (usually several years) and understand why those changes are occurring. Panel surveys among conflict-affected populations are extremely rare due to the difficulty in tracing the exact same individual and their households over several years, given high rates of displacement, movement and elevated rates of mortality.

We use the SLRC Uganda survey because, to date, it is the only panel survey of northern Uganda that:

- i) is representative of the entire post-war populations in Acholi and Lango sub-regions;
- ii) has a focus on alleged war crimes and crimes against humanity;
- iii) links those alleged war crimes and crimes against humanity to people and their household's livelihoods, food security, access to education, health and water, and receipt of livelihood or social protection services.

Furthermore, because our team designed, oversaw and participated in every step in the entire data collection, data cleaning and data analysis, we are highly confident in the data and the findings of the SLRC Uganda research. The SLRC Uganda research has undergone peer-review prior to all its publication, which are all available on line. (See the supplemental materials of this report for a copy of the full SLRC Uganda survey.) The SLRC Uganda survey was funded by the Government of the United Kingdom, Irish Aid and the European Union (for more information see <https://securelivelihoods.org/>).

We use the SLRC Uganda's data on households not affected by alleged war crimes and crimes against humanity from 2018 to compare the larger populations of Acholi and Lango to the victim participants in Abok, Lukodi and Odek. We do this to better understand the impact of the alleged crimes suffered by the victim participants in Abok, Lukodi and Odek.

The sections covered by the SLRC Uganda 2018 survey and used in this current report include the following modules:

- Household composition and demographics
- Experience of alleged war crimes and crimes against humanity
- Food security
- Assets
- Basic services (health, education, and water)
- Social protection and livelihood services

In January and February 2018, a team of surveyors was employed by Dr. Mazurana to carry out the interviews for the SLRC, Uganda survey. Teddy Atim was the team leader on the ground for the entire testing, training and carrying out of the SLRC, Uganda survey. A group of 40 surveyors and 6 team leaders carried out the data collection. Preparation for the data collection consisted of a 5-day training, the purpose of which was to familiarize surveyors with the objective of the survey, the content of the survey instrument, and the use of electronic tablets for data collection using the same Open Data Kit (ODK) platform. ODK is an open source data collection and management platform.

Fieldwork for the SLRC, Uganda survey was carried out between January 15, 2018 and March 5, 2018. The data is representative of approximately 1.5 million people in Acholi and 2.1 million people in Lango for a total of 3.6 million people covering the two sub-regions in northern Uganda most affected by the conflict between the Government of Uganda and the Lord’s Resistance Army (see Map 1 above).

To achieve a power of 0.80 while still being representative of the sub-region level (Acholi and Lango), the SLRC, Uganda study required 40 clusters with at least 768 households per sub-region. To select households, a two-stage cluster sample stratified by sub-region strategy was employed for the SLRC, Uganda study, wherein clusters (i.e., sub-counties) were selected in the first stage and households within those clusters in the second stage. Probability Proportion to Size (PPS) sampling was carried out to generate the number of sub-counties sampled in each district (i.e., a greater number of sub-counties were selected from districts with larger populations and a smaller number of sub-counties from districts with smaller populations) for a total of 80 sub-counties or clusters, 40 per sub-district. The sub-counties were randomly selected, and from each sub-county one village was randomly selected. In each village, approximately 20 households were randomly selected so that the results would be representative and statistically significant at the sub-regional level covering every district in the two sub-regions. Data was collected from 1,516 households<sup>i</sup> across the two sub-regions with information on the household head.<sup>ii</sup> However, in this report we only focus on the sub-sample of households who reported NO experience of a war crime or crime against humanity. Thus, the final sample size and breakdown by gender in the SLRC survey is presented in Table 1 below.

**Table 1: SLRC sample by gender of respondent**

|              | <i>Male</i> | <i>Female</i> | <b>Total</b> |
|--------------|-------------|---------------|--------------|
| <b>Total</b> | 296         | 533           | <b>829</b>   |

Households were randomly selected by spinning a pencil on the ground to point the surveyor to walk in a randomized direction for a random number of minutes. If no one was home, the pencil was re-spun to randomly select another direction and household. The surveyor surveyed one household member over the age of 15 who was able to provide information on behalf of the household. All analysis accounts for the research design effect, which means the analysis accounts for the fact that we first randomly selected villages and then randomly selected households in those villages. This is different from just having a list of households to select from because there is an assumption that individuals living in the same village are more similar to each other than individuals living in different villages. They might be of a similar ethnic group, live a similar distance from a health center, etc. Just like people in the same family likely have more similarities to other people in their family than to people in other families. Thus, because the sample was selected by first selecting villages and then households in those villages we control for that possible similarity of households coming from the same villages by letting the data analysis program know that that is how we selected our sample.

Informed oral consent was obtained from all participants, with opportunities for the interviewee to decline participation prior to and during the interview. Interviews were conducted in private. Data identifying the household was removed and kept separate and secure from the data collected on the household. Every effort was made to ensure confidentiality and to reduce any negative consequences to the participants. Survey participants did not receive any material compensation. All participants were offered a list and contact information of organizations in their sub-region that specialized in services for victims of violence and referrals were made upon request. Tufts University Institutional Review Board (IRB) provided ethical approval for the

study.<sup>1</sup> These ethical standards are to protect the rights and welfare of people who participate in research activities carried out under the authority of Tufts University.<sup>2</sup>

For more details on the SLRC 2013 and 2015 findings and methodology please refer to the study's publications.<sup>3</sup> Findings from the SLRC, Uganda 2018 analysis are forthcoming. All publications to date from the SLRC, Uganda research were externally reviewed by subject experts prior to publication.

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<sup>1</sup> As part of full disclosure, Dr. Dyan Mazurana serves as a Board Member of the Tufts IRB Board and in this capacity carries out IRB reviews of research for Tufts Medical School, Tufts Fletcher School of Law and Diplomacy, Tufts School of Arts and Sciences, Tufts School of Engineering, and Tufts Friedman School of Nutrition Science and Policy. When research protocols that Mazurana is involved with are under review she recuses herself, as per Tufts IRB protocol.

<sup>2</sup> Specifically, these ethical standards include:

- The risks to human research subjects are minimized by using procedures that are consistent with sound research design and that do not unnecessarily expose the research participants to risk.
- The risks to human research subjects are reasonable in relation to the anticipated benefits (if any) to the individual, and the importance of the knowledge that may be expected to result.
  - For the purpose of IRB consideration, "benefit" is defined as a valued or desired outcome; an advantage.
  - For the purpose of IRB consideration, "risk" is defined as the probability of harm or injury (physical, psychological, social, or economic) occurring as a result of participation in a research study.
  - In evaluating risk, the IRB is to consider the conditions that make the situation dangerous, per se (i.e., as opposed to those chances that specific individuals are willing to undertake for some desired goals). In evaluating risks and benefits, the IRB considers only those risks and benefits that may result from the research (i.e., as distinguished from risks and benefits of treatments or procedures that the patient would undergo if not participating in the research).
  - In evaluating risks and benefits, the IRB does not consider possible long-range effects of applying knowledge gained in the research (e.g., the possible effects of research on public policy).
- The selection of human subjects for research participation is equitable.
- Human research subjects are adequately informed of the risks and benefits of research participation and the procedures that will be involved in the research; and that informed consent is obtained from each prospective human research subject, or his/her legally authorized representative, in accordance with, and to the extent required by federal regulations and IRB policies.
- Informed consent of human research subjects is obtained in advance of research participation and appropriately documented in accordance with, and to the extent required by federal regulations and IRB policies.
- The research plan makes adequate provisions for monitoring the data collected to ensure the safety of human research subjects.
- There are adequate provisions to protect the privacy of human research subjects and to maintain the confidentiality of research data.
- Appropriate additional safeguards have been included in the study to protect the rights and welfare of human research subjects who are likely to be vulnerable to coercion or undue influence (e.g., children, pregnant women, decisionally impaired persons, or economically or educationally disadvantaged persons).

<sup>3</sup> Atim, Teddy, Dyan Mazurana and Anastasia Marshak, 2018, "Women Survivors and Their Children Born of Wartime Sexual Violence in Northern Uganda," *Disasters: The Journal of Disaster Studies, Policy and Management* 42 (S1): S61–S78; Levine, Simon. Livelihood recovery in post-conflict northern Uganda. Secure Livelihoods Research Consortium Working paper 42. March 2016; Mazurana, Dyan, Anastasia Marshak, Teddy Atim, Rachel Gordon and Bretton McEvoy, 2016, "Disability and Recovery from War in Northern Uganda," *Third World Thematic: A Third World Quarterly Journal*, December, available at

## Victimization Assessment Survey

The Victim Assessment survey was carried out exclusively on a representative population from the 2,605 victim participants in the case *Prosecutor V. Dominic Ongwen*. The goal of the Victimization Assessment (see Annex B for full instrument) was to identify the abuses allegedly suffered, and their physical, material and psychosocial effects on the population. The respondents hail from villages and parishes surrounding the Odek, Abok, and Lukodi trading centers (see Map 1 above).

To be able to compare across the two surveys, the Victimization Assessment survey used the same wording of the questions for each module as the SLRC survey. Exceptions include some components of alleged war crimes and crimes against humanity (see Annex D for how the alleged war crimes and crimes against humanity questions were asked in the SLRC survey) and the psychosocial assessment. The wording for some of the alleged war crimes and crimes against humanity was amended from the SLRC, Uganda survey to better capture elements of war crimes and crimes against humanity regarding attacks against the civilian population in Northern Uganda, murder, attempted murder, torture, cruel treatment, enslavement, pillaging, destruction of property, persecution, and other inhumane acts which were allegedly committed in the three former IDP camps.

In addition, the Victimization Assessment survey sought to understand the psychosocial wellbeing of the victim participants. A psychosocial approach examines how the combined influence of social environments and psychological factors (such as people's thoughts, minds, emotions, and behaviors) influence people's physical and mental wellbeing and their ability to function. A psychosocial approach is used within a wide range of

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<http://dx.doi.org/10.1080/23802014.2016.1235469><http://dx.doi.org/10.1080/23802014.2016.1235469>; Marshak, Anastasia, Dyan Mazurana, Jimmy Hilton Opio, Rachel Gordon and Teddy Atim (2017). *Secure Livelihoods Research Consortium Panel Survey Wave One and Two Report – Uganda*, Overseas Development Institute, London; Mallet, Richard and Teddy Atim. Gender, youth and urban labour market participation: evidence from the catering sector in Lira, Northern Uganda. Secure Livelihoods Research Consortium Working Paper 27. December 2014; Mazurana, Dyan, Anastasia Marshak, Jimmy Hilton Opio, Rachel Gordon and Teddy Atim. 2014. *The War Wounded and Recovery in Northern Uganda*. Secure Livelihoods Research Consortium, London. Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=299](http://securelivelihoods.org/publications_details.aspx?resourceid=299) Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=299](http://securelivelihoods.org/publications_details.aspx?resourceid=299); Mazurana, Dyan, Anastasia Marshak, Jimmy Hilton Opio, Rachel Gordon and Teddy Atim. 2014. *The Impact of Serious Crimes During the War on Households Today in Northern Uganda*. Secure Livelihoods Research Consortium, London. Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=298](http://securelivelihoods.org/publications_details.aspx?resourceid=298) Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=298](http://securelivelihoods.org/publications_details.aspx?resourceid=298); Mazurana, Dyan, Anastasia Marshak, Jimmy Hilton Opio, Rachel Gordon and Teddy Atim. 2014. *Recovery in Northern Uganda: How Are People Surviving Post-conflict?* Secure Livelihoods Research Consortium, London. Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=297](http://securelivelihoods.org/publications_details.aspx?resourceid=297) Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=297](http://securelivelihoods.org/publications_details.aspx?resourceid=297); Mazurana, Dyan, Anastasia Marshak, Jimmy Hilton Opio, Rachel Gordon and Teddy Atim. 2014. *Surveying Livelihoods, Service Delivery and Governance – Baseline Evidence from Uganda*. Secure Livelihoods Research Consortium, London. Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=295](http://securelivelihoods.org/publications_details.aspx?resourceid=295); Kirsten Gelsdorf, Daniel Maxwell and Dyan Mazurana. 2012. Livelihoods, basic services and social protection in Northern Uganda and Karamoja. Secure Livelihoods Research Consortium, London. Available at <file:///Users/dmazur01/Downloads/Livelihoods,%20basic%20services%20and%20social%20protection%20in%20Northern%20Uganda%20and%20Karamoja.pdf> Available at <file:///Users/dmazur01/Downloads/Livelihoods,%20basic%20services%20and%20social%20protection%20in%20Northern%20Uganda%20and%20Karamoja.pdf>

professions, and by researchers in medicine, the social sciences, the natural sciences, and philosophy, among others. Therefore, the Victimization Assessment survey included an African Youth Psychosocial Assessment (AYPA), which was not carried out in the SLRC, Uganda survey (see Annex B for the full AYPA tool). The AYPA was developed and tested by the Department of Global Health and Population at the Harvard Public Health & Francois-Xavier Bagnoud Center for Health and Human Rights specifically for use among Luo speakers in northern Uganda.<sup>4</sup> The AYPA was informed by qualitative interviews with war-affected youth, formerly abducted and non-abducted, as well as identified key informants (elders, traditional healers, health professionals, and caregivers of war-affected youth) living in the Awer and Unyama IDP camps of Gulu District in Northern Uganda.<sup>5</sup> These interviews resulted in the identification of locally defined syndromes that aligned with western conceptions of mental health and included culturally specific elements as well. In choosing a psychosocial assessment for use in this report it was deemed vital to utilize an assessment that would identify the presence of distress and resilience while considering the unique cultural context of the Acholi and Langi people. All survey questions were translated into the local language Luo, back translated, and pilot tested to ensure accuracy.

We report on both the full AYPA scale, as well as its subscales: depression/anxiety, conduct problems, pro-social behavior, and somatic complaints without medical cause. The AYPA is comprised of 40 statements that assess a participant's demeanor over the previous week. Participants are then asked to rate the statement on a scale from 0 to 3, with 0 meaning "Never" and 3 meaning "All the time". We dropped one question regarding 'play with others' given the age range of the population for a total of 39 statements. The AYPA is further broken down into four subscales: depression/anxiety (19 statements), conduct problems (10 statements), pro-social behavior (7 statements), and somatic complaints without medical cause (3 statements). The AYPA results in a total AYPA score and a score for each subscale. The total AYPA score includes all subscales except for the prosocial subscale. Therefore, the total AYPA score includes 32 statements and can range from 0 to 96.

A subset of the best surveyors from the list of 2018 SLRC surveyors was selected to participate in the Victimization Assessment survey. Atim selected the best 2018 SLRC surveyors based on their prior experience and performance in working with victims of alleged war crimes and crimes against humanity; their past experience and proven commitment as researchers; and, their demonstrated ability to maintain confidentiality and be respectful of victims. The surveyors had been through previous five-day training on the instrument and protocol for implementing the SLRC survey. Their preparation for the Victimization Assessment survey data collection consisted of an additional two-day training, with a focus on sensitivity, the AYPA, and alleged war crimes and crimes against humanity section of the survey. Importantly, all surveyors had already been trained on the other modules a month prior for the SLRC data collection.

All data collection was carried out in and around the villages and parishes surrounding the Odek, Abok, and Lukodi trading centers. Respondents were randomly selected by the research team (see details below). Those selected by the research team were contacted by the LRV to determine whether they would be able to participate in the independent Victimization Assessment survey. Once the respondents agreed (all those contacted agreed to participate), they were assigned a day for the interview and were reimbursed by their

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<sup>4</sup> Betancourt, T. S., F. Yang, P. Bolton and S. L. Normand (2014). "Developing an African youth psychosocial assessment: an application of item response theory." *Int J Methods Psychiatr Res* **23**(2): 142-160.

<sup>5</sup> Betancourt, T. S., Speelman, L., Onyango, G., & Bolton, P. (2009). "A qualitative study of mental health problems among children displaced by war in Northern Uganda" *Transcultural Psychiatry* **46**(2): 238-256.

lawyers for their travel. They were interviewed one-on-one by the surveyors in private in locations near their homes.

Data collection took 12 days from February 20 to March 4, 2018. All data collection was carried out on Digital Data Gathering (DDG) devices. The instrument was programmed to run on the application ODK, which allows data to be collected while offline and then uploaded via Internet connection to the server – in this case we hosted the data on the ODK platform using Google’s App Engine.

The research team was provided a deidentified (meaning no names, just unique respondents IDs) list of all clients in this case by their gender and location by the legal team. Based on this, the research team randomly selected respondents from the full list. The research team then sent the selected list of unique respondent IDs to the legal team to contact for interviews. Thus, the identities of the victims were not disclosed to the research team. In addition, during the field interviews a member of the LRV was there to confirm that each person who showed up to be interviewed was in fact a victim participant, and that their name corresponded with the assigned number identification given to them by the LRV and used by the Tufts research team. The member of the LRV then introduced each victim participant to the surveyor using only their assigned number identification, which was recorded by the interviewer.

In order to report on key outcome indicators (such as disability) with a 5 percent margin of error and 95 percent confidence interval, the survey required a sample of 400 respondents. Given the varying size of client numbers in the three locations, a PPS sampling strategy was employed. This means that a larger number of respondents were selected from the site where a larger number of clients lived and a smaller number from the sites where a smaller number of clients lived. In addition, the sample was stratified by gender (i.e., equal number of female and male respondents) so as to allow disaggregation by gender in the analysis where appropriate. Finally, to account for non-response, an additional 5 to 10 percent of respondents were selected from each site. See Table 2 for the breakdown of selected respondents by site and gender.

**Table 2: Sample size by site and gender**

| <i>Site</i>  | <i>Male</i> | <i>Female</i> | <b>Total</b> |
|--------------|-------------|---------------|--------------|
| Abok         | 67          | 70            | <b>137</b>   |
| Lukodi       | 99          | 92            | <b>191</b>   |
| Odek         | 33          | 35            | <b>68</b>    |
| <b>Total</b> | <b>199</b>  | <b>197</b>    | <b>396</b>   |

An important note on the Lukodi sample: the field team had a very difficult time reaching 70 of the original 140 respondents randomly selected to take part in the survey in Lukodi. According to the survey manager, mobilizer, and local leaders, some of the missing respondents were not residents of Lukodi but had been present during the attack. In other cases people reportedly had migrated looking for other ways to survive. Some reportedly were in the hospital due to being unwell, while others were at the hospital caring for sick relatives. Some reportedly were in schools not located in the communities. Some women were separated or divorced and had left the area. Thus, to reach the desired sample size an additional 70 replacement respondents were randomly selected from the remaining list in Lukodi (to make up for the 70 respondents that could not be located). The need to draw on a second sample might only introduce bias into the data if there is something about these missing respondents that is correlated to more or less experience of alleged war crimes

and crimes against humanity. In such a case, the bias could be that people who experienced more alleged war crimes and crimes against humanity were unavailable, or people who experienced fewer alleged war crimes and crimes against humanity were unavailable. However, given the reasons noted previously (e.g., sick relatives, schools not in communities, migrated for work, returned to their original homes when they left the IDP camps) as to why some people were not available, we do not find that experiencing more or less alleged war crimes and crimes against humanity is the primary reason they were unreachable. Thus, we are confident that the final sample is a sound representation of the victim participant community living in this region.

The Victimization Assessment survey did not go through an IRB process<sup>6</sup> because it was determined by Tufts IRB that it did not qualify for human subject review because it was specifically conducted for a court case, and not as part of human subjects' research. Because an IRB process is in place to ensure the rights of human subjects of research are protected and they are not put at risk, Tufts decision not to have the Victimization Assessment Survey undergo an IRB has no effect on the study's findings or conclusion. Nonetheless, because we wanted to ensure the rights and safety of our research subjects, the team still designed and carried out the study in-line with Tufts IRB protocol. In specific, the study was designed and carried out to minimize risks to research participants; ensure an equal possibility of participation by all victims with legal status before the Court in *Prosecutor V. Ongwen*; human subjects were informed of the risks and benefits of participation in the project; prior to beginning the research, informed consent was obtained from each human research subject, and that consent was documented; data collection was designed and monitored to ensure the safety of the human subjects; and adequate provisions were made to protect the privacy of human research subjects and to maintain confidentiality of research data. No material incentives were given by the research team to participants. The only thing given to participants on site by the LRV was a bottle of water or soda to drink while they waited, as many had traveled longer distances to reach the sites and no water was available on the sites of the interviews.

## A2. Analysis

For the analysis, this report presents descriptive statistics on the victim participants, who also serve as the main respondents. In this report we present the means with 95 percent confidence intervals. The reason for this is that we want to be able to show the size of the uncertainty that comes from estimating the population mean from a sample mean. While we surveyed 396 randomly selected client victims for this report we want to be able to provide data representative of the full population (2,605) of victim participants represented in the case *Prosecutor V. Dominic Ongwen*. Confidence intervals are how we can account for the uncertainty of using data on 396 people to represent the information of 2,605 people. For example, the data shows that 67 percent (Table 10) of the victim participant population experienced a disability with a 95 percent confidence interval of 62 to 72 percent. That means that if we repeated this study 100 times, every time taking a different 396 random people from the population of 2,605 people, 95 of those times the data would show that somewhere between 62 and 72 percent of the population is disabled and it is precisely in this sample of 296 people that that percentage happens to be 67. Thus, confidence intervals are important to accurately represent the certainty that we have in the findings coming out of this data.

In addition, for measures of food security, wealth and access to services we compare the experience of the victim participants to the general population in Acholi and Lango sub-region (from the SLRC survey), who did NOT experience a war crime or crime against humanity. We do this in order to better gauge the possible impact of the attacks against the victim participant respondents and their households' lives and livelihoods (see Table

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<sup>6</sup> See footnote 2 for an explanation of what ethical standards studies are required to meet under the IRB.

1 for SLRC sample size used for this report). To carry out this analysis, t-tests are run to compare the experience of the two populations. A t-test is a statistical procedure that is used to determine if the mean of one population (our victim participants) is statistically different from the mean of another population (the general population). As we mentioned before, when you are using a sample to tell you something about the whole population it is not enough to just visually compare the means of the two populations and say which one is bigger. For example, if the data shows that 70.1 percent of girls in the victim population were enrolled in school compared to 69.6 percent of girls in the general population (Table 14) you cannot come to the conclusion that more girls are enrolled in the victim population than in the general population unless you run a t-test. A t-test takes into account the additional bit of uncertainty that comes when we use a sample mean to tell us something about a population mean. In this case, the t-test tells us that the 2 percentages are too close to each other (with overlapping confidence intervals) to say they are statistically different.

In the final section, we also compare the experience of the victim participants who reported receiving external social protection or livelihood support on the key outcome indicators using t-tests.

To better understand how female and male clients might differ in their experience, the sampling strategy and the analysis (where appropriate) are disaggregated by the gender of the respondent and compared using t-tests. Finally, where possible, we also highlight the experience of the women who gave birth to a child that resulted from sexual relations with a member of the LRA. For all the analysis, a difference with an alpha value of 10 percent or below was considered significant. STATA 13, a statistical analysis tool, was used for all analysis.<sup>7</sup>

Two sets of weights were applied in the analysis. Weights are a value assigned to each case in the data file used to make the sample statistics more representative of the population. As discussed in the data collection section, while we used PPS sampling to originally determine the number of respondents interviewed at each site, the final sample size fell slightly below the original calculation. Thus, we applied weights to the data at each site so that the final sample is completely representative of the victim participant distribution by location.<sup>8</sup>

In addition, while the data collection was stratified by gender to allow us to compare the experience of men versus women, gender weights were applied to the whole sample to make it representative of the full client list. Table 3 shows the breakdown of gender by location for the complete client list that was used as the basis for calculating gender weights in the data. This is the same approach as with the location weights above. For the sample we tried to make sure that we had as close to an equal number of women and man sampled from each location to allow us to present data on women separately from men with the same level of accuracy. However, the distribution of victims from the full client list was not equally distributed by gender (Table 3). But, we wanted to make sure that when we are presenting total percentages they reflect the full population client list. So, weights were applied to reflect that distribution. For example, in Lukodi, only 48 percent of our sample was women, but 56 percent of the victim client population from Lukodi was women. Thus, each response from a woman in Lukodi was given a weight of 1.16 ( $1 / (\text{number of women sampled} / \text{number of}$

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<sup>7</sup> STATA is a statistical software package that allows the user to manage and analyze data: <https://www.stata.com/stata13/>

<sup>8</sup> For example, we wanted to sample a total of 194 households in Lukodi according to the PPS sampling strategy, but sampled only 191. However, we still wanted the data of the 191 respondents to have the same weight as the data from 194 respondents to stay true to our original PPS sampling strategy. So, each response from Lukodi was applied a weight of 1.02 ( $1 / (191 / 194) = 1.02$ ) to make up for the missing 3 respondents. The same approach was repeated with the other sites so that while the sample was a little smaller than intended each location still contributed the same proportion to the total mean calculation so as to remain as representative as possible of the full client victim population in this case.

women that should have been sampled to be 56 percent of the sample). Thus, all statistics on the full sample are representative of the victim participants with respect to location and gender.

**Table 3: Gender breakdown by location of clients**

| Site Location | Gender     |          |
|---------------|------------|----------|
|               | Female (%) | Male (%) |
| Lukodi        | 56%        | 44%      |
| Abok          | 47%        | 53%      |
| Odek          | 53%        | 47%      |

For each set of indicators, we present a table with notation indicating the significance (if any) of the difference. When we use the term **significance** we mean the probability that the relationship or difference between two populations we are seeing in the data happened by chance. Something is **statistically significant** when the difference is larger than can reasonably be explained by chance alone. There are different levels of statistical significance that are described using a **p-value**. The p-value is the probability of finding the observed difference if the observed difference did not actually exist; thus, the smaller the p-value, the more significant the difference. For example, when we show that the p-value is 1 percent it means that 1 percent of the time the relationship you are seeing is by chance; if the p-value is 10 percent it means that 10 percent of the time the relationship you are seeing is by chance, and so on. Thus, we are more confident that a relationship exists when the p-value is small. For our analysis, we use a cut-off of 10 percent and only call a relationship significant if there is a 10 percent chance or less that the relationship is due to randomness or chance. We use the following notation: one notation (ex: \*) means it was significant at a p-value of 10 percent, two notations (ex: \*\*) means it was significant at a p-value of 5 percent, and three notations (ex: \*\*\*) means it was significant at a p-value of 1 percent.

In the tables and figures, the report uses VP for ‘victim population’ when describing the population represented by the Victimization Assessment survey and GP for ‘general population’ when describing the population represented by the sub-sample of the SLRC survey that did not experience a war crime or crime against humanity.

## B. Qualitative Research

The qualitative data was collected through one-on-one, in-depth interviews with 16 of the victim participants with status before the court in the case *Prosecutor V. Dominic Ongwen* from Abok (four participants), Lukodi (eight participants) and Odek (four participants). The number of participants chosen reflects the size of the study population in each site. The qualitative aspect of the study was designed to purposefully select victim participants from the larger Victim Assessment Survey (detailed above) for in-depth interviews. The survey team was trained to look for people who had experienced different kinds of alleged war crimes and crimes against humanity, were different ages (a range of young to old), and different sexes. They were then to recommend a diverse array of victim participants for in-depth qualitative interviews with the head of the team, Teddy Atim. This was done to ensure that a range of different people and experiences were covered in the in-depth qualitative research, and that our sample was not biased towards particular populations (e.g., so we didn’t end up interviewing all abductees, or only females that experienced sexual violence, or mostly men overall). To reduce possible bias in providing information in the survey, victim participants were not told at any point during the survey that they may be selected for additional interviews.

The purposive selection of victim participants for our in-depth qualitative research followed an accepted research protocol within the social sciences: i) a small number of participants was studied intensively; ii) the participants were purposefully chosen; iii) the rationale for selection was determined and followed; iv) and the selection was conceptually driven by our theory that different sexes and ages of people would experience different crimes and have different short and long-term outcomes as a result.<sup>9</sup> Our purposive sample generated rich, dense, focused information on the research questions to allow our researcher team to provide a convincing account of what we sought to study, in this case, the harms suffered and their effects on the victim participant population.

To ensure consistency in the qualitative interview process, Teddy Atim carried out all qualitative interviews. Atim is a native Luo speaker and conducted all interviews in the local languages. Atim used a semi-structured research guide (see Annex C for full instrument) to guide the interviews. The research guide questions were translated from English into the local language, back translated, and pilot tested to ensure accuracy. The qualitative research collected data on the following:

- Experience during the alleged attacks and types of abuse suffered;
- How suffering such violence affected the victim and the victim's household's: ability to carry out livelihood; wealth and assets; ability to send children to school; relations with family and community; land access; housing access; water access; physical and mental health and access to healthcare; ability to maintain the family and changes in community life;
- Access to any kind of livelihood support or social protection services;
- Access to any kind of justice for abuses suffered.

Atim collected all qualitative data in this study in the areas surrounding Abok, Odek and Lukodi from February 20, 2018 to March 4, 2018. Data were analyzed using codes established prior to the research, which enabled a deeper understanding of the data collected in the survey modules (described below).

## V. Results

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In this section, we present the findings from the Victimization Assessment survey carried out with the victim participants from Abok, Lukodi and Odek. We then compare the victim participants to the general population of Acholi and Lango sub-regions that has NOT experienced alleged war crimes or crimes against (using data from the SLRC, Uganda survey). The comparison between the general population of Acholi and Lango who are war affected but have not experienced alleged war crimes and crimes against humanity with the victim participants gives us better insight into how the alleged war crimes and crimes against humanity committed during alleged LRA attacks in Abok, Lukodi and Odek may have impacted them and their households, and what this means for their wellbeing and overall recovery. Within these results, where relevant, we focus on the experience of people who the LRA deprived of their liberty and forced them to engage in one or more acts of a sexual nature, abductees and women who gave birth to a child conceived due to sexual relations with an LRA member.

### A. War Crimes and Crimes Against Humanity Experienced

For each of the victim participants, we collected data on the experience of individual alleged war crimes and crimes against humanity allegedly committed during LRA attacks on the Abok, Lukodi and Odek IDP camps

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<sup>9</sup> Curtis S., Gesler W., Smith G. & Washburn S, (2000), Approaches to Sampling and Case Selection in Qualitative Research: Examples in the Geography of Health. *Social Science & Medicine* 50(7–8), 1001–1014.

(Table 4). The alleged war crimes and crimes against humanity we collected information on include those listed below if they were carried out by a member of the LRA during the attack, or for those abducted by the LRA, following the attack:

- attacking civilians;
- killing or wounding a person *hors de combat*;
- murder;
- attempted murder;
- abduction;
- enslavement;
- torture;
- rape;
- sexual slavery;
- forced pregnancy;
- sexual violence;
- being taken against your will (abduction);
- other inhumane acts;
- conscription and use in hostilities of children under 15 years of age;
- pillaging;
- destruction and appropriation of property.

Recalling that our findings are representative only of the 2,605 victim participants with status before the Court in the case of *Prosecutor V. Ongwen*, we found that 95 percent of the victim participant population reported being present when the LRA allegedly carried out one of three attacks against civilians at the IDP camps. The next two most common experiences of alleged war crimes and crimes against humanity include the destruction or theft of property by the LRA (experienced by 89 percent of the population), and killing of a member of the family (not including a spouse or child) by the LRA during the attack (experienced by 87 percent of the population).

There were some important and statistically significant differences in these crimes associated with the gender of the respondent. Women were significantly more likely to have been present during the LRA attack on civilians. They were also twice as likely (10 percent of women versus 5 percent of men) to have a member of the LRA commit a sexual act against them or forced them to engage in a sexual act. However, men did report experiencing sexual assault by the LRA as well. Women were also significantly more likely to report the death, deliberate injury, or/and abduction of their spouse. And women were almost twice as likely to report the abduction of their child (19 percent of women versus 11 percent of men reported this crime). Men, on the other hand, were significantly more likely to report having to participate in direct combat. They were significantly more likely to have been forced by the LRA to seriously injure or kill another person. And they were significantly more likely to report that a member of the LRA deliberately injured a close family member (not a spouse or child) who was not taking part in combat.

Ninety-nine percent of respondents experienced more than one war crime or crime against humanity and we explore below how the interaction among the various alleged war crimes and crimes against humanity compounds the harms the person and their household suffers.

**Table 4: Experience of individual alleged war crimes and crimes against humanity by the respondent (means with confidence intervals in brackets)**

|  | Female<br>n=197 | Male<br>n=199 | Total<br>n=396 |
|--|-----------------|---------------|----------------|
| You were present when the LRA carried out an attack directed at civilians, those not taking part in any hostilities or combat?   | 0.971**         | 0.922         | 0.948          |
|  | [0.948,0.994]   | [0.885,0.959] | [0.926,0.969]  |
| A member associated with the LRA stole your property?  | 0.875           | 0.912         | 0.893          |
|  | [0.829,0.922]   | [0.872,0.951] | [0.862,0.923]  |
| A member of the LRA destroyed your property and the destruction was extensive?   | 0.895           | 0.898         | 0.896          |
|  | [0.851,0.939]   | [0.856,0.940] | [0.866,0.927]  |
| Someone from the LRA tried to kill you?  | 0.403           | 0.475         | 0.437          |
|  | [0.333,0.473]   | [0.405,0.545] | [0.388,0.487]  |
| A member of the LRA inflicted severe mental or physical pain on you while you were under their control?  | 0.313           | 0.286         | 0.3            |
|  | [0.246,0.379]   | [0.223,0.350] | [0.254,0.346]  |
| A member of the LRA set you on fire or put you in a building that was deliberately set on fire?  | 0.064           | 0.047         | 0.056          |
|  | [0.028,0.099]   | [0.017,0.077] | [0.032,0.079]  |
| You were taken against your will (abducted) by the LRA?  | 0.304           | 0.262         | 0.284          |
|  | [0.239,0.370]   | [0.200,0.323] | [0.239,0.329]  |
| If yes, were you under the age of 15 when taken? <sup>10</sup>   | 0.219           | 0.275         | 0.244          |
|  | [0.110,0.328]   | [0.151,0.400] | [0.163,0.324]  |
| If yes, were you forced to participate in direct combat or fighting? <sup>11</sup>   | 0.379*          | 0.778         | 0.577          |
|  | [0.074,0.684]   | [0.529,1.027] | [0.378,0.775]  |
| Were you forced by the LRA to carry out labor under these conditions – you had to carry out the labor or face punishment; you did not carry out the labor of your own choice; you were not compensated for the labor; you could not leave? | 0.261           | 0.225         | 0.244          |
|  | [0.199,0.324]   | [0.166,0.284] | [0.201,0.287]  |
| Were you forced to kill or seriously injure another person by LRA?   | 0.052***        | 0.133         | 0.091          |
|  | [0.020,0.084]   | [0.086,0.181] | [0.063,0.119]  |
| Did a member of the LRA invade any opening in your body (mouth, genitals, and anus) with any part of their body or with any object?  | 0.182           | 0.133         | 0.159          |
|  | [0.127,0.236]   | [0.086,0.181] | [0.122,0.195]  |
| Did a member of the LRA deprive you of your liberty and force you to engage in one or more acts of a sexual nature?  | 0.131           | 0.111         | 0.122          |
|  | [0.084,0.179]   | [0.067,0.155] | [0.089,0.154]  |
|  | 0.104**         | 0.046         | 0.076          |

<sup>10</sup> This question was only asked of those individuals who answered “yes” to “You were taken against your will (abducted) by the LRA”? The sample size for this response is 52 males, 59 females, for a total of 111 respondents.

<sup>11</sup> This question was only asked of those individuals who answered “yes” to “You were taken against your will (abducted) by the LRA” and “If yes, were you under the age of 15 when taken”? The sample size for this response is 15 males, 13 females, for 28 total respondents.

|   |               |               |               |
|---|---------------|---------------|---------------|
| Did a member of the LRA commit a sexual act against you or forced you to engage in a sexual act?                                  | [0.061,0.147] | [0.016,0.076] | [0.050,0.103] |
| Did you give birth to a child born from sexual relations with a member of the LRA?  | 0.039         |               | 0.039         |
|   | [0.012,0.066] |               | [0.012,0.065] |
| A member of the LRA killed your spouse who was not taking part in combat?   | 0.128***      | 0.021         | 0.077         |
|   | [0.081,0.176] | [0.000,0.041] | [0.050,0.104] |
| A member of the LRA deliberately injured your spouse who was not taking part in combat?   | 0.14**        | 0.076         | 0.109         |
|   | [0.090,0.189] | [0.039,0.114] | [0.078,0.141] |
| A member of the LRA abducted your spouse?   | 0.186*        | 0.12          | 0.155         |
|   | [0.131,0.242] | [0.074,0.166] | [0.118,0.191] |
| A member of the LRA killed your child who was not taking part in combat?  | 0.138         | 0.114         | 0.127         |
|   | [0.090,0.187] | [0.069,0.159] | [0.094,0.160] |
| A member of the LRA deliberately injured your child who was not taking part in combat?  | 0.14          | 0.09          | 0.116         |
|   | [0.091,0.190] | [0.050,0.131] | [0.084,0.149] |
| A member of the LRA abducted your child?  | 0.191**       | 0.11          | 0.152         |
|   | [0.135,0.246] | [0.066,0.154] | [0.116,0.188] |
| A member of the LRA killed a close member of your family (not a spouse or child) who was not taking part in combat?               | 0.852         | 0.886         | 0.868         |
|   | [0.801,0.903] | [0.839,0.932] | [0.833,0.903] |
| A member of the LRA deliberately injured a close member of your family (not a spouse or child) who was not taking part in combat? | 0.686**       | 0.777         | 0.729         |
|   | [0.620,0.751] | [0.717,0.837] | [0.684,0.774] |
| A member of the LRA abducted a close member of your family (not a spouse or child)?   | 0.812         | 0.83          | 0.821         |
|   | [0.756,0.868] | [0.776,0.884] | [0.782,0.860] |
| *** significant at 1%, ** significant at 5%, * significant at 10%   |               |               |               |

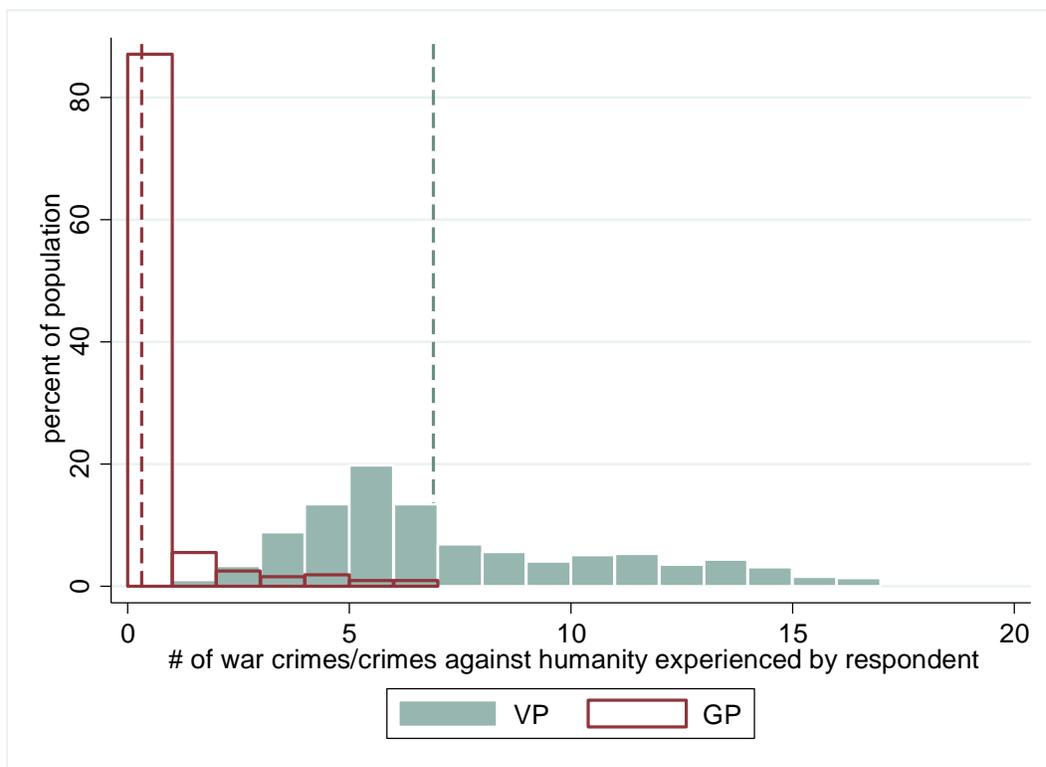
From this point on in the report and in our analyses, we exclude the experience of the destruction and theft of property in the aggregate indicators (i.e., binary experience of alleged war crimes and crimes against humanity of the respondent, total number of alleged war crimes and crimes against humanity of the respondent, total number of alleged war crimes and crimes against humanity experienced by household members). We exclude destruction and theft of property because this particular crime was the most commonly experienced crime by both the general and victim population: over half of the households in the general population and 95 percent of the households in the victim population reported experiencing this crime. Considering how common the experience of this particular crime was, we felt that excluding households from our ‘general population’ for experiencing a crime that was felt by over half of the northern population would overly limit our analysis and no longer allow us to refer to that population as ‘general’. For comparability across the victim and general population sample we applied the same criteria to our victim population.

On average, the victim participants experienced 6.9 alleged war crimes and crimes against humanity as a result of the LRA attacks against the three IDP camps (with no difference by gender) (Table 5). We can recognize the

magnitude of alleged war crimes and crimes against humanity experienced by the population in Abok, Lukodi and Odek when we compare their results to the findings from the SLRC Uganda survey. The SLRC Uganda survey found that over the 20+ years of the war, individuals in Acholi and Lango sub-regions experienced an average of 0.34 alleged war crimes and crimes against humanity, with those who reported experiencing a war crime or crime against humanity averaging 2.5 alleged war crimes and crimes against humanity (Mazurana et al., 2014) (Figure 1). In other words, victim participants experienced, on average, 20 times more war crimes and crimes against humanity than the average person in Acholi and Lango sub-regions.

*In all figures and tables VP stands for victim participant population (from the Victimization Assessment Survey) and GP stands for general population (from the sub-sample of the SLRC survey population that did not experience a war crime or crime against humanity).*

**Figure 1: Distribution of alleged war crimes and crimes against humanity (experienced by the respondent) by survey (mean displayed as dashed line)**



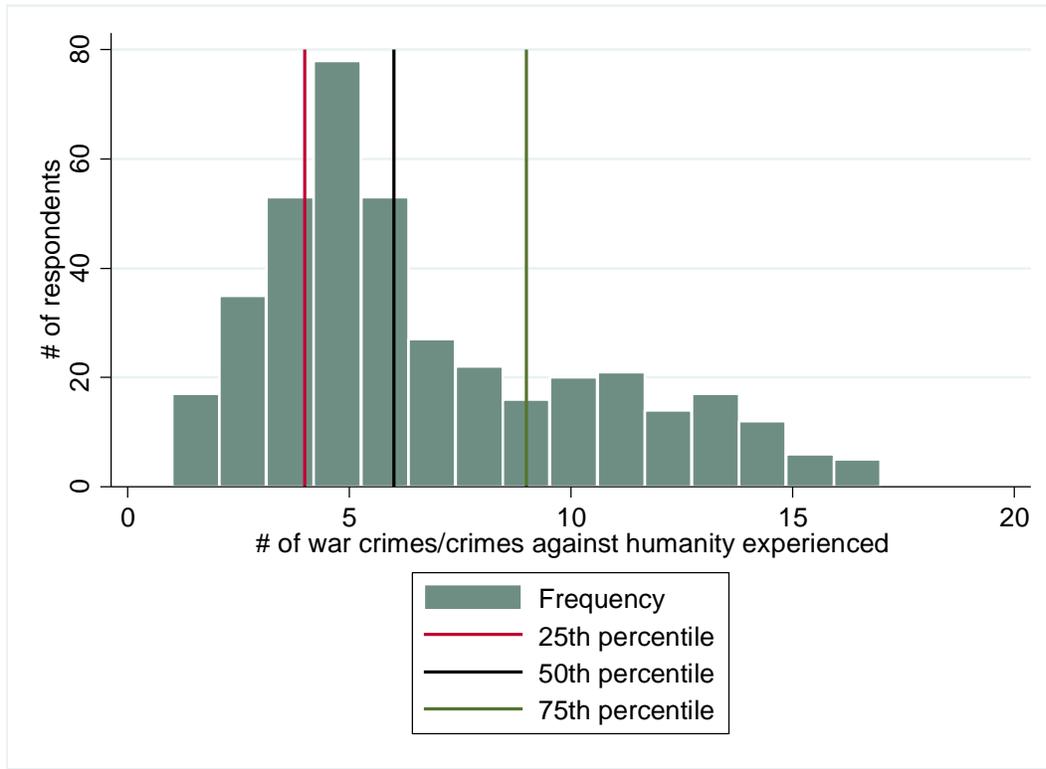
**Table 5: Average # of alleged war crimes and crimes against humanity by sub-group (mean and confidence interval in brackets)**

|   | Female<br>n=197 | Male<br>n=199 | Total<br>n=396 |
|---|-----------------|---------------|----------------|
| Average # of alleged war crimes and crimes against humanity experienced by respondent | 7.061           | 6.676         | 6.878          |
|   | [6.550,7.571]   | [6.203,7.150] | [6.529,7.226]  |
|   | 15.731          | 16.878        | 16.277         |

|   |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| Average # of alleged war crimes and crimes against humanity experienced by household (NOT including respondent) | [13.925,17.537] | [14.705,19.051] | [14.881,17.673] |
| Average # of alleged war crimes and crimes against humanity experienced by household (including respondent)     | 21.595          | 22.443          | 21.999          |
|   | [19.692,23.498] | [20.172,24.714] | [20.535,23.463] |
| *** significant at 1%, ** significant at 5%, * significant at 10%   |                 |                 |                 |

Even more telling is that 50 percent of respondents in the Victimization Assessment Survey experienced 6 or more alleged war crimes and crimes against humanity and 25 percent experienced at least 9 alleged war crimes and crimes against humanity (Figure 2). This clearly demonstrates that the alleged war crimes and crimes against humanity clustered during the attacks, so that that multiple violations of international criminal law were occurring against individuals and their households during the LRA attacks on the three IDP camps.

**Figure 2: Number of alleged war crimes and crimes against humanity experienced by the victim participants (with percentiles)**



Two quotes from victim participants collected during our qualitative research illustrate how the different alleged war crimes and crimes against humanity clustered during the LRA attacks on the IDP camps.

“My six year old child was killed by rebels the day of the attack here at Abok Camp. The rebels twisted his head until they broke his neck and then threw him between the huts in the camp. He was then burnt to death. I ran for my life with my youngest child. My other little child, a girl who was three years old at the time, remained inside a hut as the rebels set fire to the camp. She was just standing there as the hut was burning. She was young and too confused to even try to run off. Her head was burnt and one side of her body was burnt. She was only rescued by someone who was hiding nearby and who came and pulled her away. But she was already severely burnt.” – Female adult interviewee from Abok (HH ID 208)

“I was displaced into Abok camp during the war with my wife but our children were away. I had taken them to live with my wife’s family in Ngai, a neighboring sub county here. On the day of the attack, I was shot on both legs. The rebels caught me and took me to the LRA leader of the attack who was being called Lapwony. He was seated on chair somewhere on the side of the camp. He ordered his soldiers to beat me. They left me there. I was later found by people returning to the camp after the attack on the next day. My wife was also caught and beaten severely by the rebels. That beating caused a dislocation to one side of her hip and now affects her ability to walk and work normally. Our house was burnt down and whatever property they could take was looted. My brother’s son who I raised because my brother died was living with me and my wife at the time of the attack. The rebels took him

and he has never returned to date. I was later told he was killed.” – Male adult interviewee from Abok (HH ID 218)

There was a statistically significant distinction by age of the victim in 2005 and experience of alleged war crimes and crimes against humanity (Figure 3). The older the respondent at the time of the attack the more alleged war crimes and crimes against humanity the individual experienced. However, it is important to note that children aged zero to five years at the time of the attack still experienced, on average, 4.7 alleged war crimes and crimes against humanity. Therefore a child aged zero to five during the time of the LRA attacks on the Abok, Lukodi, and Odek IDP camps, on average, has 14 times more experiences of alleged war crimes and crimes against humanity than does the average person who went through the 20+ year war in Acholi and Lango sub-regions.

The victim participants who were children during the LRA attacks on the three IDP camps spoke to us about the ways in which they and their families were seriously harmed.

“I was a young child during the attack. My mother told me that an LRA rebel grabbed me and kept hitting me against trees and bushes, trying to kill me by pounding me this way. The rebel left me for dead, but I did not die... The LRA also abducted my uncle, my mother’s brother, and he was later killed. He never returned and those who did return said he had been killed. During the attack all our houses were burnt down with all our household properties inside.” – Female child interviewee from Lukodi (HH ID 30)

“At the time of the attack on Lukodi, I was young. Our house and some of our property was burnt, other properties were looted. My sister’s child who lived with us was shot and killed during the attack. Her other child was abducted. My older brother was also abducted by the rebels and never returned to date. I was told by those who escaped from the rebels that he was killed. After the attack my family fled and had to live in another IDP camp.” – Male adult interviewee from Lukodi (HH ID 4)

The LRA showed no mercy in their attacks, killing the young and the old, and stripping them of their assets, as this narrator explains.

“Our home in the camp was by the roadside. It was about 6:00 pm when we heard the whistle being blown and after a short while, we heard gunshots. We were scared and confused. We didn’t know what to do, people either ran off or went inside their huts to hide. But we decided to run off away from the camp.

But one of my brothers-in-law went back to carry a child who was left inside the hut. As he was coming out with the child, he met the LRA in the compound and he was shot dead. The rebels threw the child back in the burning house and the child was burnt to death. We found their bodies in the morning, the next day when we returned to the camp.

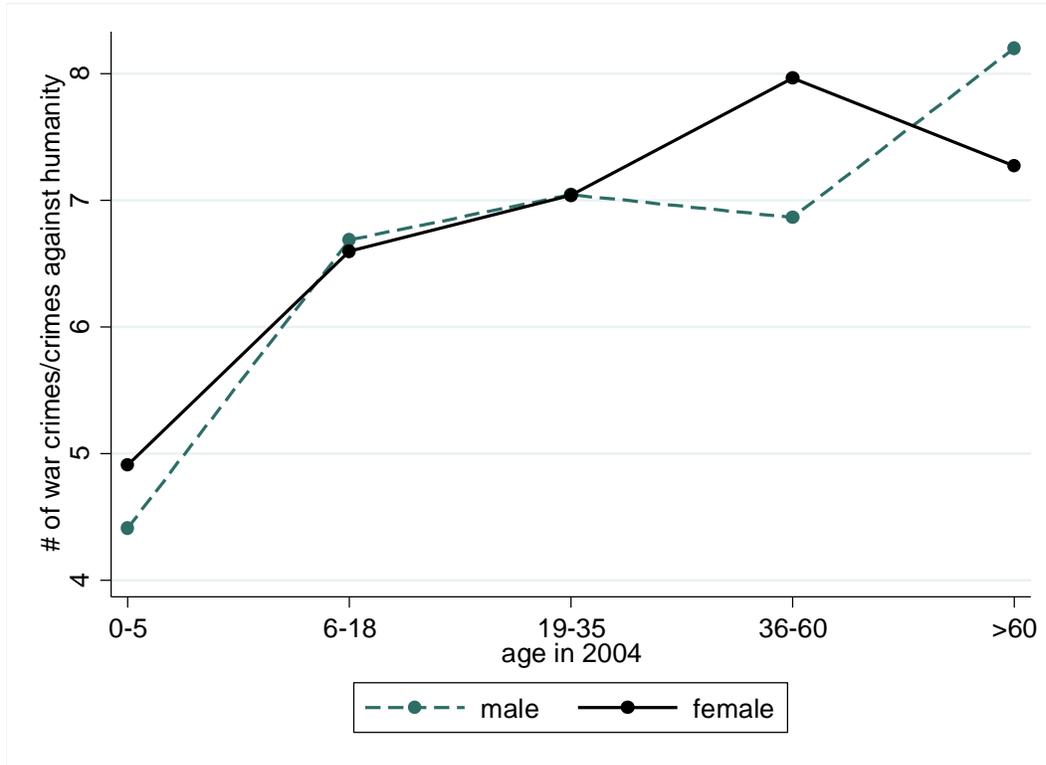
All our huts were burnt down and property destroyed. All the goods they [the rebels] could carry, they looted and took it with them before setting the huts ablaze with the few remaining items inside. They took bags of maize, beans, sorghum, dried cassava, rice, and some cassava. All the goats we had – five of them – were taken.” – Adult woman interviewee from Lukodi (HH ID 110)

The harm the LRA did during these attacks destroyed individuals and their families, as this interviewee explains,

“Following the death of my brother in-law [in the Lukodi attack] – he was the elder to my husband – our family disintegrated. After his death, his wife left with all the children who had remained because she was not yet properly married [traditionally married with bride wealth]. His entire household was

destroyed like that due to the conflict, such that by the time we left the camp, the wife had already left the family and taken all the children.” – Adult female interviewee from Lukodi (HH ID 110)

**Figure 3: Number of alleged war crimes and crimes against humanity experienced by the victim participant by age in 2004 (by gender)**



Throughout the report, we specifically highlight the experiences of people who experienced abduction and sexual violence at the hands of an LRA fighter.

Twenty-eight percent of all respondents reported being abducted, 30 percent of females and 26 percent of males (Table 6). Respondents who were abducted reported experiencing twice as many alleged war crimes and crimes against humanity as those who were not abducted (11 crimes versus 5 crimes for non-abductees) (significant at  $p < 0.01$ ).

**Table 6: Experience of specific alleged war crimes and crimes against humanity (mean with confidence intervals in brackets)**

| Type of war crime or crime against humanity   | Female<br>n=197        | Male<br>n=199          | Total<br>n=396         |
|---|------------------------|------------------------|------------------------|
| LRA deprive the respondent of their liberty and force them to engage in one or more acts of a sexual nature | 0.131<br>[0.084,0.179] | 0.111<br>[0.067,0.155] | 0.122<br>[0.089,0.154] |
| Abducted by LRA   | 0.304<br>[0.239,0.370] | 0.262<br>[0.200,0.323] | 0.284<br>[0.239,0.329] |
| Given birth to a child born from sexual relations with a member of the LRA.                                 | 0.039<br>[0.012,0.066] |                        | 0.039<br>[0.012,0.065] |
| *** significant at 1%, ** significant at 5%, * significant at 10%   |                        |                        |                        |

The story of a boy who was 10 years old during the attack on Abok highlights how the capture, abduction and forced recruitment of children by the LRA results in a multiplying effect of crimes and harms against such a person.

“I was 10 years old at the time of the attack. It was August 6, 2004 at around 8:00pm when the rebels attacked the camp here in Abok. I was abducted that night and given loot to carry. I walked with them for long distances. The rebels beat me badly as part of training to become a soldier and the severe beating has affected my chest to date. I experience a lot of chest problems.

I was forced to have sex with a dead body after one week of my abduction and being with the rebels. This was the body of an abducted girl who was killed along the way as we walked. They forced me to have sex with the dead body of the girl and they were beating me in order to force me to do it. I had to do it because I was forced and had no way to refuse.

When I returned from captivity with the rebels, I found that my uncle was killed on that day of the [Abok] attack. Our household property was all looted and destroyed in the attack. We have never been able to recover what we lost.” – Male adult interviewee from Abok (HH ID 199)

As detailed in the quote above, 13 percent of all female respondents and 11 percent of all males reported having a member of the LRA deprive them of their liberty and force them to engage in one or more acts of a sexual nature. There was no distinction by gender either for abduction or experience of being forced to engage in one or more acts of a sexual nature. These individuals experienced an average of 13 alleged war crimes and crimes against humanity (compared against those who did not report this crime, significant at  $p < 0.01$ ).

Four percent of females reported having given birth to a child born from sexual relations with a member of the LRA. Despite the small sample size, women who reported this crime are among those who experienced the most aggregate number of alleged war crimes and crimes against humanity (15 on average). This is significantly higher than other female respondents in the Victimization Assessment Survey who did not experience this specific crime (significant at  $p < 0.01$ ). Further, compared with the average person during the war in the Acholi and Lango sub-regions, these women experienced 44 times more alleged war crimes and crimes against humanity.

The story of a young woman who was married the day before the LRA attacked Odek, makes clear the multiple crimes and harms she and her sister experienced when the LRA attacked her family, abducted the girls and forced them to be ‘wives’.

“On that day, the rebels shot my father as he was eating inside his hut in the camp. For me, [my in-laws] had just paid my bride-wealth and I was waiting to go to my husband’s home in a few days... but all the bride wealth he paid was taken by the rebels during the raid, including livestock—three cattle and six goats—700,000 shillings and cloth material for my mother and my father were all taken. All the things brought for my bride-wealth were taken in the attack.

The rebels abducted two of us, me and my sister. They pierced me with a bayonet on my face (shows visible scar) because I couldn’t carry the loot well. I stayed with them for three months and then managed to escape.

During our abduction that day, we found where they had killed thirty people. They ordered us to put them [the dead bodies] in a pile together.

We were six girls who were abducted together during the attack. After a while in captivity, they gave us out to men as wives. But the man I was given to was already sick and he infected me with HIV/AIDS, which makes my life hard today.

My sister was abducted together with me (my follower) and spent seven years inside the LRA. She returned with a child.

My uncle was also killed that day. He had come for my marriage ceremony the day before and had not yet left our home, the attack found him here.

My brother's son was also abducted and he has never come back to date, although people say he is still alive inside the LRA, but we can't confirm." – Female adult interviewee from Odek (HH ID 140)

As the stories of the victim participants make clear that the alleged war crimes and crimes against humanity did not only affect the respondents. Ninety-one percent of respondents in the Victimization Assessment Survey came from a household where a household member, other than the respondent, experienced a war crime or crime against humanity. On average, including alleged war crimes and crimes against humanity experienced by the respondent, each household in the population experienced 22 alleged war crimes and crimes against humanity as a result of the LRA attacks against IDP camps in Abok, Lukodi and Odek (Table 5 above). Male and female respondents come from equally affected households. This finding is rather shocking when compared to the findings from the SLRC, Uganda survey, which finds that the average household in Acholi and Lango experienced 2.3 alleged war crimes and crimes against humanity over the course of the 20+ year war. This quote from a victim participant shows how multiple members of the household were targeted during the LRA attacks.

"On the day of the attack at Abok, I had just returned back from hospital because of an earlier LRA attack that had left me wounded. My brother and I had gone to the village [from the camp in Abok] to dig and that is when we were attacked by the rebels. My brother was killed while I was hacked on the head with a machete. On the day of the attack at Odek, my wife and children were set ablaze in the hut, but they managed to escape away. The rebels also looted all our property while destroying some of the things they could not take with them." – Male adult interviewee from Abok (HH ID 185)

The data encompassing the respondent and their household shows that of the individuals aged 13 or older at the time of our survey, 91 percent experienced at least one war crime or crime against humanity.

In addition to the experiences of the victim participants and their households during the LRA attacks on the three IDP camps, we also collected information on the abduction and murder of family members over the course of the entire war by parties to the conflict. Sixty-four percent of respondents reported that they had a family member abducted during the duration of the conflict and 82 percent reported they had a family member killed. Respondents had an average of almost two family members abducted that have never returned (presumed dead) during the conflict (Table 7). There is no distinction by gender of the respondent.

**Table 7: Abduction and murder of family members during the entire conflict by gender of victim participant (mean and confidence interval in brackets)**

| Type of serious crime                                | Female<br>n=185 | Male<br>n=183 | Total<br>n=368 |
|--|-----------------|---------------|----------------|
| family member abducted and never returned            | 0.617           | 0.66          | 0.637          |
|  | [0.546,0.688]   | [0.590,0.730] | [0.587,0.687]  |
| number of family members abducted and never returned | 1.942           | 1.959         | 1.95           |
|  | [1.690,2.194]   | [1.721,2.197] | [1.778,2.123]  |
| family member killed                                 | 0.82            | 0.821         | 0.82           |
|  | [0.764,0.875]   | [0.767,0.876] | [0.782,0.859]  |

## B. Impact of Alleged war crimes and crimes against humanity on Victim Participant Study Population Compared to General Population

In this section, we review the association of the experience of alleged war crimes and crimes against humanity committed during the attacks against IDP camps in Abok, Lukodi and Odek by the respondent and their household members with certain individual and household level characteristics. For all outcome indicators, except the psychosocial effect (because we only have data from the affected client population), we compare the Victimization Assessment Survey (VS) population with the SLRC, Uganda population data (that is representative of the entire populations of Acholi and Lango sub-regions) on respondents and their households who have not experienced any alleged war crimes and crimes against humanity (except theft or destruction of property). This comparison allows us to better understand the potential impact of the experience of alleged war crimes and crimes against humanity committed during the LRA attacks against the IDP camps in Abok, Lukodi and Odek on respondent and household wellbeing and overall recovery.

### B1. Psychosocial Effect

To understand how alleged war crimes and crimes against humanity might impact the psychosocial wellbeing of the respondent we use the African Youth Psychosocial Assessment (AYPA) tool (refer Annex B for the full tool). The AYPA was only carried out on the victim participants and therefore all findings presented in this section refer only to that population.

As described in the methods section, the higher the score the worse the psychosocial wellbeing of the participant is. Compared to men, women had a significantly higher overall AYPA score and scored significantly higher on two of the four subscales: depression and anxiety and somatic complaints without medical causes, indicating worse psychosocial wellbeing (Table 8) (for additional summary statistics on AYPA and its subscales refer to Annex A Table 18). Previous use of the AYPA in northern Uganda produced similar results with females demonstrating significantly higher levels of depression and anxiety-like symptoms compared to males in the sample.<sup>12</sup> Outside of Uganda, research on war-affected females in the Democratic Republic of the Congo,<sup>13</sup>

<sup>12</sup> McMullen, J., O’Callaghan, P. S., Richards, J. A., Eakin, J. G., & Rafferty, H. (2012). « Screening for traumatic exposure and psychological distress among war-affected adolescents in post-conflict Sierra Leone. » *Social Psychiatry and Psychiatric Epidemiology* 47(9): 1489-1498.

<sup>13</sup> Mels, C., Derluyn, I., Broekaert, E., & Rosseel, Y. (2010). “Communitybased cross-cultural adaptation of mental health measures in emergency settings: validating the IES-R and HSCL-37A in eastern Democratic Republic of Congo.” *Social Psychiatry and Psychiatric Epidemiology* 45(9):899-910.

Sierra Leone,<sup>14</sup> and Nepal.<sup>15</sup> provide evidence that females tend to experience increased levels of distress, usually within the realm of depression or post-traumatic stress disorder, compared to their male counterparts.

Men, on the other hand, reported more pro-social behavior (mean male AYPAscore on the pro-social sub-scale was 13), such as “I listen to others”, “I share with others”, “I share food and eat with others”, and “I respect others”. These findings are interesting as research in Sierra Leone, for example, has shown that men who have been abducted into armed conflict tend to exhibit more poor conduct and negative behaviors compared to females or other non-abducted males. One male victim from Abok, who experienced severe beatings and was forced to perform sexual acts on a female corpse, described his anti-social behavior:

“I don’t stay here much in Abok anymore due to fear. I feel I can’t fit in the community anymore. I am very physical with people and violent. I tend to fight a lot. Even over small matters, I get very emotional. Even if someone only says a minor thing, I want to fight over it. I am called names like ‘Apoa’ [meaning mad person]. I am rough with my friends. All this has affected even my studies. I can’t even concentrate when I am at school. And the bad names I am given in the community gives me a wrong image in the eye of others. I have dreams, thoughts, I worry a lot because of my experience.” - Male adult interviewee from Abok (HH ID 199)

In addition, 67 percent of respondents said that they had been harmed by spirits of the dead in relation to the LRA attacks. Research in sub-Saharan Africa has documented the prominent role of spirits in explaining and understanding mental illness.<sup>16</sup> Ethnographic inquiry in Acholiland provides rich insight into local cultural practices.<sup>17</sup> Firstly, there is a distinction made between disease or illness with a natural cause (e.g. malaria) and those with a supernatural cause that are deemed ‘spirit-related’ (e.g. mental illness or illness that does not respond to treatment). While spirit-related diseases have their roots in tradition and can be connected to one’s ancestors, they have also emerged in the aftermath of war. *Cen* represent the vengeful spirits of those who have died a violent death, and are commonly used to interpret what western medicine would call ‘mental illnesses’. These spirits reveal one’s experience with death, either as a killer or witness, and if not treated using traditional healing practices can result in stigma, disruptions in the home and long-term suffering.<sup>18</sup>

Several victim participants detailed the effect spirits of the dead are continuing to have on their lives. A woman whose father was murdered during the LRA attack on Odek and who herself was abducted talks about the torment her husband (who was also abducted by the LRA) continues to have and how it affects their lives.

“He stayed with the rebels for four years and was wounded on his left thigh. Because of that, when he is sleeping he normally gets bad dreams at night. He shouts, runs off, hitting himself on the wall at night. He starts hitting the roof of the hut with the hoe. After he gained

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<sup>14</sup> Betancourt, T. S., Borisova, I. I., De la Soudière, M., & Williamson, J. (2011). Sierra Leone's child soldiers: War exposures and mental health problems by gender. *Journal of Adolescent Health*, 49(1): 21-28.

<sup>15</sup> Khort, B.A., Jordans, M.J., Tol, W.A., Speckman, R.A., Maharjan, S.M., Worthman, C.M., & Komproe, I.H. (2008). “Comparison of mental health between former child soldiers and children never conscripted by armed groups in Nepal.” *The Journal of the American Medical Association*, 300 (6): 691-702.

<sup>16</sup> Patel, V. (1995). “Explanatory models of mental illness in Sub-Saharan Africa.” *Social Science Medicine*, 40(9): 1291-1298.

<sup>17</sup> Ovuga, E., & Abbo, C. (2016) ““Orongo” and “Cen” Spirit Possessions: Post-Traumatic Stress Disorder in a Cultural Context – Local Problem, Universal Disorder with Local Solutions in Northern Uganda.” In: Martin C., Preedy V., Patel V. (eds) *Comprehensive Guide to Post-Traumatic Stress Disorders* (pgs. 1637-1648). Springer: Switzerland.

<sup>18</sup> Porter, H. (2017) *‘After Rape: Violence, Justice and Social Harmony in Uganda’*. Cambridge: Cambridge University Press.

consciousness, he came back to sleep. The next morning because of the attack on him, I felt so sick and weak. I couldn't work the next morning. My head was heavy.

Another night, while dreaming, he got up and started pulling. When I asked him what he was doing or dreaming, he said he dreamt one of his friends from captivity was shot and was about to fall in a pit. So he was trying to pull him away so he did not fall in the pit. That was his best friend while in captivity, but he was killed.

I asked him to tell his father about [these experiences] but when he told his father, he instead asked the son to go to Kal Kwaro [Acholi Traditional Institution] to find out what they could do about it to free him of the bad dreams and attacks. But now my husband keeps saying he is going to die. He cries a lot that he will likely die because of the spirit that keeps attacking him. Unless Acholi Way is done, he might not feel better. I worry he could hurt me one day while he is dreaming.”- Adult female interviewee from Odek (HH ID 124).<sup>19</sup>

Another female from Odek experienced similar issues with spirits haunting her husband and describes the impact it had on their wellbeing as well as their relationship:

“I live with my husband today, but during his abduction, he was forced to kill some people, including his own father who they forced him to kill before taking him away. But the spirit haunts him all the time, he is not well at all.

At times, he talks about how he was forced to kill the people, talks to himself as one possessed. At times, he even picks sharp objects and wants to hit me or any member of the family. Because of the spirit attack and possession, he is unable to work well. He doesn't go to the garden regularly like others do, especially at the time he is possessed.

This affects our relationship. But I just continue with him because of sympathy because he didn't do it out of his will. I feel bad if I leave him, his life will go to ruin, no one would want to live with him. Even his own mother can't manage him alone without me.

The mother tried different Acholi ways—Ajoka—but they have not been possible so far. Even prayers have been held but he has not yet gotten any better.

Now I am left with all the household responsibilities to perform since he can barely perform any work when unwell. I just have to look after him and the [three] children we have.

He even doesn't stay or have friends who could help. They just fear him saying he is mad or could hurt them.

We're very saddened by his condition. We are looked down upon by other community members because of his condition. Even my own natal family asked me to leave him and return back home but we already have three children together so I can't go back to my family.

At times, he is ok, but most of the time, he is unwell, kind of unconscious, but I talk to him. Because of his condition, he is unable to function like a normal person and be a father to my children. The children

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<sup>19</sup> In this interview the female participant is discussing her husband and the impact of his distress.

now stay as though they don't have a father when he is not well. But I talk to them about their father and that he will get better, if treated he will be ok.

Most times, he says he is unwell, he feels dizzy and abnormal. Once he is like that, he can't do anything. While walking, he gets blind or he is unable to see and has to bend down for some time to gain consciousness before continuing.

He was also forced to kill his own father and another person. The two spirits both attack him differently. They are very bad spirits and aggressive. While sleeping, he says he starts dreaming and acts like the person he was forced to kill. He acts like them at the time of their death. When that happens, he gets unconscious and bites his tongue like the person he killed did. After a while he gets better but after that happens, he can spend two weeks sick and unable to do anything. He will be wounded from the biting on his tongue and weak and unable to do anything or support the family. It is hard to be with him if you are not used to him or strong hearted."- Adult female interviewee from Odek (HH ID 132)

Being haunted by spirits also negatively affected women.

"When she [interviewee's sister] returned, she was possessed by the spirit of a person she was forced to kill while in captivity. If they didn't perform Acholi Way, she won't be ok or have children ever. The spirit still haunts her to date. She has bad dreams. At times she beats her child she returned with from captivity badly, and wants to hurt other people badly. Once she is possessed by the spirit she becomes very physical and harmful.

When she [her sister] returned from captivity, she got married. But because of the spirit possession and attacks, the man she married left her and chased her away from her marital home, forcing her to return home here in Odek. Sometimes she leaves all her children once the spirit possesses her."- Adult female interviewee from Odek (HH ID 140)

When looking at our sample of respondents who reported having been abducted, experienced forced sexual relations, and/or had a child due to sexual relations with a member of the LRA, we see that they score even higher on the AYPAscale (all significant at  $p < 0.01$ ). Individuals who were abducted have a total mean AYPAscore of 31, those who experienced deprivation of their liberty and forced sexual acts have a total AYPAscore of 33, and women who had a child due to sexual relations with a member of the LRA have the highest total AYPAscore of 41. Remembering that the total AYPAscore can range from 0-96, that the total AYPAscore does not include the prosocial subscale, and that a higher total AYPAscore relate to increased impairment, our data show that forced sexual acts and having a child while in captivity result in increased impairment compared to those respondents without such experiences.<sup>20, 21</sup> Previous research demonstrates that experiencing

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<sup>20</sup> The prosocial subscale includes statements regarding positive psychosocial functioning (e.g. "I cooperate with others") whereas the other subscales focus on elements of mental health symptomology related to depression, anxiety and conduct problems. As all subscales within the AYPAscale are scored the same, with a higher score on "x" subscale denoting increased incidence of "x", to include the prosocial subscale into the total AYPAscore would not provide an accurate depiction of one's psychosocial functioning.

<sup>21</sup> Unpacking these findings a bit deeper, the average female AYPAscale total score is 31 (7 points above the mean male score), so experiencing deprivation of one's liberty or a forced sexual act puts you above the mean for both males and females; a male with this score would be above the 75<sup>th</sup> percentile for their experience of psychosocial impairment. Similarly, having a child while in captivity, resulting in an average AYPAscale score of 41, positions a woman above the 75<sup>th</sup> percentile of those experiencing

increasing levels of a variety of traumatic events, like sexual assault or forced birth, is directly linked to increased psychological distress.<sup>22</sup> Experiences of such trauma, commonly categorized as severe trauma, results in a “building block effect” where the trauma itself is so severe that it results in a weakening of vital protective resources, like social support or personal resilience, shown to be important in the recovery of war-affected populations.<sup>23</sup>

Sexual violence within the LRA has been well documented with women and girls subjected to rape, forced marriage and forced birth while in captivity.<sup>24</sup> In line with our findings, research in northern Uganda has found a direct relationship between experiencing sexual abuse and symptoms of depression and anxiety in females.<sup>25</sup> Further analysis using the AYPAs, determined that sexual abuse significantly predicted suicide ideation, or a preoccupation with thoughts about killing oneself, as well.<sup>26</sup> When these acts result in childbirth, females experience increased hardship. Namely, many females who leave or escape captivity with children find themselves stigmatized within their community and forced to raise their children as single caregivers. The qualitative data provides further insight:

“The children I returned with [from LRA captivity], my current partner and his family do not like them. Just last week, my father was here over the issue with their family. I think I should just go back to my [natal] family so I can raise my children alone. Because they are highly stigmatized here and labeled as thieves by my other in-laws. Even when they have done nothing, simply because this is not their paternal family, they are called names because of their being born in captivity. It makes life hard here for me and them.” – Adult female interviewee from Lukodi (HH ID 108)

Globally, sexual violence is at times used as a tool of war. Within the LRA, while sexual violence was perpetrated against both men and women, women and girls were prime targets as they could be given as wives with the

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impairment within this sample. While our use of the AYPAs is not meant to position psychosocial impairment in terms of a clinical threshold, meaning an identified point at which one is considered clinically impaired, a score of 32 (total AYPAs mean is 28) demonstrates that within the past week an individual has exhibited functioning in line with anxiety, depression, somatic issues or conduct problems *somewhat*. On the other end, a score that ranges from 64 to 96 means that an individual has exhibited impaired functioning *often to all the time* (the highest AYPAs total score in our sample is 67).

<sup>22</sup> McMullen, J. et al. (2011). “Screening for traumatic exposure and psychological distress among war-affected adolescents in post-conflict northern Uganda.” *Social Psychiatry & Psychiatric Epidemiology* 47(89):685–692

<sup>23</sup> Betancourt, T. S. et al. (2009). “Assessing local instrument reliability and validity: a field-based example from northern Uganda.” *Social Psychiatry & Psychiatric Epidemiology* 44(8):1489–1498.

<sup>24</sup> Annan, J., Blattman, C., Mazurana, D., & Carlson, K. (2011). “Civil war, reintegration, and gender in Northern Uganda.” *Journal of Conflict Resolution*, 55(6): 877-908; Derluyn, I., Broekaert, E., Schuyten, G., & Temmerman, E. D. (2004). “Post-traumatic stress in former Uganda child soldiers.” *Lancet*, 363(9412): 861-863.

<sup>25</sup> Amone-P’Olak, K., Ovuga, E., Croudace, T. J., Jones, P. B., Abbott, R. (2014). “The influence of different types of war experiences on depression and anxiety in a Ugandan cohort of war-affected youth: The WAYS study.” *Social Psychiatry and Psychiatric Epidemiology*, 49(11): 1783-1792.

<sup>26</sup> Amone-P’Olak, K., Lekhutille, T. M., Meiser-Stedman, R., & Ovuga, E. (2014). “Mediators of the relation between war experiences and suicidal ideation among former child soldiers in Northern Uganda: The WAYS study.” *BMC Psychiatry*, 14(271): 1-9.

aim of producing children.<sup>27</sup> The consequences of sexual violence are long-term and include physical health consequences (e.g. genital injury, sexual transmitted disease including HIV/AIDS)<sup>28</sup>; negative mental health outcomes (e.g. depression, anxiety, low self-esteem)<sup>29</sup>; negative impact on post-conflict livelihoods with many women turning to sex work to address material deprivation.<sup>30</sup> and disruptions in familial and community relations with many women experiencing post-conflict shame and stigma for having violated cultural norms surrounding moral and sexual behavior.<sup>31</sup> Newer research is beginning to understand the intergenerational impact of sexual violence by examining experiences and outcomes related to children born out of conflict-related sexual violence.<sup>32</sup> A report compiled by the International Center for Transitional Justice on the legacy of LRA-perpetrated sexual violence focused on affected women and their children and provided deep insight into the contextual reality of their lives:

In a cultural and social context that discriminates against children born out of wedlock and/or as a result of sexual violence and rejects those associated with rebel groups, the initial crime of sexual violence by members of armed groups leading to motherhood has reverberations that will be felt for generations to come. Without targeted support, mothers and their children born of sexual violence are set on a trajectory of poverty, discrimination, violence and mounting obstacles to having their rights respected..<sup>33</sup>

While we did not collect data on experiences of children born to the women in our sample who became pregnant due to LRA-perpetrated sexual violence, we know that experiences of sexual violence negatively impacts one's children as well.<sup>34</sup> <sup>35</sup>. Our qualitative data, however, provide some insight into the stigma children (of sample participants) can face in these situations. Therefore, in order to understand the impact of sexual violence on women we must widen our scope to consider the impact on their children as well.

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<sup>27</sup> Amone-P'Olak, K., Lekhuttle, T. M., Ovuga, E., Abbott, R. A., Meiser-Stedman, R., Stewart, D. G., & Jones, P. B. (2016). "Sexual violence and general functioning among formerly abducted girls in Northern Uganda: the mediating roles of stigma and community relations - the WAYS study." *BMC Public Health*, 16(64).

<sup>28</sup> Kinyanda, E., Musisi, S., Biryabarema, C., Ezati, I., Oboke, H., Ojiambo-Ochieng, R., Walugembe, J. (2010). "War related sexual violence and its medical and psychological consequences as seen in Kitgum, Northern Uganda: A cross-sectional study." *BMC International Health and Human Rights*, 10(28).

<sup>29</sup> Amone-P'Olak, Ovuga et al. (2014).

<sup>30</sup> Kinyanda et al. (2010).

<sup>31</sup> Kelly, J., Kabanga, J., Cragin, W., Alcayna-Stevens, L., Haider, S., & Vanrooyen, M. J. (2011) "If your husband doesn't humiliate you, other people won't": Gendered attitudes towards sexual violence in eastern Democratic Republic of Congo. *Global Public Health*, 7(3): 285-298,

<sup>32</sup> Ladisch, V. (2015). *From rejection to redress: Overcoming legacies of conflict-related sexual violence for women and their children in Northern Uganda*. International Center for Transitional Justice: Uganda.

<sup>33</sup> Ladisch, V. (2015).

<sup>34</sup> Testa, M., Hoffman, J. H., & Livingston, J. A. (2011). "Intergenerational transmission of sexual victimization vulnerability as mediated via parenting." *Child Abuse & Neglect* 35(5): 363-371.

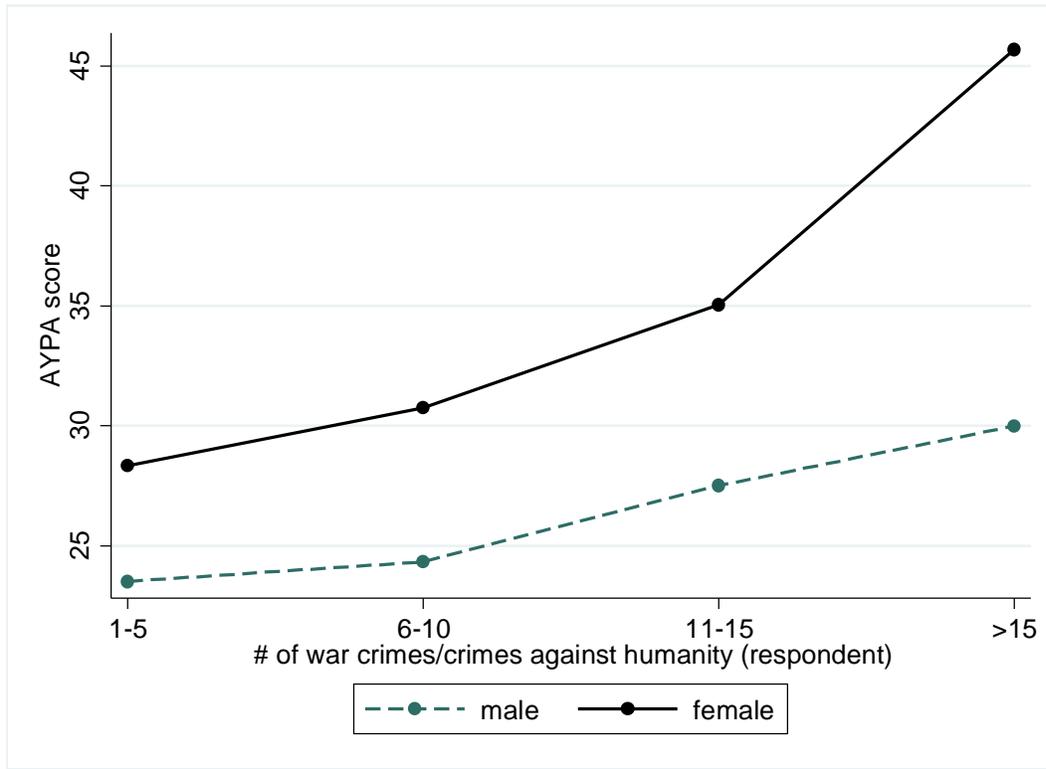
<sup>35</sup> Dörte, S.(2014). "Bridging past and present: Embodied intergenerational trauma and the implications for dance/movement therapy." *Body, Movement and Dance in Psychotherapy* 10(2): 94-105.

**Table 8: AYPAs and its subscales for the respondent, by gender**

|   | Female<br>n=197 | Male<br>n=199   | Total<br>n=396  |
|---|-----------------|-----------------|-----------------|
| Full AYPAs score  | 30.649***       | 24.531          | 27.735          |
|   | [29.156,32.141] | [23.136,25.925] | [26.672,28.798] |
| AYPA subscale: depression and anxiety   | 23.957***       | 18.857          | 21.528          |
|   | [22.718,25.195] | [17.763,19.950] | [20.664,22.392] |
| AYPA subscale: conduct problems   | 2.352           | 2.716           | 2.526           |
|   | [2.017,2.688]   | [2.327,3.105]   | [2.271,2.781]   |
| AYPA subscale: prosocial  | 12.533***       | 13.511          | 12.999          |
|   | [12.067,12.998] | [13.086,13.936] | [12.680,13.317] |
| AYPA subscale: somatic complaints without medical cause   | 4.34***         | 2.958           | 3.682           |
|   | [4.074,4.606]   | [2.688,3.228]   | [3.481,3.882]   |
| Have you been harmed by spirits of the dead (do they bring sickness mental and physical injury, do you see them in dreams hear voices)? | 0.66            | 0.671           | 0.665           |
|   | [0.592,0.727]   | [0.605,0.737]   | [0.618,0.712]   |
| *** significant at 1%, ** significant at 5%, * significant at 10%   |                 |                 |                 |

There is a significant relationship ( $p < 0.01$ ) between the number of alleged war crimes and crimes against humanity a respondent reported experiencing and the AYPAs score for both men and women. The relationship between the AYPAs score and the experience of alleged war crimes and crimes against humanity is stronger for women ( $p < 0.01$ ) compared to men ( $p = 0.09$ ). This is reflected in both the significantly higher AYPAs for women who experience only one war crime or crime against humanity (AYPAs=25) versus the AYPAs for men who experience only one war crime or crime against humanity (AYPAs=11), as well as the higher contribution of each additional war crime or crime against humanity to the AYPAs for women (1 point) as compared to men (0.33 of a point) (Figure 4).

**Figure 4: # of individual alleged war crimes and crimes against humanity and AYPAs score of the victim participant, by gender**



Linear regression analysis is a statistical tool to be able to see what the statistical association between multiple variables is and how each of those individual variables contributes to a change in the main outcome variable. In this case, we use linear regression analysis to see how each individual serious crime contributes to the total AYPAs score. The coefficient is what tells us the size of that contribution of the experience of certain war crimes and crimes against humanity on the total AYPAs score. For example, respondents who said a member of the LRA deliberately injured their child who was not taking part in combat had, on average, an AYPAs score that was 3.7 points higher than an individual who did not report that the LRA deliberately injured their child who was not taking part in combat.<sup>36</sup>

This approach allows us to show that certain alleged war crimes and crimes against humanity are more significantly correlated (meaning have a stronger relationship with as indicated by a p-value less than 0.1) to a higher AYPAs score (Table 9); meaning the experience of specific alleged war crimes and crimes against humanity has a more negative impact on a respondent’s psychosocial wellbeing compared to others. These crimes include: extensive destruction of property, abduction of your child and the deliberate injury of your child that was not participating in combat. Of all of the individual alleged war crimes and crimes against humanity, the experience of losing or having your child injured has the greatest contribution to poor psychosocial wellbeing (together these two alleged war crimes and crimes against humanity contribute 22 percent of the mean of the AYPAs score).

<sup>36</sup> The constant tells us what the model would assume, on average, the AYPAs score would be if no war crimes and crimes against humanity were experienced by the respondent. However, this does not have any meaning because we do not have a single person in the client population who did not experience even one serious crime.

**Table 9: OLS regression on of experience of individual alleged war crimes and crimes against humanity on AYP score (coefficient and p-value)**

| Individual alleged war crimes and crimes against humanity (n=378)  | Coefficient | P-value |
|--|-------------|---------|
| You were present when the LRA carried out an attack directed at civilians, those not taking part in any hostilities or combat?   | -1.03456    | 0.542   |
| A member associated of the LRA stole your property?  | -0.79576    | 0.717   |
| A member of the LRA destroyed your property and the destruction was extensive?   | 6.56439     | 0.006   |
| Someone from the LRA tried to kill you?  | -0.44556    | 0.733   |
| A member of the LRA inflicted severe mental or physical pain on you while you were under their control?  | 2.219949    | 0.266   |
| A member of the LRA set you on fire or put you in a building that was deliberately set on fire?  | -1.74689    | 0.477   |
| You were taken against your will (abducted) by the LRA?  | 2.68818     | 0.251   |
| Were you forced by the LRA to carry out labor under these conditions – you had to carry out the labor or face punishment; you did not carry out the labor of your own choice; you were not compensated for the labor; you could not leave? | -3.05183    | 0.146   |
| Were you forced to kill or seriously injure another person by LRA?   | -3.95684    | 0.038   |
| Did a member of the LRA invade any opening in your body (mouth, genitals, and anus) with any part of their body or with any object?  | 3.542438    | 0.114   |
| Did a member of the LRA deprive you of your liberty and force you to engage in one or more acts of a sexual nature?  | 3.396755    | 0.132   |
| Did a member of the LRA commit a sexual act against you or forced you to engage in a sexual act?   | 1.200437    | 0.697   |
| A member of the LRA killed your spouse who was not taking part in combat?  | 2.893268    | 0.168   |
| A member of the LRA deliberately injured your spouse who was not taking part in combat?  | -0.94694    | 0.662   |
| A member of the LRA abducted your spouse?  | -3.21815    | 0.056   |
| A member of the LRA killed your child who was not taking part in combat?   | -2.93544    | 0.114   |
| A member of the LRA deliberately injured your child who was not taking part in combat?   | 3.744498    | 0.058   |
| A member of the LRA abducted your child?   | 3.199883    | 0.094   |
|  | 1.683185    | 0.288   |

|   |          |       |
|---|----------|-------|
| A member of the LRA killed a close member of your family (not a spouse or child) who was not taking part in combat?               |          |       |
| A member of the LRA deliberately injured a close member of your family (not a spouse or child) who was not taking part in combat? | -0.46242 | 0.707 |
| A member of the LRA abducted a close member of your family (not a spouse or child)?   | 0.703362 | 0.632 |
| Constant  | 20.38166 | 0     |

During abduction and LRA attacks many participant victims experienced war crimes and crimes against humanity that are directly related to impairments in their current psychosocial functioning. While this relationship is significant for women and men, our data show experiencing alleged war crimes and crimes against humanity has a more negative effect on women compared to men. In understanding these gender differences it is important to remember that males in our sample have higher scores related to prosocial behaviors compared to women, meaning males exhibit more positive adaptive functioning than females. Further, women, on average, experienced more alleged war crimes and crimes against humanity compared to men, including being twice as likely to experience sexual violence. As discussed earlier, experiencing serious trauma is not only directly related to psychological distress, but it negatively impacts one’s ability to take advantage of those protective resources (e.g., community support, resilience) that are important for recovery. Therefore, it is important to underscore that for women these experiences are not discrete, they result in long-term negative effects that accumulate over time and impede one’s ability to recover.

Our data also reveal the relationship that destruction of one’s property and losing one’s child has on one’s total AYPAs score. We find that these experiences result in a higher AYPAs score, which relates to increased psychosocial impairment. One participant discussed the impact LRA attacks had on their community:

“Due to the war, our life and the entire community has been destroyed so much. Trauma is still there to date in the families who were affected. Like for us, we lost about 40 people from our close family during the attack. They were all related to us—from the same lineage. So, life is not the same. There is high level of alcoholism in the community too as a way to help people forget what happened to them. But due to the high level of alcoholism, people are unable to work or function normally. They are not well enough to produce enough and provide for their families, thus poverty is on the increase in most households....

For me, I had a lot of dreams. I would dream of my sister’s son who I played with together, but he was killed in the attack. Sometimes I would see him in my dream with a panga [machete] coming to kill me so I could go where he is. This is because after his death, I thought about him so much because I felt so lonely and this caused me those dreams.” - Adult male interviewee from Lukodi (HH ID 4)

Another participant’s child was abducted during an LRA attack in Lukodi:

“For my missing son, we think about him a lot. We never heard any news about his whereabouts or fate. But because he has been away for so long without any news of his whereabouts, we wanted to perform a burial ritual for him. But we can’t because we don’t have the means to perform the ritual. It would require a goat and some other material to prepare for the ritual—food to prepare for people who will come—but we don’t have the

things that would help us organize the ritual. So we have not been able to do it.”- Adult male interviewee from Lukodi (HH ID 26)

For participant victims, the LRA attacks represent a turning point in their lives, as well as the lives of their family and their entire community. Our data demonstrate a significant relationship between the LRA attacks on the three IDP camps and impaired psychosocial functioning in both male and female victim participants from those camps. Often, these wounds of war are experienced as internalized issues most closely related to depression and anxiety. For many, however, there have also been physical impacts due to LRA atrocities.

## **B2. Physical Effect**

In our study, we used the definitional parameters found in Uganda’s Persons With Disabilities Act (2006), which has a narrower definition of disability than the Convention on the Rights of Persons with Disabilities (2006), of which Uganda is a signatory. We used Uganda’s Persons With Disabilities Act definition of disability in our study to capture a substantial, functional limitation of daily life activities caused by physical, mental, or emotional impairment and environmental barriers that result in limiting a person’s participation. The primary difference between the two bodies of law is that the Convention’s definition includes stigmatizing attitudes and social conditions that can limit people’s daily life activities (which is absent in Uganda’s Disabilities Act). We thought we could more accurately measure people’s physical, mental and emotional impairment that limited their participation or functionality (as in the Uganda’s Disabilities Act) than we could reliably measure those conditions plus the role of stigma and social conditions in impairing a person’s participation in daily activities (as in the Convention on the Rights of Persons With Disabilities).

Two-thirds of the victim participants reported having a disability (Table 10). For more than half of those individuals (or 38 percent of those affected by the LRA attacks) their disability ‘affects their ability to work a lot’ or they ‘cannot work at all’. The following story shows the long-term negative effects of the physical violence committed during the LRA attacks on people’s ability to carry out their livelihoods. During the attack on Abok, this man alleges he was shot in both legs, dragged before the LRA commander of the attack, severely beaten on his orders and left for dead by the rebels. His wife was severely beaten by the LRA during the same attack.

“Because of my injury on the leg [his legs were shattered by the bullets and he lost some of his toes], the doctor advised me not to let any dirt enter the part that was wounded. I have a big scar on that foot that still spills blood and puss sometimes and it pains me a lot. I can only go to the garden while wearing a gumboot and my only source of income is farming.

Since I can’t afford to buy a gumboot, I often look for those that others are throwing away, and I mend them in order to use while going to the garden to dig. The doctor said if any dirt goes into the wound, it will resurface back badly.

For my wife she can’t carry any heavy things or a load on her head because of the severe beating that was meted on her [by the rebels during the attack on Abok]. She can’t even carry a jerry can of water. She can only lift with her hands but not onto her head...

I experience a lot of pain especially in the rainy season and even when the pain lightens, I feel the pain in the wound. In fact, I can tell when it’s going to rain or when the rains are about to fall because of the pain I feel in my legs. There is something about it and rain. It pains a lot as if there is still something inside my leg and yet they removed the bullets after the attack.

I can’t even walk for long distance. I wonder how I will get back home from this meeting [our interview] because if I walk for long, I feel a lot of pain.

Because of the pain, I constantly have to take some painkillers to relieve the pain. I buy painkillers of 3500 shillings for 12 tablets in order to feel better.

I also can't stand for long, meaning I can only dig [farm] for a short time and go back home, limiting my contribution to the household. My wife too can't work for long. But once our children are back at home from school, then we feel better but once they are gone, then we have no one to help us with basic everyday tasks of survival: fetching water, cooking and running small errands." – Adult male interviewee from Abok (HH ID 218)

During the Lukodi attack, LRA rebels allegedly threw this child against trees, bushes and the earth in an attempt to kill her. She suffers injuries to this day that negatively affect her in many ways, with long-term implications for her health, livelihood and education.

"As a result of that tossing and throwing me on hard ground many times, I have persistent and severe pain in my waist every time I sleep, sit for long or have to perform work that requires physical strength or bending over for a long period of time. Because of the pain, at times I miss school. Or when it [the pain] starts at school, I return home. Yet I can't afford good health care to treat the persistent pain in my waist." – Child female interviewee from Lukodi (HH ID 30)

As with experience of alleged war crimes and crimes against humanity, disability affects both the respondent and the household they come from. An individual affected by the LRA attacks has, on average, two people with a disability in the household. The high level of disability is partially reflected in the high dependency ratio: 70 percent of household members amongst the victim participant population are dependents, which has negative implications for livelihoods and access to resources.

While there is no significant difference between female and male respondents when it comes to disability, regarding how it affects work and number of disabled members of the household, female respondents had a significantly higher dependency ratio than male respondents ( $p=0.05$ ). This woman had celebrated her marriage ceremony the day before the LRA attack on Odek, saw her father murdered, and the rebels abducted her and her sister during the attack. She talked of the large, thick scar that curves inside her sister's leg (which Atim saw), a visible reminder of her disability. Her sister still has not found a way to care for herself and the child who was born of rape and forced marriage by the LRA.

"During the time my sister was with the rebels (was abducted the day of the attack and spent seven years in rebel captivity returning with a child), she was wounded on her leg and also had a bullet lodged in her chest. That bullet was removed when she returned home.

She can't stand for long due to the injury [of her leg]. She still experiences a lot of pain if she stands for long. It [her leg] bleeds badly even though the bullet was removed. We don't understand what continues to cause the bleeding and constant pain.

Once the pain starts, she is unable to do even basic things such as farm the land or cook. Because of my sister's injury and mental condition (spirit attacks), I have to provide for all her needs. That is why we live close to each other so I can support her and her child." – Adult female interviewee from Odek (HH ID 140)

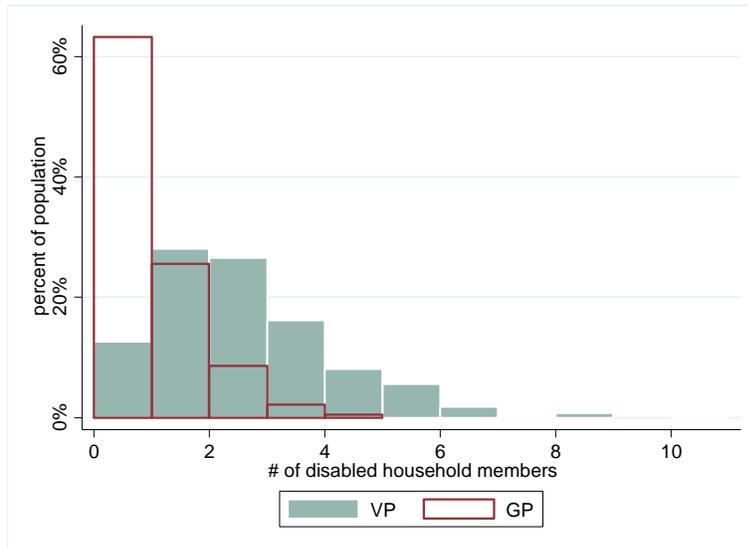
**Table 10: Disability by survey and gender of victim participant (mean with confidence intervals in brackets)**

|   | Male                      |                        | Female                    |                        | Total                     |                        |
|---|---------------------------|------------------------|---------------------------|------------------------|---------------------------|------------------------|
|   | VP                        | GP                     | VP                        | GP                     | VP                        | GP                     |
| have a disability   | 0.645***<br>[0.577,0.712] | 0.166<br>[0.123,0.208] | 0.693***<br>[0.628,0.759] | 0.236<br>[0.200,0.273] | 0.67***<br>[0.623,0.717]  | 0.211<br>[0.183,0.239] |
| disability affects work either a lot or cannot work at all        | 0.542<br>[0.454,0.630]    | 0.531<br>[0.386,0.675] | 0.579*<br>[0.496,0.663]   | 0.468<br>[0.380,0.557] | 0.562<br>[0.502,0.623]    | 0.486<br>[0.411,0.560] |
| average number of people with disabilities in household           | 2.077***<br>[1.854,2.301] | 0.476<br>[0.384,0.569] | 2.154***<br>[1.926,2.383] | 0.535<br>[0.468,0.602] | 2.118***<br>[1.958,2.277] | 0.514<br>[0.460,0.568] |
| Dependency ratio <sup>37</sup>                                    | 0.678***<br>[0.649,0.708] | 0.453<br>[0.424,0.483] | 0.72***<br>[0.690,0.750]  | 0.483<br>[0.462,0.504] | 0.7***<br>[0.679,0.721]   | 0.472<br>[0.455,0.490] |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                           |                        |                           |                        |                           |                        |

There are significant differences in regards to disability between the victim participants and their households compared to the general population of Acholi and Lango sub-regions. The victim participants are significantly more likely to report a physical disability. They have more disabled members in their household (Figure 5). And they have a significantly higher dependency ratio than the general population of Acholi and Lango sub-regions. The data shows a markedly increased physical and mental health burden and its consequences on households of victim participants. To illustrate, consider that 16 percent of the overall populations of Acholi and Lango sub-regions reported a disabled household member, to a striking 65 percent of the victim participants that reported a disabled household member.

<sup>37</sup> The dependency ratio was calculated by deviding the number of dependents (children less than 13, adults over 65, and those with disability) by the total household size.

Figure 5: Number of disabled members of the household by survey population



Finally, we find that individuals who had experienced deprivation of their liberty and forced sexual acts are significantly more likely ( $p=0.09$ ) to report a disability compared to the rest of the victim participant population. Seventy-eight percent of individuals who had reported experiencing this specific war crime or crime against humanity reported having a disabled household member, compared to the rest of the victim population where 65 percent reported a disabled household member, and the overall population of Acholi and Lango sub-regions where 16 percent reported a disabled household member.

### B3. Access to Health Care

Given the high level of physical, mental and emotional harm reportedly experienced by the victim participant population, we look at access to and quality of health services for routine and serious health problems. Specifically, we focus on four variables:

- Distance to a health center (in minutes taken to travel there)<sup>38</sup>;
- Access to health services for routine health problems;
- Access to health services for serious health problems;
- Provision of appropriate services at health center.

Irrespective of the measure of health service access or quality used, victim participants fare worse than the general population. Compared to the general population in Acholi and Lango, it takes victim participant households significantly longer to reach a health clinic. Victim participants were significantly less likely to say they can access a health clinic that has the services they need for routine and serious health problems. And victim participants were significantly less likely to report that the clinic had the necessary services and medication available (Table 11). There was no distinction in access or quality of services by gender of the respondent.

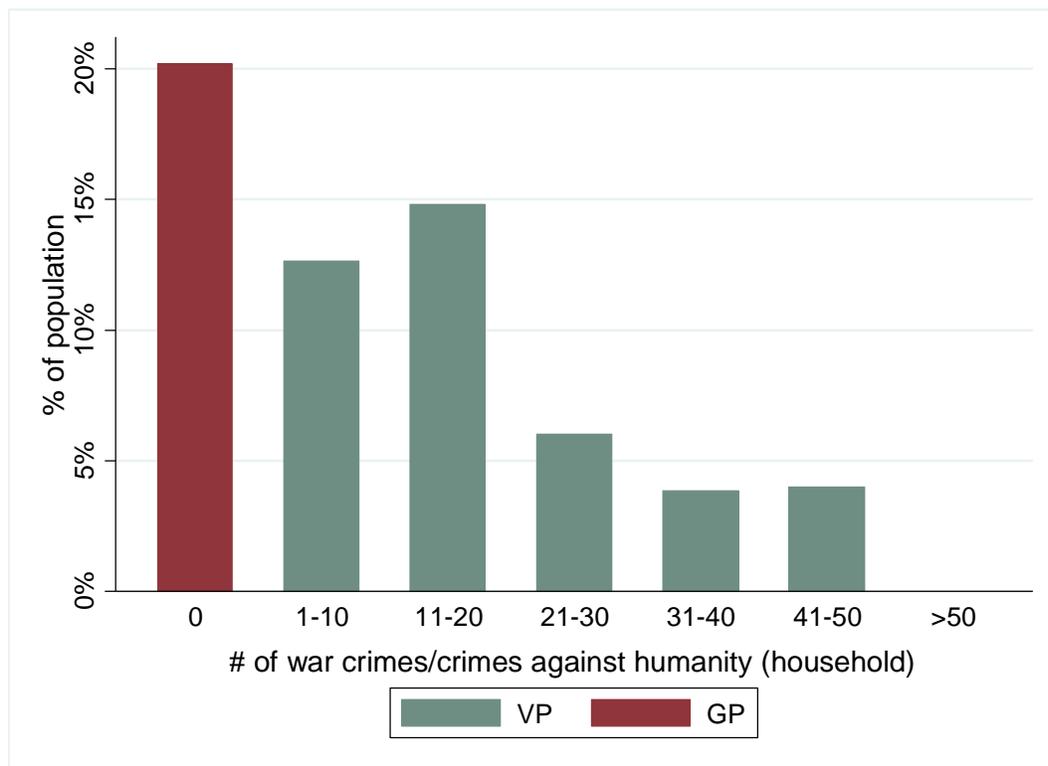
<sup>38</sup> Measure by distance of travel time in minutes allows us to understand how long it takes someone to reach a health center. People who are injured and or sick and have to walk or be carried will obviously take longer than a health person walking, or a wealthier person who can ride a bike, or take a motorcycle or car. Thus, it is better to measure in minutes than kilometer distance or mode of transport.

**Table 11: Access and quality of health services by gender and survey (mean with confidence intervals in brackets)**

|   | Male               |                   | Female             |                   | Total              |                   |
|---|--------------------|-------------------|--------------------|-------------------|--------------------|-------------------|
|   | VP                 | GP                | VP                 | GP                | VP                 | GP                |
| distance (in minutes) to health services                          | 143.795***         | 93.126            | 143.713***         | 100.814           | 143.752***         | 98.063            |
|   | [124.376, 163.214] | [83.976, 102.276] | [126.008, 161.418] | [92.625, 109.003] | [130.672, 156.832] | [91.871, 104.256] |
| can access health services for routine problems                   | 0.046**            | 0.098             | 0.055**            | 0.118             | 0.05***            | 0.111             |
|   | [0.016,0.075]      | [0.064,0.132]     | [0.023,0.086]      | [0.091,0.146]     | [0.029,0.072]      | [0.090,0.133]     |
| can access health services for serious problems                   | 0.036*             | 0.083             | 0.041**            | 0.092             | 0.039***           | 0.086             |
|   | [0.010,0.062]      | [0.045,0.121]     | [0.013,0.070]      | [0.067,0.117]     | [0.019,0.058]      | [0.067,0.105]     |
| services and medication I need are always available               | 0.074***           | 0.194             | 0.109***           | 0.206             | 0.097***           | 0.202             |
|   | [0.044,0.104]      | [0.149,0.239]     | [0.066,0.153]      | [0.172,0.241]     | [0.067,0.126]      | [0.174,0.229]     |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                    |                   |                    |                   |                    |                   |

As we have just demonstrated, the victim participant population affected by the attacks on the IDP camps in Abok, Lukodi and Odek has experienced a significantly greater number of alleged war crimes and crimes against humanity and is more likely to suffer from a physical disability. Now we see that compared to the general population of Acholi and Lango, their greater difference in access to and poorer quality of services likely slows any possible recovery. Victim participants who reported a greater number of alleged war crimes and crimes against humanity experienced during the LRA attacks were also significantly less likely to say that the services and medication they needed was available ( $p < 0.01$ ) and that they can access health services for routine problems ( $p = 0.09$ ) compared to the general population of Acholi and Lango. Consequently, not only does the victim participant population affected by the LRA attacks against the three IDP camps have worse health access compared to the general population, but households who suffered the most alleged war crimes and crimes against humanity have **the worst access** within the victim participant population (Figure 6).

**Figure 6: Percentage of households that can access necessary health services and medication by # of household alleged war crimes and crimes against humanity experienced and survey**



Note: the Y axis in this graph is % of population with access to the health services and medications they need

Adding to their already poor health situation, it took respondents who scored higher on the AYPAs subscale capturing the respondent’s experience with somatic complaints without medical causes significantly longer to travel to a health center than individuals who did not report these complaints (p=0.07).

Speaking about her daughter who as a child was severely burned by the LRA during the attack in Abok, this mother explains the long-term effects on her daughter’s ability to work, the overall household labor and her child’s likely life-time dependency on her parents. Other research in northern Uganda finds that, like this young woman described below, many victims of war crimes and crimes against humanity are unable to access therapeutic care and primarily cope by medicating their pain.<sup>39</sup>

“Now she is eighteen years old. Her nose bleeds all the time. She falls unconscious most times because of losing blood. She is also unable to do any hard labor or work that requires her to bend for a long time, like garden work. Yet she lives with us and we rely on farming to survive.

<sup>39</sup> Mazurana, Dyan, Anastasia Marshak, Teddy Atim, Rachel Gordon and Bretton McEvoy, 2016, “Disability and Recovery from War in Northern Uganda,” *Third World Thematic: A Third World Quarterly Journal*, December, available at <http://dx.doi.org/10.1080/23802014.2016.1235469><http://dx.doi.org/10.1080/23802014.2016.1235469>

She loses her memory most times. I don't think she'll be able to be independent as an adult because of the effect of the burns on her head. As a parent, I have to be there to help her all the time. I worry so much about her future and her ability to do things on her own.

As a parent, we are constantly stuck, having to look after her all the time. We are supposed to help her all the time because she can't be independent and do things for herself.

She has to see a doctor all the time but we can't afford the costs. We also have to check or have her brain examined to ascertain the extent of the damage on her head, but we have not yet done it. We don't know how...we can't afford it.

We have to buy her medication each time she complains of headache, which she has constantly especially when she is exposed in the heat for a long time. If she has taken a long time in the sunshine, that causes her nose to bleed all the more. So she can't be exposed in sunshine for long because it will cause her headache and bleeding from her nose. We can't afford to take her to hospital that can provide her good help." – Adult female interviewee from Abok (HH ID 208)

#### **B4. Asset Wealth**

In part due to over 20 years of armed conflict, northern Uganda is among the poorest and most marginalized areas of Uganda, with the lowest human development indicators.<sup>40</sup> When displaced populations began to return to their home communities in larger numbers in 2007, people in northern Uganda faced the highest probability in the country of dying by the age of 40, the highest rate of children underweight for their age, and among the highest illiteracy rates in the country.<sup>41</sup> In the post-conflict period, the Ugandan Bureau of Statistics reports the north has the highest percentage of people living in poverty of all of Uganda (double the rates of the rest of the country).<sup>42</sup> Today, households in northern Uganda have much lower levels of human capital, less assets, and less access to services and infrastructure than households in the Central and Western regions.<sup>43</sup> We should keep this troubling picture in mind as we explore the victim participants' asset wealth, which we find is significantly lower than the already largely impoverished general population (as we demonstrate below).

The vast majority of the victim participants reported that the LRA stole their property (89 percent) and destroyed their property during the attacks on the three IDP camps and that destruction was extensive (89

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<sup>40</sup> United Nations Development Program (UNDP). (2015) *UNDP human development report 2015: Unlocking the development potential of northern Uganda*. Available from: [http://www.ug.undp.org/content/uganda/en/home/library/human\\_development/UgandaHumanDevelopmentReportHDR2015.html](http://www.ug.undp.org/content/uganda/en/home/library/human_development/UgandaHumanDevelopmentReportHDR2015.html) [Accessed 15 March 2016].

<sup>41</sup> United Nations Development Program (UNDP). (2007) *Human development report 2007/2008: Fighting climate change: human solidarity in a divided world*. Oxford University Press for UNDP. Available from: [http://hdr.undp.org/sites/default/files/reports/268/hdr\\_20072008\\_en\\_complete.pdf](http://hdr.undp.org/sites/default/files/reports/268/hdr_20072008_en_complete.pdf) [Accessed 9 February 2010].

<sup>42</sup> Ugandan Bureau of Statistics (UBOS). (2016) *The national population and housing census 2014: Main report*. Kampala, UBOS. Available from: <http://www.ubos.org/onlinefiles/uploads/ubos/NPHC/2014%20National%20Census%20Main%20Report.pdf> [Accessed 6 July 2017].

<sup>43</sup> World Bank Group. (2016) *The Uganda poverty assessment report 2016: Farms, cities and good fortune: Assessing poverty reduction in Uganda from 2006 to 2013*. Washington DC, The World Bank Group. Available from: <http://documents.worldbank.org/curated/en/694751474349535432/Main-report>

[Accessed on 8 August 2016].

percent). Properties were looted, set on fire and destroyed by the LRA, as recalled in the quotes above and by this victim participant.

“At the time of the attack, we were at Lukodi camp. My uncle was stabbed to death by the rebels when they found him. They looted things like food stuff and our household property. My in-law’s son was burnt to death inside the hut the rebels set on fire. All our huts were burnt down with the remaining household property. Our livestock, like our goats, were also burnt and dumped there. As I was running for my life from the rebels, I fell on a rock, badly hurting myself, which still pains me to date.” – Adult female interviewee from Lukodi (HH ID 108)

The devastation to their assets and livelihoods, and the harms they suffered during the attacks continue to affect them today, as these two victim participants explain.

“Our household property was all looted and destroyed in the attack. We have never been able to recover what we lost.” –Adult male interviewee from Abok (HH ID 199)

“There is no way for people to recover because they lost many things during the war. Some people ended up committing suicide because they could not manage the loss they suffered due to the war and couldn’t imagine how they would survive. One of my own uncles committed suicide after losing his wife and all his property in the Lukodi attack.” Adult female interviewee from Lukodi (HH ID 1)

To investigate victim participants’ household wealth today, we use the assets owned by the household, measured using the Morris Score Index (MSI)<sup>44</sup>. The MSI is a weighted asset indicator that weights each durable asset owned by the household by the share of households owning that asset. This means that households are considered better off when they own assets not owned by most households in the sample. The MSI includes all productive household and livestock assets included in the survey (see full instrument in Annex B). The index has been shown to be a good proxy of household wealth in rural Africa<sup>45</sup> and has been used in many other settings.<sup>46</sup>

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<sup>44</sup> Morris, S., C. Calogero, J. Hoddinott and L. Christiaensen (2000). "Validity of rapid estimates of household wealth and income for health surveys in rural Africa." *Epidemiol Community Health*(54).

<sup>45</sup> Morris, S., C. Calogero, J. Hoddinott and L. Christiaensen (2000). "Validity of rapid estimates of household wealth and income for health surveys in rural Africa." *Epidemiol Community Health* (54).

<sup>46</sup> Slater, R. and R. Mallet (2017). "How to support state-building, service delivery and recovery in fragile and conflict affected situations: lessons from six years of SLRC research." Overseas Development Institution, London UK.

[https://securelivelihoods.org/wp-content/uploads/SLRC\\_briefing\\_29\\_V5\\_web\\_view.pdf](https://securelivelihoods.org/wp-content/uploads/SLRC_briefing_29_V5_web_view.pdf); Slater, R. and R. Mallet (2017).

"Tracking Change in Fragile and Conflict-Affected Situations: Lessons from the SLRC Panel Survey." Overseas Development Institution, London UK. <https://securelivelihoods.org/publication/tracking-change-in-fragile-and-conflict-affected-situations-lessons-from-the-slrc-panel-survey/>; Denney, L., R. Mallet, and M. Benson (2017). "Service Delivery and State Capacity:

Findings from the Secure Livelihoods Research Consortium." Overseas Development Institution, London UK. <https://securelivelihoods.org/publication/service-delivery-and-state-capacity-findings-from-the-secure-livelihoods-research-consortium/>;

Nixon, H. and R. Mallet (2017). "Service Delivery, Public Perception and State Legitimacy: Findings from the Secure Livelihoods Research Consortium." Overseas Development Institution, London UK.

<https://securelivelihoods.org/publication/service-delivery-public-perceptions-and-state-legitimacy-findings-from-the-secure-livelihoods-research-consortium/>;

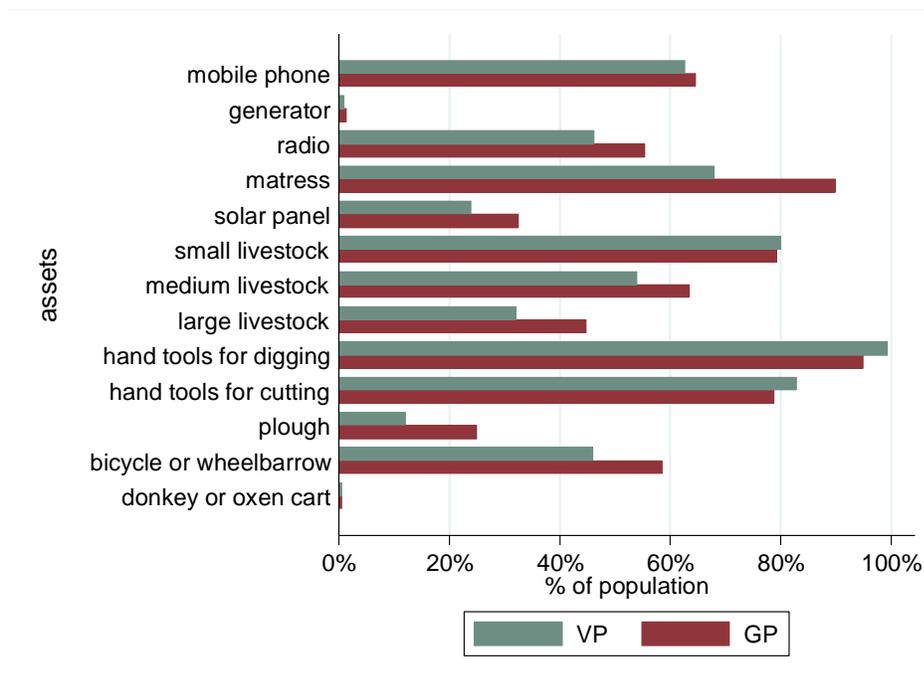
Sturge, G., R. Mallet, J. Hagen-Zanker, and R. Slater (2017). "Tracking Livelihoods, Service Delivery and Governance: Panel Survey Findings from the Secure Livelihoods Research Consortium." Overseas Development Institution, London UK. <https://securelivelihoods.org/publication/tracking-livelihoods-service-delivery-and-governance-panel-survey-findings-from-the-secure-livelihoods-research-consortium/>

**Table 12: MSI by survey and gender (mean with confidence interval in brackets)**

|   | Male              |                   |  | Female            |                   | Total             |                   |
|---|-------------------|-------------------|--|-------------------|-------------------|-------------------|-------------------|
|   | VP                | GP                |  | VP                | GP                | VP                | GP                |
| MSI   | 4.954***          | 5.375             |  | 4.487**           | 4.767             | 4.709***          | 4.985             |
|   | [4.780,5.128<br>] | [5.222,5.528<br>] |  | [4.312,4.662<br>] | [4.644,4.889<br>] | [4.584,4.835<br>] | [4.887,5.083<br>] |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                   |                   |  |                   |                   |                   |                   |

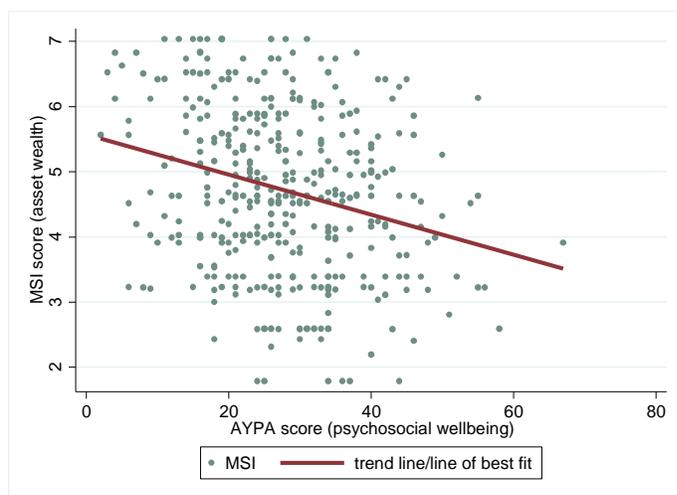
We find that the victim participant population has significantly less asset wealth than the general population of northern Uganda (Table 12). This applies to the victim participant population as a whole, as well as for male and female respondents. In addition, in both the Victimization Assessment Survey and the SLRC Uganda survey populations, female respondents reported less asset wealth compared to male respondents. This is in part due to persistent structural and cultural discrimination against women and girls in northern Uganda. The difference between the two populations in the MSI score is clearly visible when comparing individual asset ownership (Figure 7).

**Figure 7: Individual asset ownership by survey**



Additionally, we find that the worse the respondents’ psychosocial wellbeing (using the AYP score), the significantly lower their asset wealth (MSI score) ( $p < 0.01$ ) (Figure 8). In the figure below, we show the relationship between the MSI and AYP score, using the line of best fit to show that relationship. The line of best fit is an imposed line (using a statistical formula) that shows the trend in the data. Similarly, the more alleged war crimes and crimes against humanity an individual or household experienced, the lower their wealth ( $p = 0.02$  and  $p < 0.01$  respectively). Thus, the data shows that for the victim participants the experience of alleged war crimes and crimes against humanity and their lower psychosocial wellbeing is associated with lower household wealth, lower earnings and lower income potential to the present day.

**Figure 8: The relationship between asset wealth (MSI) and psychosocial wellbeing (AYPA)**



This young woman experienced abduction, attempted murder, rape and forced marriage (where she was infected with HIV) at the hands of the rebels who attacked Odek. Her story reveals that murder of her father and her abduction and sexual abuse has had a multiplier effect on the harms she suffers and their connection to her poverty.

“Life is so hard today, we have to rent land to farm our crops. We have our family land but there is a struggle over the land. All of us women who are now back home after a failed marriage [her sister’s husband rejected her because she was a forced wife in the LRA] have been sent away from the land...

We collect water for the primary school here for some money. That is our main source of income. We can’t farm anything. We only work *leja-leja* [daily labor] in people’s garden. There are no animals that were left by our late parents, all were taken by our relatives.

We can’t even hold memorial prayers for our late parents because our relatives sold all our land. But what can we say or do? We have no means to claim the land back from them or to even try. We just watch from a distance.” – Adult female interviewee from Odek (HH ID 140)

Another female victim participant from Odek highlights (as does the one above) the compounding problems women victims’ face in recovering from the LRA attacks due to pervasive sex and gender discrimination against women in northern Uganda.

“Because of the death of my father [during the attack on Odek], it was hard for me to continue with school. So I dropped out and started cohabiting with my current husband. We were many children to our parents, but I was among the younger ones. But even my older siblings were not able to support me through school because they had no means to support me.

We also had land problems with the church that wanted to take part of our land. They took some of the land and now we are only left with a little land. This happened because our mother was alone [father was killed in Odek attack] and couldn’t stand firm on her own to protect our land as a woman.” – Adult female interviewee from Odek (HH ID 124)

Indeed, the lasting harm due to the stripping and destruction of their assets during the LRA attacks is apparent in nearly every qualitative interview we conducted for this study. As a young woman from Lukodi told us,

“Life is hard today, getting the things we had before the war is nearly impossible to get, like goats. We just try to survive each day, but there is nothing to keep for the future. No other means of survival.” – Adult female interviewee from Lukodi (HH ID 77)

Groups that are stigmatized and made more vulnerable due to the crimes they suffered during the war also find it difficult to maintain their assets. This includes widows, orphans, forced wives and former abductees. A former abductee who was forced by the LRA to carry out crimes during the attack on Lukodi, which is her home community, spoke of her situation now in her community.

“Life is different today compared to the past. There is stigma against those who returned [from LRA captivity]. But when our elders were still there, these things would not happen as they are now. For example, people look for land that their grandparents had given another family to use and they want to claim it back and send that family away on account that they don’t know that family and are not related to them in anyway. Like for us, they want to chase us away from the land that one of our great parents gave to my family to use because they think we are not their close relatives. I wonder where we will go if that happens. Life has become so hard today.” – Adult female interviewee from Lukodi (HH ID 77)

In conclusion, we find that the long-term effects of victim participants’ experiences of war crimes and crimes against humanity committed by the LRA in the attacks against the three IDP camps, even 14 years later, continues to negatively impact their household wealth, earnings and income potential. These negative impacts are greatly increased for women victim participants due to the pervasive sex and gender discrimination they face throughout northern Uganda.

## **B5. Food Insecurity**

The reduced Coping Strategy Index (rCSI) is a tool for measuring current food access and quantity. In the rCSI the higher a household scores on the index the worse-off the household’s food security.<sup>47</sup> Five coping strategies and their relative severity have been identified to be internationally applicable and can be seen as proxies for food insecurity.<sup>48</sup> In our study, the overall score of the insecurity index for each household was calculated by multiplying the number of times in the previous week that each coping strategy had been used by strategy pre-assigned weight, and summing the products.

Compared to the general population in Acholi and Lango, we find that victim participant households have significantly higher food insecurity. This finding holds even when comparing male and female households (Table 13). The rCSI is 50 percent higher for the victim participant population compared to the general population in Acholi and Lango. This means that the victim participant population has 50 percent higher food insecurity than the general population of Acholi and Lango. Within the victim participant population there is no difference in the findings by gender.

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<sup>47</sup> Maxwell, D. and R. Caldwell (2008). *The Coping Strategies Index: A tool for rapid measurement of household food security and the impact of food aid programs in humanitarian emergencies*, Cooperative for Assistance and Relief Everywhere, Inc. (CARE).

<sup>48</sup> Maxwell, D. and R. Caldwell (2008). *The Coping Strategies Index: A tool for rapid measurement of household food security and the impact of food aid programs in humanitarian emergencies*, Cooperative for Assistance and Relief Everywhere, Inc. (CARE).

**Table 13: Food insecurity by population and gender (means with confidence intervals in brackets)**

|   | Male            |                 | Female          |                 | Total           |                 |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|   | VP              | GP              | VP              | GP              | VP              | GP              |
| reduced<br>CSI  | 21.768***       | 14.084          | 20.562***       | 15.449          | 21.136***       | 14.962          |
|   | [19.834,23.702] | [12.736,15.433] | [18.711,22.413] | [14.478,16.421] | [19.800,22.473] | [14.173,15.751] |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                 |                 |                 |                 |                 |                 |

This quote from a male victim participant from Lukodi helps make clear the link between the LRA attacks and immediate and prolonged food insecurity, including how the breakdown of families exacerbates household food insecurity today.

“I had no food to eat after the [Lukodi] attack and sometimes I would sleep without food or would only have a meal a day, or two at best.

People [here in Lukodi] eat poorly because there is not enough food to eat. Some only eat once a day. The loss of livestock means people are unable to cultivate enough food to sustain their family until the next season of crops are ready.

The relationships in the households are bad. Many women are left in the households to fend for themselves, as most men are not there. But once the women produces the food crops, then some men want to sell the produce for their own use, causing conflict in the household.” – Adult male interviewee from Lukodi (HH ID 4)

In addition, the murder and abduction of children by the LRA in attacks on the three IDP camps directly affects people’s food security. This man’s son was abducted and never returned. His loss resulted in his family not having the necessary labor to produce enough crops to sustain the family and send the remaining children to school.

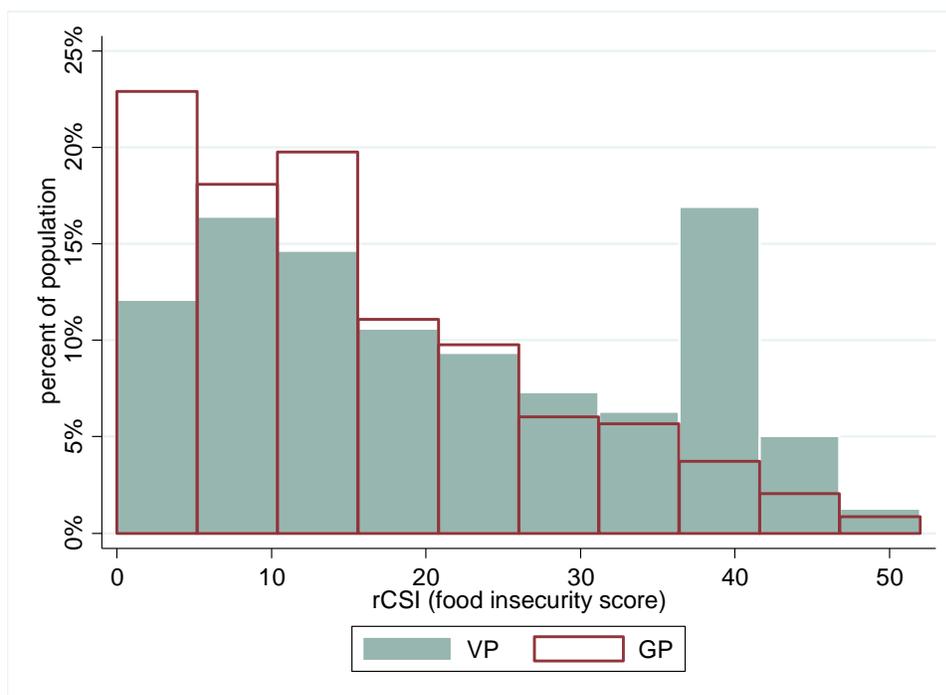
“Because of his [interviewees’ son] abduction by the rebels, we keep thinking a lot. I can’t farm enough to feed the family. I have become weaker. Even when I try to send my children to school, I can’t because we never produce enough to afford their schooling.” – Adult male interviewee in Lukodi (HH ID 26)

The same long lasting impact on food insecurity and education of those who suffered alleged war crimes and crimes against humanity committed by the LRA holds true for the murder and abduction of adults. This woman from Odek explains her situation in the aftermath of the LRA attack.

“Because there was no men to help us [after the murder of my father in the Odek attack], we couldn’t produce enough food for the family. We always had food shortages at home. My mother alone couldn’t produce enough on her own to feed the entire family. There was nothing extra to sell to send us to school.” – Adult female interviewee from Odek (HH ID 124)

When we compared the distribution of food insecurity between the victim participant population and the general population of Acholi and Lango, we see two peaks within the victim participant population, as shown below (Figure 9).

**Figure 9: Food insecurity distribution by survey**



In order to determine what could be associated with those two peaks we ran a simple linear regression on rCSI including experience of alleged war crimes and crimes against humanity by the household, disability in the household, wealth, the respondents AYPAs score, and controlling for age and sex of the respondent (Table 19 in Annex A). The simple linear regression allows us to see how each of these characteristics might contribute to a household's food insecurity. Of all the household characteristics, the number of disabled individuals has the greatest relationship with increasing household food insecurity, meaning each disabled member of the household increased food insecurity by more than 10 percent from the average score (each disabled person increased the rCSI by 2 points and the average rCSI is 17 points, so  $2/17=0.12$  or 12% or 'by more than 10 percent'). This finding clearly shows a strong connection between poor physical and mental wellbeing and households' food insecurity within the victim participants' households. In this report, we have already demonstrated the strong relationship between households experiencing alleged war crimes and crimes against humanity committed during the LRA attacks on the three IDP camps and their significantly poorer physical and mental outcomes. Now we see this relationship of their experiences of alleged war crimes and crimes against humanity and poor physical and mental health extends to them having worse food security today.

Finally, we again find the increased vulnerability of victim participants who were abducted and sexually abused. Respondents that reported being deprived of their liberty and forced to engage in one or more acts of a sexual nature had significantly ( $p<0.01$ ) greater food insecurity, as compared to the remainder of the victim participant population.

## **B6. Access to School**

In order to assess how having experienced the LRA attacks against the IDP camps in Abok, Lukodi and Odek affects the victim participants' education we look at several variables:

- Time traveled to reach school (in minutes traveled)
- Girls frequently attending school (reported by respondent)

- Boys frequently attending school (reported by respondent)
- Current enrollment in school (from the household roster)

Households affected by the LRA attacks on the three IDP camps report it takes significantly longer time to reach a school as compared to the average household in Acholi and Lango (Table 14). As a woman from Lukodi relayed to us,

“My children also don’t go to school. The school is very far and also requires us to pay. But I can’t afford the current cost of schooling.” – Adult female interviewee from Lukodi (HH ID 108)

General enrollment figures for boys and girls (age 5-29) are the same for both the general population of Acholi and Lango and those living in victim participant households affected by LRA attacks on the three IDP camps. However, **regular attendance** in school is significantly different.. Both boys and girls living in victim participant households are significantly less likely to be attending school every day, as compared to their same-sex peers in the general population (Table 14).

**Table 14: Access to and attendance of schools (means with confidence intervals in brackets)**

|   | VP              | GP              |
|---|-----------------|-----------------|
| Distance (in minutes of travel time) to school                    | 58.606***       | 50.826          |
|   | [54.614,62.599] | [47.285,54.368] |
| Boys attending school everyday                                    | 0.486***        | 0.652           |
|   | [0.429,0.544]   | [0.610,0.693]   |
| Girls attending school everyday                                   | 0.464***        | 0.62            |
|   | [0.406,0.522]   | [0.578,0.663]   |
| Boys (5-29) enrolled in school                                    | 0.739           | 0.754           |
|   | [0.705,0.772]   | [0.727,0.781]   |
| Girls (5-29) enrolled in school                                   | 0.701           | 0.696           |
|   | [0.667,0.734]   | [0.670,0.722]   |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                 |                 |

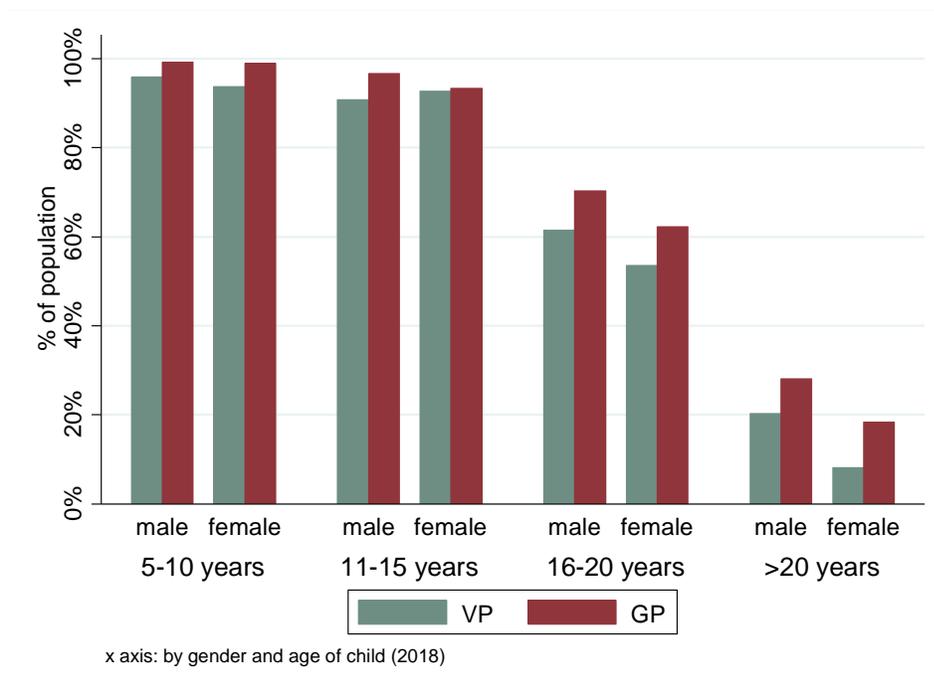
Furthermore, a closer look at the enrollment data shows that the similarity in enrollment is due to a different distribution in age between the general population and the victim participant population (Figure 10). Within each age group (ages 5-10, 11-15, 16-20, 21-30), children living in victim participant households have significantly lower levels of enrollment (p value=0.01, 0.04, 0.02, 0.02 respectively). In other words, for each age group listed above, those children are significantly more likely to not be enrolled in school in the victim participants’ households, as compared to the general population of Acholi and Lango. We sought to understand why this was. A woman from Lukodi spoke with us about why her children are not in school.

“The most painful thing for us parents is the challenge of educating our children. It is very expensive today to send children to school. Even primary education is expensive. We have to pay from 20,000 UGS and above per child. And if one has more children, it is impossible to pay for all of them or even negotiate with the school to give you some time to raise the money while the children go to school. Some schools demand food contributions for lunch: 11 kilograms of maize, 7 kilograms of beans and

2000 shillings as a contribution for cooking oil per child. This is hard for us parents to afford every term. So, we have to provide for both the family and children at school with the little food we harvest. This is really difficult for us parents to do and is causing poverty in the households, as most of the food produced are taken to school and nothing is left for home use.” – Adult female interviewee from Lukodi (HH ID 110)

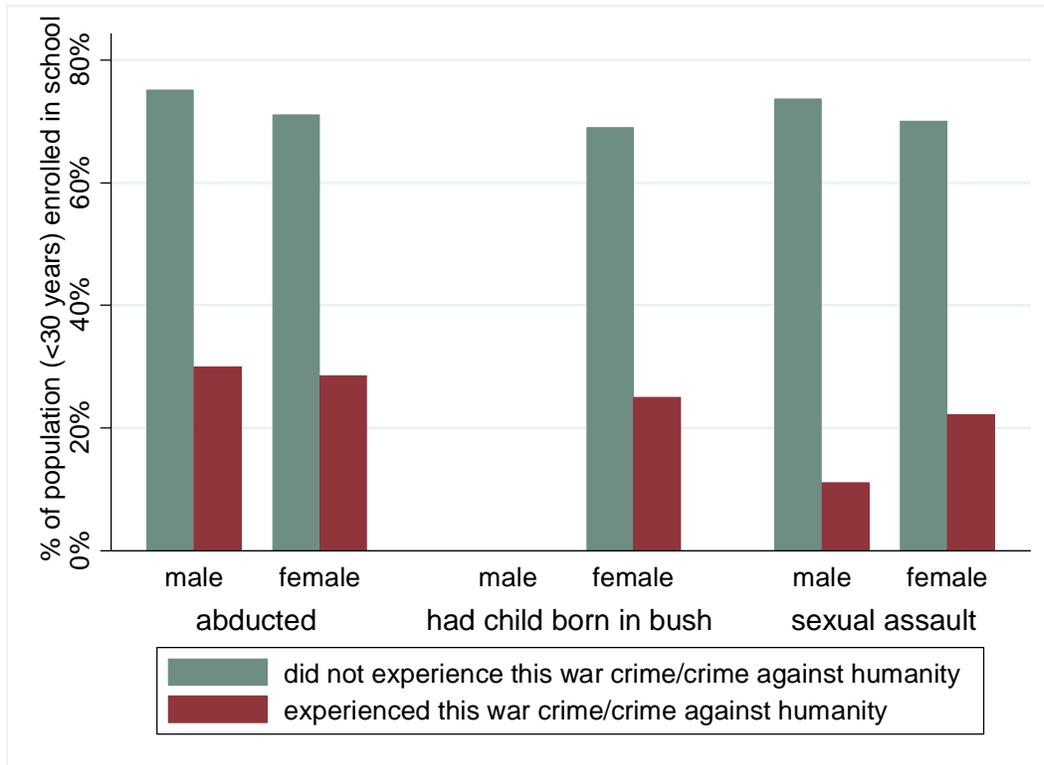
It is very important to realize that we found that despite no personal experience in the LRA attacks on the three IDP camps and almost a decade of time passing, children who are today between the ages of 5 and 10 living in victim participant households are worse off in terms of attendance and enrollment in school than their same-sex peers in the general population of Acholi and Lango. Here we clearly see evidence of the intergenerational harm of the LRA attacks against the victim participant population in the three IDP camps.

**Figure 10: School enrollment by sample, age, and gender (from the household roster data)**



Furthermore, boys and girls who had either been sexually assaulted or abducted fared significantly worse ( $p < 0.01$ ) in regards to school attendance and enrollment (Figure 11). In the victim participant population, only 18 percent of children who live in a household where a member had been sexually assaulted reported being enrolled in school. Only 29 percent of those who live in a household where a member had been abducted have a child enrolled in school. When it comes to attendance, 0 percent of girls and 9 percent of boys who live in a household where a member had been sexually assaulted attend school every day. Only 33 percent of girls and 37 percent of boys who live in a household where a member was abducted attend school every day. Again, we see quite plainly the intergenerational harm suffered by the children who household members had been sexual assaulted or abducted.

**Figure 11: Enrollment in school by experience of serious crime (victim participant population only)**



We conclude that the combination of the high numbers of alleged war crimes and crimes against humanity committed by the LRA against the victim participant population and the resulting physical, emotional and mental injury and disability, poorer mental wellbeing, destruction of their assets and reduced ability to carry out livelihoods has resulted in these households being unable to afford to enroll and keep their child attending school. The stories of victim participants in our qualitative interviews strengthen our confidence in this conclusion.

“My brother [killed in Abok attack] left orphans. There are five children but there is no way I can care for them. I have no ability to provide their schooling and provide for all their other basic needs together with that of my own children.” – Adult male interviewee from Abok (HH ID 185)

A man from Lukodi stated,

“We are unable to continue with school because getting money has become a lot harder today because our main source of livelihoods was lost [in the Lukodi attack]. If my elder brother was here [he was abducted during the attack and never returned], possibly he would be supporting our parents to raise income to send the younger ones to school, as is expected of any elder brother. By now he would be 28 years old. My parents ask about his fate but have no way of knowing what happened to him, is he alive or dead.” – Adult male interviewee from Lukodi (HH ID 85)

A woman from Lukodi explained,

“Life is hard. People don’t have ways to make a living. There are no livestock. Paying school fees is hard. And we now have to divide all the food crops we grow between meeting our own food needs

and what we can sell to try and get school fees. As a result, we are always lacking food because we never able to produce enough, because we don't have livestock to open much land [and fast] for cultivation." – Adult female interviewee from Lukodi (HH ID 108)

The lack of continuing education for the children of victim participants can lead to even more harmful situations, such as child marriage for both girls and boys. As this young man explained to us,

"I dropped out of school during that time [in the aftermath of the Lukodi attack] because of the insecurity but also because my family could not meet my school fees. We were impoverished... As a young person in the family, I had to work to help provide for the family. So, I would miss school often...

Many children in this community are out of school. Even me, I could have continued with my education [I had good grades] but dropped out due to lack of fees. Most parents are unable to provide or send their children to school, even affording primary level of education, they can't.

Because I dropped out of school, I had to marry early [a girl child]. I had no any other way to continue and live alone, yet I was already out of school." – Adult male interviewee from Lukodi (HH ID 4)

## B7. Access to potable water

Access to clean water is one component of preventing child morbidity and poor nutritional outcomes such as stunting, which is associated with negative long-term cognitive and physical development outcomes<sup>49</sup>. In addition, water is a key component of everyday household activities and an important natural resource to support livelihood activities. Thus, in this section we look at two components of water access:

- Time travelled (in minutes) to go to, take from, and return from a water source
- Type of water source

Comparing the victim participant population and the general population of Acholi and Lango, we find no significant difference in the time household travels to access any source of water. However, we find that the victim participant population has significantly less access to potable water as compared to the general population of Acholi and Lango (Table 15).

**Table 15: Water type and distance in minutes by survey and gender (mean with confidence intervals in brackets)**

|   | Male                      |                           | Female                    |                           | Total                     |                           |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
|   | VP                        | GP                        | VP                        | GP                        | VP                        | GP                        |
| access to potable water   | 0.567***<br>[0.497,0.637] | 0.816<br>[0.771,0.860]    | 0.703***<br>[0.639,0.768] | 0.815<br>[0.782,0.849]    | 0.639***<br>[0.591,0.686] | 0.816<br>[0.789,0.842]    |
| return journey distance   | 40.778<br>[36.161,45.396] | 40.401<br>[35.666,45.136] | 41.823<br>[37.305,46.341] | 46.381<br>[41.960,50.802] | 41.325<br>[38.100,44.551] | 44.242<br>[40.934,47.550] |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                           |                           |                           |                           |                           |                           |

<sup>49</sup> Wright, J., S. Gundry and R. Conroy (2004). "Household drinking water in developing countries: a systematic review of microbiological contamination between source and point of use." *Tropical Medicine and International Health* 90(1): 106-117.

There is already a high prevalence of stunting (32 percent of children) in the northern region of Uganda.<sup>50</sup> The evidence around stunting and other forms of undernutrition suggests that it has an extremely negative and pervasive effect on human performance, health, and survival.<sup>51</sup> This includes effects on morbidity,<sup>52</sup> mortality,<sup>53</sup> intrauterine growth,<sup>54</sup> cognitive and social development,<sup>55</sup> schooling,<sup>56</sup> adult physical work capacity,<sup>57</sup> adult-onset chronic diseases,<sup>58</sup> economic productivity,<sup>59</sup> and economic growth.<sup>60</sup> We conclude that the prognosis for the future health status and physical and cognitive development of the children of the victim participant population is poor due to the high levels of stunting, their significantly lower levels of food security, lower levels of and access to education, less access to health services and potable water among the victim participant population. Again, we find strong evidence of the adverse, damaging intergenerational effects of the LRA attacks on the victim participant population's children.

## **B8. Access to Livelihoods and Social Protection Services**

In this section we look at access to livelihood and social protection services and how that access might differ for the victim participant population compared to the general population of Acholi and Lango sub-region.

We took a comprehensive approach to capturing livelihood and social protection services in both surveys. For livelihood services we asked about if in the last year anyone in their household had received seeds, fertilizer, pesticides, tools, agricultural extension services, access to seed money for a revolving fund, non-agricultural services, and any other livelihood services given by any group (community based, local, government, or NGO). For social protection services we asked if in the last year anyone in their household had received free food aid or household items, been part of school feeding programs, received feeding in hospitals, received retirement pension or other social protection service given by any group (community based, local, government, or NGO).

It is important to note that in the general population of Acholi and Lango sub-regions, the vast majority of households do not report receiving any livelihoods and social protection services, and when they do receive those services, most say they did not make any difference in their households.<sup>61</sup> Furthermore, compared to other war-affected populations in other countries, northern Uganda scores very low on populations' reporting

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<sup>50</sup> USAID (2014). Snapshots of nutrition in Uganda: 2014 Compendium. USAID.

<sup>51</sup> United Nations Standing Committee on Nutrition (2002). Nutrition: A Foundation for Development. United Nations SCN, Geneva; World Bank (2006) Repositioning Nutrition as Central to Development: A strategy for Large Scale Action. World Bank, Washington DC.

<sup>52</sup> Lanata, C.F. and Black R.E. (2001) Diarrhea and respiratory diseases. In R. Semba and M. Bloem (eds), Nutrition and Health in Developing Countries. Human Press, Totowa, NJ. Pp.93-129

<sup>53</sup> Pelletier, D.L. Frongillo, E.A., Jr, Schroeder, D.G. et al (1995). The effects of malnutrition on child mortality in developing countries. *Bull World Health Organ* 73, 443-448

<sup>54</sup> Kramer, A. (1987) Determinants of low birth weight: methodological assessment and meta-analysis. *Bull World Health Organ* 65, 663-737.

<sup>55</sup> Pollit, E., Gorman, K.S. and Engle P.L. (1993) Early supplementary feeding and cognition. *Monogr Soc Res Child Dev* 58, 1-112

<sup>56</sup> Victoria, C.G., Adair, L., Fall, C., et al. (2008) Maternal and child undernutrition: consequences for adult health and human capital. *Lancet* 371, 340-357.

<sup>57</sup> Haas, J.D., Murdoch, S., Rivera, J.M.R., et al (1996) Early nutrition and later physical work capacity. *Nutr Rev* 54, S41-48.

<sup>58</sup> Victoria, C.G., Adair, L., Fall, C., et al. (2008) Maternal and child undernutrition: consequences for adult health and human capital. *Lancet* 371, 340-357.

<sup>59</sup> Victoria, C.G., Adair, L., Fall, C., et al. (2008) Maternal and child undernutrition: consequences for adult health and human capital. *Lancet* 371, 340-357.

<sup>60</sup> Fogel, R. (1994) Economic growth, population theory, and physiology: the bearing of long term processes on the making of economic policy. *American Economic Review* 84, 369-395

<sup>61</sup> Mazurana, Dyan, Anastasia Marshak, Jimmy Hilton Opio, Rachel Gordon and Teddy Atim. 2014. *Surveying Livelihoods, Service Delivery and Governance – Baseline Evidence from Uganda*. Secure Livelihoods Research Consortium, London. Available at [http://securelivelihoods.org/publications\\_details.aspx?resourceid=295](http://securelivelihoods.org/publications_details.aspx?resourceid=295)

that they receive livelihood and social protection services.<sup>62</sup> With this in mind, we found that in the last year, victim participant households reported significantly greater access to most of the livelihood and social protection services compared to the general population (Table 16), including: free food aid or household items, school feeding programs, feeding in hospitals, retirement pension, other social protection, seeds, fertilizer, pesticides, tools, agricultural extension services, access to seed money for a revolving fund, non-agricultural services, and other livelihood services.

Regarding livelihood services last year (in 2017), 57 percent of the victim participant population<sup>63</sup> received some kind of livelihood service, compared to 19 percent of the general population in Acholi and Lango. On average, victim participant households received one form of livelihood service compared to an average of 0.24 livelihood services for the general population in Acholi and Lango. For example, 23 percent of households in the victim participant population received seeds, fertilizer, tools, and pesticides, compared to 5 percent of the general population in Acholi and Lango. When it comes to agricultural services, 37 percent of the victim participant population reported receiving one or more of these services, compared to only 6 percent of the general population in Acholi and Lango.

For social protection services, 30 percent of the victim participant population reported receiving social protection services compared to 14 percent of the general Acholi and Lango population. On average, victim participant households received 0.37 forms of social protection service, compared to an average of 0.16 social protection services in the general population. For example, 8 percent of the victim participant population reported receiving school feeding, compared to less than 1 percent of the general population in Acholi and Lango. When it comes to food aid, 9 percent of the victim participant population received food aid or free household goods, compared to 6 percent the general population in Acholi and Lango.

Earlier studies on the impact of the war on people in northern Uganda highlight that addressing the effects of the war may require on-going, and in some cases life-time, support.<sup>64</sup> The fact that most households that are receiving support services report only one or less services a year is concerning, and indicates the response is falling well short of meeting the needs that this report has found. Those who are war wounded (physically, mentally and emotionally) are a clear case of those who may require long-term therapeutic care. This man's brother and father were killed during the attack on Odek. He was abducted by the LRA and later severely injured, requiring the amputation of his leg.

“World Vision supported me with artificial limb for my amputated leg on return, but after they closed their program, I was supposed to pay on my own. Replacement limbs cost about 1.5 million shillings, impossible for a farmer like me to afford. Then later, the ICC's Trust Fund for Victims' started providing access through AVSI rehabilitation center based in Gulu. So, each time I have the artificial limb problem, I go back to AVSI in Gulu. But they only provide the limb and pay for my own transport and upkeep while there.” – Adult male interviewee from Odek (HH ID 126)

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<sup>62</sup> Carpenter, S., Slater, R., and Mallet, R. (2012) “Social Protection and Basic Services in Fragile and Conflict Affected Situations” Overseas Development Institute, October 2012. <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7859.pdf>

<sup>63</sup> Access to livelihood services differed by slightly by location. In Lukodi 53 percent of respondents received livelihood services; in Odek 65 percent of respondents received services; and, in Abok 58 percent of respondents received services. When it came to social protection, 30 percent of respondents in Lukodi reported receiving services, 32 percent in Abok, and 22 percent in Odek.

<sup>64</sup> Mazurana, Dyan, Anastasia Marshak, Teddy Atim, Rachel Gordon and Bretton McEvoy, 2016, “Disability and Recovery from War in Northern Uganda,” *Third World Thematic: A Third World Quarterly Journal*, December, available at <http://dx.doi.org/10.1080/23802014.2016.1235469>

While the figures for receiving livelihoods and social protection services are significantly better for the victim participant population than those of the general population, many within the victim participant population still do not report receiving such services. Furthermore, there appears to be little transparency or clarity of why some receive services and others do not. This interviewee was a child at the time of the attack on Lukodi. His home was burnt, their property looted and destroyed, his cousin who lived with him was shot and killed, and his older brother was abducted and was reported dead. Due to the attack, his family fled to another IDP camp, where destitute, he was forced out of school and experienced severe food insecurity. When asked about any form of assistance he replied,

“I have never got any assistance so far for survivors, but I hear others get some help. Even programs such as the youth livelihoods programs, we tried to form a group with the hope that we could get some assistance. But we didn’t get. It was made worse because the first group to get the assistance here were unable to pay back, so no other group was awarded after they defaulted on their repayment. I think we are unable to get assistance because we don’t have the right connection or know people who can connect us to those programs. If we knew someone, maybe we would also get something.” Adult male interviewee from Lukodi (HH ID 4)

Importantly, for the victim participant population we find no connection between the experience of alleged war crimes and crimes against humanity and/or disability and receiving either social protection or livelihood services (Table 20 and 21 in Annex A), or the number of different services they receive (Table 22 and 23 in Annex A). Furthermore, despite significantly worse outcomes (as detailed throughout this report), respondents in the victim participant population who reported being abducted or being deprived of their liberty and forced to engage in one or more acts of a sexual nature were no more or less likely to receive either social protection or livelihood services. In other words, if targeting based on need is being applied by those giving assistance in Abok, Lukodi and Odek, the assistance does not appear to actually capture the populations who are the most vulnerable and the worst off.

**Table 16: Access to social protection and livelihood services by survey and gender (mean and confidence intervals in brackets)**

|                                  | Male                      |                        | Female                    |                         | Total                     |                         |
|----------------------------------|---------------------------|------------------------|---------------------------|-------------------------|---------------------------|-------------------------|
|                                  | VP                        | GP                     | VP                        | GP                      | VP                        | GP                      |
| free food aid or household items | 0.115<br>[0.070,0.161]    | 0.078<br>[0.047,0.109] | 0.064<br>[0.031,0.097]    | 0.047<br>[0.029,0.065]  | 0.089*<br>[0.061,0.116]   | 0.058<br>[0.042,0.074]  |
| school feeding program           | 0.092***<br>[0.053,0.131] | 0<br>[0.000,0.000]     | 0.077***<br>[0.038,0.115] | 0.002<br>[-0.002,0.006] | 0.084***<br>[0.057,0.111] | 0.001<br>[-0.001,0.004] |
| old age pension                  | 0.086<br>[0.047,0.124]    | 0.087<br>[0.054,0.120] | 0.045<br>[0.016,0.074]    | 0.062<br>[0.041,0.083]  | 0.064<br>[0.041,0.088]    | 0.071<br>[0.053,0.089]  |
| feeding in hospitals             | 0.033<br>[0.009,0.057]    | 0<br>[0.000,0.000]     | 0.01<br>[-0.004,0.024]    | 0.006<br>[-0.001,0.012] | 0.021***<br>[0.007,0.034] | 0.004<br>[-0.000,0.008] |
| retirement pension               | 0.039<br>[0.012,0.065]    | 0.015<br>[0.000,0.029] | 0.024<br>[0.003,0.046]    | 0.013<br>[0.003,0.023]  | 0.031**<br>[0.014,0.048]  | 0.013<br>[0.005,0.022]  |
| other social protection          | 0.094***<br>[0.053,0.135] | 0.021<br>[0.004,0.038] | 0.064***<br>[0.030,0.099] | 0.017<br>[0.006,0.029]  | 0.079***<br>[0.052,0.105] | 0.019<br>[0.009,0.028]  |

|   |               |               |               |               |               |               |
|---|---------------|---------------|---------------|---------------|---------------|---------------|
| seeds, fertilizer, tools, pesticides                              | 0.266***      | 0.061         | 0.205***      | 0.043         | 0.234***      | 0.05          |
|   | [0.204,0.328] | [0.034,0.088] | [0.148,0.261] | [0.026,0.061] | [0.192,0.276] | [0.035,0.065] |
| agricultural extension services                                   | 0.398***      | 0.082         | 0.345***      | 0.049         | 0.37***       | 0.061         |
|   | [0.329,0.467] | [0.050,0.113] | [0.278,0.411] | [0.031,0.068] | [0.322,0.418] | [0.045,0.077] |
| seed money for revolving fund                                     | 0.104         | 0.098         | 0.163***      | 0.091         | 0.135**       | 0.094         |
|   | [0.062,0.147] | [0.064,0.132] | [0.111,0.214] | [0.066,0.116] | [0.101,0.169] | [0.074,0.114] |
| non-agricultural services   | 0.05*         | 0.02          | 0.084***      | 0.028         | 0.068***      | 0.026         |
|   | [0.020,0.081] | [0.004,0.037] | [0.044,0.123] | [0.014,0.043] | [0.042,0.093] | [0.015,0.036] |
| other livelihood services   | 0.215***      | 0.014         | 0.178***      | 0.013         | 0.195***      | 0.013         |
|   | [0.157,0.272] | [0.000,0.027] | [0.125,0.231] | [0.003,0.023] | [0.157,0.234] | [0.006,0.021] |
| *** significant at 1%, ** significant at 5%, * significant at 10% |               |               |               |               |               |               |

To illustrate, during the LRA attack on Lukodi, this woman’s husband was killed, her sister-in-law burnt to death with her three children, her uncle and aunt murdered, her mother abducted and badly beaten, and their properties looted.

“There has been no assistance. I can’t tell why. Maybe the leaders are responsible, they should think about us. But there is no help coming down here. When I come to a meeting with the Victims Support Initiative, that is when we get some drinking water for the day, but there is no substantial form of assistance for survivors like us.” – Adult female interviewee from Lukodi (HH ID 1)

This man’s child was abducted and never returned, his uncle was killed, his home burnt, and all his property either looted or destroyed.

“I have never got any help. I don’t know why we don’t get any help.” – Adult male interviewee from Lukodi (HH ID 26)

## B9. Experience of Crimes

In this section we look at the experience of ordinary crimes (not war crimes or crimes against humanity) on the household level, comparing across the victim and general population. We look both at the total number of crimes reported by the respondent that their household experienced in the past three years, as well as individual crimes.

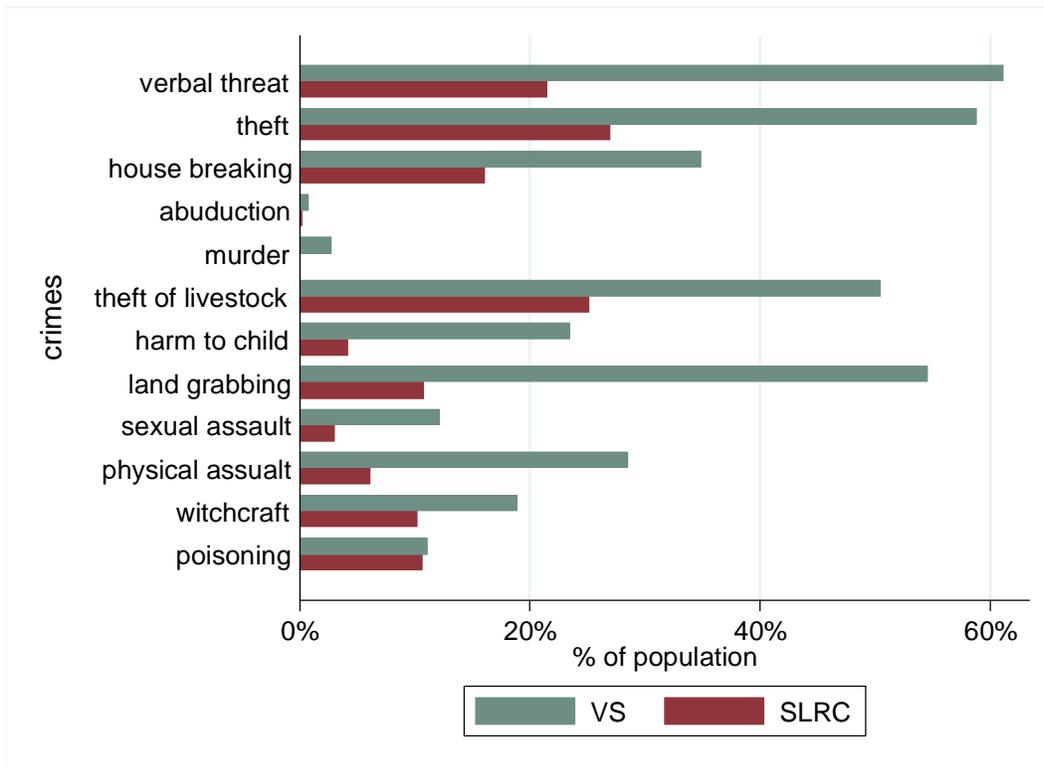
Households in the victim population reported experiencing significantly more crimes (almost three times as many) than households in the general population (Table 17). When looking at individual crimes, the victim population were significantly more likely to report experiencing verbal threats, theft, house breaking, theft of livestock, serious or physical harm to a child, land grabbing, sexual assault, physical assault, and witchcraft (Figure 12). In addition, the more war crimes or crimes against humanity a household experienced, the significantly more crimes they reported in the past three years ( $p < 0.01$ ).

**Table 17: Experience of crimes by population and gender (means with confidence intervals in brackets)**

|                                    | Male          |               | Female        |               | Total         |               |
|------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                                    | VP            | GP            | VP            | GP            | VP            | GP            |
| Total number of crimes experienced | 3.633***      | 1.334         | 3.48***       | 1.334         | 3.553***      | 1.334         |
|                                    | [3.307,3.959] | [1.165,1.504] | [3.211,3.750] | [1.205,1.463] | [3.343,3.763] | [1.232,1.437] |

|   |                |               |                |                |                |                |
|---|----------------|---------------|----------------|----------------|----------------|----------------|
| Verbal threats  | 0.622***       | 0.182         | 0.595***       | 0.233          | 0.608***       | 0.215          |
|   | [0.555,0.690]  | [0.138,0.227] | [0.526,0.664]  | [0.197,0.270]  | [0.559,0.657]  | [0.187,0.243]  |
| Theft   | 0.603***       | 0.294         | 0.563***       | 0.256          | 0.582***       | 0.269          |
|   | [0.535,0.672]  | [0.242,0.346] | [0.493,0.633]  | [0.218,0.293]  | [0.533,0.632]  | [0.239,0.300]  |
| House breaking<br>(burglary)                                      | 0.361***       | 0.172         | 0.336***       | 0.155          | 0.348***       | 0.161          |
|   | [0.294,0.429]  | [0.129,0.215] | [0.270,0.403]  | [0.124,0.186]  | [0.301,0.395]  | [0.136,0.186]  |
| Abduction or<br>disappearance of family<br>members                | 0.011          | 0             | 0.004          | 0.004          | 0.007          | 0.002          |
|   | [-0.004,0.026] | [0.000,0.000] | [-0.004,0.013] | [-0.001,0.009] | [-0.001,0.016] | [-0.001,0.006] |
| Murder  | 0.035          | 0             | 0.021          | 0              | 0.028          | 0              |
|   | [0.009,0.061]  | [0.000,0.000] | [0.000,0.042]  | [0.000,0.000]  | [0.011,0.044]  | [0.000,0.000]  |
| Theft of livestock  | 0.506***       | 0.298         | 0.495***       | 0.225          | 0.5***         | 0.252          |
|   | [0.436,0.577]  | [0.246,0.351] | [0.424,0.565]  | [0.190,0.261]  | [0.451,0.550]  | [0.222,0.281]  |
| Serious or physical harm<br>to a child                            | 0.24***        | 0.038         | 0.228***       | 0.044          | 0.233***       | 0.042          |
|   | [0.180,0.300]  | [0.016,0.060] | [0.169,0.287]  | [0.026,0.061]  | [0.191,0.275]  | [0.028,0.055]  |
| Land<br>grabbing/dispossession                                    | 0.539***       | 0.075         | 0.542***       | 0.127          | 0.54***        | 0.108          |
|   | [0.469,0.609]  | [0.045,0.105] | [0.472,0.612]  | [0.098,0.155]  | [0.491,0.590]  | [0.087,0.130]  |
| Sexual assault  | 0.118***       | 0.031         | 0.128***       | 0.03           | 0.123***       | 0.031          |
|   | [0.072,0.163]  | [0.011,0.051] | [0.080,0.175]  | [0.016,0.045]  | [0.090,0.156]  | [0.019,0.042]  |
| Physical attack/assault   | 0.285***       | 0.054         | 0.286***       | 0.064          | 0.286***       | 0.061          |
|   | [0.221,0.348]  | [0.028,0.080] | [0.223,0.350]  | [0.043,0.085]  | [0.241,0.330]  | [0.044,0.077]  |
| Witchcraft  | 0.178**        | 0.104         | 0.198***       | 0.102          | 0.189***       | 0.102          |
|   | [0.125,0.232]  | [0.069,0.139] | [0.142,0.254]  | [0.076,0.128]  | [0.150,0.228]  | [0.082,0.123]  |
| Poisoning of family<br>member                                     | 0.134          | 0.098         | 0.084          | 0.112          | 0.108          | 0.107          |
|   | [0.086,0.183]  | [0.063,0.132] | [0.046,0.121]  | [0.085,0.139]  | [0.077,0.138]  | [0.086,0.128]  |
| *** significant at 1%, ** significant at 5%, * significant at 10% |                |               |                |                |                |                |

Figure 12: Experience of crimes by survey (in last three years)



### B10. Perceptions of Justice

We carried out 16 in-depth, semi-structured interviews on perceptions of justice with a purposive sample of the victim participant population (as detailed above in the Methods section). At the time of our interviews, no victim participants felt that they had received justice for the alleged war crimes and crimes against humanity they alleged were committed against them and their households during the LRA attacks on the three IDP camps. They repeatedly said, “There has been no justice for what happened to us.”

The vast majority spoke expectantly about the case *Prosecutor VS Dominic Ongwen* currently before the ICC. They felt the Ongwen case before the ICC was important and that it serves as a form of recognition that what occurred to them was wrong, as these three respondents show.

“The case is good—we can know that they didn’t forget about what happened to us here, but that it is being followed up. So the people who suffered know they are being thought of, and that people also remember those who are responsible.” – Adult male interviewee from Odek (HH ID 126)

“I think it’s [Ongwen’s case] important for survivors because it tells the people that doing bad is not accepted, and we also get to rest from having to flee all the time due to conflict.” – Adult male interviewee from Abok (HH ID 185)

“It’s important, the ongoing court case for survivors. Once it is done properly and delivers justice as we expect it will, we will be consoled and feel happy.” – Adult female interviewee from Odek (HH ID 124)

The majority of the victim participants we interviewed felt that person(s) found guilty of orchestrating or committing crimes against them should be punished, and that the punishment itself would serve as a form of

justice to them.<sup>65</sup> They also believed that punishment of the guilty party would deter similar criminal behavior in the future.

“I believe it [the ICC] can deliver justice because he [Ongwen] should account for what he did. Whoever does anything wrong should be held responsible for their actions. Otherwise, they can continue to do it if not penalized. I think the court proceedings can provide justice for survivors; I will feel satisfied if he is found guilty and punished for his action. Also, because we know he was punished for it, it acts as a deterrent for others from committing similar crimes and we can live with more certainty.” – Adult male interviewee from Lukodi (HH ID 26)

“It is important that victims receive justice as it helps to console them and helps to show that bad things cannot be tolerated.... And once the case is ruled, he should be penalized if found guilty so he knows that what he did was bad.” – Adult female interviewee from Lukodi (HH ID 77)

“I think the court process [Ongwen’s case before the ICC] will help ensure such crimes are deterred and not committed again in the future. But if the trial wasn’t done, it would promote impunity. But now people know and act with reservation and care because they know there are penalties for their actions.” – Adult male interviewee from Lukodi (HH ID 4)

Some victim participants expressed concerns that justice would not be met if those they alleged were responsible for the terrible harms they suffered were not held accountable. This woman’s husband was forced to kill his own father and other civilians as part of his abduction by the LRA. To this day he continues to suffer mental, emotional and spiritual harm because of those actions. She stated,

“I think the court process is important because if my husband hears that the person who forced him to commit such atrocities is being tried and is held responsible, probably he will get some satisfaction. But also his own children could benefit from any assistance to come since he is now unable to provide for them because of the violation he suffered. If the court concludes that he is not guilty, we will feel very unhappy as survivors.” – Adult female interviewee from Odek (HH ID 132)

Another woman whose uncle was stabbed to death, her son-in-law burnt to death, and their properties looted and burned during the LRA attack on Lukodi said,

“I think the court should be open to hearing our case and offer a good judgment of the case. Because we experienced terrible things and those responsible should be found guilty. If not, then who will be held responsible for what happened here? That will make us very sad.” – Adult female interviewee from Lukodi (HH ID 108)

As part of their experience of receiving justice for the harms that were inflicted upon them during the LRA attacks on the three IDP camps, victim participants expect that if the defendant Dominic Ongwen is found guilty that the ICC will award direct reparation to them. For nearly all the victim participants we interviewed their expectations of justice are tied to receiving reparations to address what has happened to them. If a guilty verdict comes without reparation, their experience of justice will be incomplete. The victim participants spoke of several forms of reparation.

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<sup>65</sup> We did not ask questions directly related to Dominic Ongwen but kept the questions broader to ‘the LRA’ and ‘alleged perpetrators’.

First, as noted in their quotes above, they spoke of receiving satisfaction in the recognition through the case *Prosecutor V. Dominic Ongwen* that what happened to them was wrong. They spoke of receiving satisfaction as a result of the verification and disclosure of the facts regarding the LRA attacks against the IDP camps of Abok, Lukodi and Odek. And they felt they would receive satisfaction if the accused Dominic Ongwen were found guilty of the crimes the Prosecutor alleges he committed and sanctioned accordingly. Some also felt they would receive satisfaction if accused Dominic Ongwen personally takes responsibility for the crimes he committed and acknowledges that what he did was wrong.

“If the court process can go on well, and the person [Ongwen] responsible accepts responsibility for what happened, that he acknowledges that he committed the offences that would be justice to us as survivors. It is important that he acknowledges and accepts responsibility for the harms he caused to the community. As long as he accepts responsibility for his action, we can forgive him...we can find relief and feel better.

We victims expect reparation for what we lost because of his [Ongwen] actions. We pray it all ends well; that he [Ongwen] accepts responsibility and survivors are repaired for harms we have suffered.”

– Adult female interviewee from Lukodi (HH ID 1)

Second, if the ICC judges find the accused guilty of the charges brought by the Prosecutor, the victim participants stressed their desire for rehabilitative forms of reparation, particularly therapeutic health care assistance for those physically, mentally, emotionally and spiritually harmed. Many stressed the need for no cost, on-going care that works towards healing people, not simply pain management as many people currently experience. Their access to this care should cover their transport, or where possible be provided by nearby or mobile clinics, as long transport for the disabled is particularly difficult.

“Those who are wounded [need] access [to health care centers] for routine follow up and care for injuries sustained in the war.” – Adult male interviewee from Abok (HH ID 218)

“[People abducted by the LRA] have different kinds of injuries. Some have bullets still lodged in their bodies. Send information to those responsible to provide for us assistance to treat these injuries. I also have a bullet still lodged in my arm which causes constant pain.” – Adult female interviewee from Odek (HH ID 132)

“Most important for us is health care. We have a health center but it is cost shared. If assistance could improve the existing health center and so that people don’t have to pay so much to access health care that would be better. I prefer this form of assistance because I think individual assistance might not be possible because there are many survivors.” – Adult male interviewee from Lukodi (HH ID 4)

Third, as the findings from this study clearly show, the physical, mental, emotional and spiritual injury and disability caused by the LRA attacks is having a profoundly negative impact on people’s lives and livelihoods. We conclude that it is also leading to negative and harmful intergenerational affects among the children of the victim participant population (as detailed in this report’s sections on health, food security, water and education). The victim participants make these connections in their discussion of rehabilitative forms of reparation.

“Those of us with injuries should also be provided with assistance to access better health care so that we can be in good health to work better to provide for our households.” Adult female interviewee from Lukodi (HH ID 108)

Fourth, most people also spoke of the need for reparation in the forms of restitution and compensation as a result of the extensive looting and destruction of their properties and the long-term damage done to their livelihoods (through the looting, damage and destruction of their human and material assets). Given that the victim participants' primary livelihoods are in agriculture and livestock, many spoke of the need for assets (or cash to purchase assets) to assist them in regaining and boosting their production. These assets included oxen and other livestock, plows and land for those who have been stripped of their access to land. Interviewees were aware that for those victim participants that are disabled and now unable to work, such forms of material reparation would not be appropriate and instead monetary compensation is needed. Importantly, surplus production (what many of the victim participants say they lack) is what most people rely on to afford their supplemental foodstuffs, children's education, medicine and medical treatment, housing, and purchasing of livelihood assets. Notably, surplus production is also essential to cover costs for events that form essential parts of their identity, dignity and wellbeing as humans, including formal traditional marriage (with bride wealth) and the proper burial of their dead. Assets that would help boost surplus production are needed to help ensure people can live and live with dignity.

Others spoke of compensation as a means to start different livelihoods, such as small businesses.

"They should help care for the survivors and our families. Once the [Ongwen] case is over, assistance could be provided to survivors – such as opportunity to create our own business, and livestock that we can raise and keep to help our families." – Adult male interviewee from Abok (HH ID 185)

As these two orphaned sisters who were both captured and sexually abused by the LRA as a result of the LRA attack on Odek, and then rejected and forced off their lands by relatives explain,

"Receiving support is important because it shows they care about us. Some like us have nowhere to go. We lost both of our parents due to the war. If there is justice, maybe we can get our own land and find new ways to survive through the court process. We could find room to breathe a little because we will feel like someone cares about us, directing us and giving us ways to move forward." – Adult female interviewee from Odek (HH ID 140)

Fifth, many victim participants spoke of the need to provide education to the young people who suffered due to the LRA attacks and the younger children in their households who continue to suffer as a result. As we showed above, these children lack an ability to regularly attend school, and in some cases even enroll in school.

"There is a real need to assist the people with education. There are very many orphans in this community and there is no assistance to help them go to school. If they are given assistance, even just for vocational skills training, that would make such a huge impact and improve their lives. Like now they have almost no options and most girls get married after dropping out of school and the boys are becoming alcoholics." –Adult male interviewee from Lukodi (HH ID 4)

"I was abducted and lost time in captivity, I would not have stopped with my education in P.7. With the [Ongwen] case, I am sure once it's concluded, they should offer assistance—even if not individual then community level—like build and staff a school that can support people here to go to school." – Adult male interviewee from Odek (HH ID 126)

"I also expect them to help us send the children to school because we have no way to provide for their schooling [into secondary], since we are not educated... Once the case is over, we survivors should be provided support to improve our lives. We need support to send children to school...For orphans, what can be done for them? We can't afford their schooling yet government arrests parents for failure to

send children to school. What can be done to ensure they attend school?” – Adult female interviewee from Lukodi (HH ID 108)

In conclusion, the qualitative interviews with victim participants revealed a strong desire for justice. For many, justice includes recognition of the wrongdoing committed against them, punishment for those found guilty, and direct reparations. With the exception of their hopes in the ongoing ICC trial, victim participants noted that they had received no justice for the alleged war crimes and crimes against humanity that were allegedly committed against them and their households during the LRA attacks on the three IDP camps. However, respondents indicated that if the accused were found guilty in the case *Prosecutor VS Dominic Ongwen*, it would bring recognition to the suffering caused by the defendant’s actions, and show that such actions cannot be committed with impunity and thus help to deter future atrocities.

Victim participants also stressed the need for reparation in the form of rehabilitation, therapeutic care, livelihood support, financial restitution and compensation, and educational provision for their household members. The victim participants’ discussion of reparations revealed the complex impact the conflict has had on their lives. For those with physical and mental health needs, access to therapeutic and rehabilitative care is essential. Currently, these services are too costly and, at times, unavailable or insufficient to meet the needs of the victims. Further, these injuries, as they continue unaddressed, are negatively affecting the victims and their families.

Victim participants also discussed the need for access to education for themselves and their children. Formal schooling or vocational training is viewed as necessary for improving one’s life and opening up opportunities for advancement.

Monetary and material compensation was also discussed as a vital part of reparations. Many of the victim participants experienced livelihood disruptions resulting in loss of land, livestock and homes as well as physical injury leading to an inability to work. Direct compensation is one way that victims feel they can regain some of what they have lost and work towards building assets for long-term stability.

Reparations for victims can take many forms, as evidenced by the different types of reparations and justice the victim participants discussed. Given the range of experiences in conflict as well as the wide variety of challenge facing victims, it is imperative that those in charge of providing reparations consider the individual experiences of each victim. A “one size fits all approach” may fail to address the unique needs of the victim participants. The rich qualitative information provided by the victim participants represents a blueprint from which to begin the justice process.

## VI. Conclusion

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Compared to the general war-affected population of Acholi and Lango sub-regions, the victim participant population from Abok, Lukodi and Odek is significantly worse off in almost every aspect we explored in this study.

### Experiences of War Crimes and Crimes Against Humanity

As individuals the victim participant population experienced, on average, 20 times more war crimes and crimes against humanity than the average person living in Acholi and Lango sub-regions who went through the 20+ year war in Acholi and Lango sub-regions. Even their youngest members were not spared. A child aged zero to five during the time of the LRA attacks on the Abok, Lukodi, and Odek IDP camps, on average, has 14 times

more experiences of alleged war crimes and crimes against humanity than does the average war-affected person in Acholi and Lango sub-regions.

Victim participants that were deprived of their liberty and forced by the LRA to engage in one or more acts of a sexual nature experienced among the highest numbers of war crimes and crimes against humanity (13 crimes on average). Notably, both men and women experienced this crime almost equally (11 percent of male respondents and 13 percent of female respondents). Females who reported having given birth to a child born from forced sexual relations with a member of the LRA experienced the most aggregate number of alleged war crimes and crimes against humanity (15 on average). Notably, compared with the average person during the war in the Acholi and Lango sub-regions, these women experienced 44 times more alleged war crimes and crimes against humanity.

Households were also severely affected. Ninety-one percent of the victim participant population came from a household where a household member, other than the respondent, experienced a war crime or crime against humanity. On average, including alleged war crimes and crimes against humanity experienced by the respondent, each household in the population experienced 22 alleged war crimes and crimes against humanity as a result of the LRA attacks against IDP camps in Abok, Lukodi and Odek.

## Psychosocial Wellbeing

We found that the more war crimes and or crimes against humanity a participant experienced, the worse their psychosocial well-being. Compared to men, women victim participants had significantly higher levels of depression, anxiety, somatic complaints without medical causes, and lower prosocial skills indicating their poorer psychosocial wellbeing in these areas. Notably, 67 percent of the victim participant population reported that they had been harmed by spirits of the dead in relation to the LRA attacks on Abok, Lukodi and Odek. Research in sub-Saharan Africa has documented the prominent role of spirits in explaining and understanding mental illness.<sup>66</sup> Furthermore, when looking at victim participants who reported they were abducted, experienced forced sexual relations, and/or had a child due to forced sexual relations with a member of the LRA, they all have significantly worse psychosocial wellbeing compared to their peers in the victim participant population that did not experience these crimes. We also found that a person's experience of sexual abuse as a war crime or crime against humanity significantly predicted suicide ideation, or the person's preoccupation with thoughts about killing themselves.<sup>67</sup> Finally, of all of the individual alleged war crimes and crimes against humanity, the experience of losing or having your child injured has the greatest contribution to a person's poor psychosocial wellbeing.

## Physical Wellbeing, Disability and Experience of Health Care

Compared to the general war-affected population of Acholi and Lango sub-regions (that did not report experiencing a war crime or crime against humanity), the victim participant population is significantly more likely to have a disability that 'affects their ability to work a lot' or they 'cannot work at all' (reported by 38 percent of the victim participant population). An individual affected by the LRA attacks against the IDP camps of Abok, Lukodi and Odek has, on average, two people with a disability in the household. The high level of

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<sup>66</sup> Patel, V. (1995). "Explanatory models of mental illness in Sub-Saharan Africa." *Social Science Medicine*, 40(9): 1291-1298.

<sup>67</sup> Amone-P'Olak, K., Lekhutile, T. M., Meiser-Stedman, R., & Ovuga, E. (2014). "Mediators of the relation between war experiences and suicidal ideation among former child soldiers in Northern Uganda: The WAYS study." *BMC Psychiatry*, 14(271): 1-9.

disability is partially reflected in the high dependency ratio: 70 percent of household members amongst the population affected by the LRA attacks against the IDP camps of Abok, Lukodi and Odek are dependents, which has negative implications for livelihoods and access to resources. At the same time, it takes households that experienced the LRA attacks against the IDP camps at Abok, Lukodi and Odek significantly longer than the general population to reach a health clinic. They were also significantly less likely to say they can access a health clinic that has the services they need for routine and serious health problems. And they were significantly less likely to report that the clinic had the necessary services and medication available compared to the general population in Acholi and Lango.

We conclude that the population affected by the LRA attacks on the IDP camps in Abok, Lukodi and Odek has experienced a significantly greater number of war crimes and crimes against humanity, is more likely to suffer from a disability, and at the same time has worse health access and quality compared to the general population. Furthermore, we conclude that households who suffered the most war crimes and crimes against humanity have **the worst access** within the victim participant population.

### Asset Wealth

The widespread looting and devastation to their assets and livelihoods, and the harms the victim participants suffered during the LRA attacks continue to affect them today. The victim participant population has significantly less asset wealth compared to the average household in Acholi and Lango sub-regions (who did not experience a war crime or crime against humanity). We conclude that victim participants who experienced war crimes and crimes against humanity have lower psychosocial wellbeing, and are more likely to have lower household wealth and lower earning and income potential to the present day.

### Food Insecurity

Compared to the average population in Acholi and Lango (who did not experience a war crime or crime against humanity), we find that participant victims' households have significantly higher food insecurity. Of all the variables, the number of disabled individuals has the strongest connection with increasing household food insecurity. We find food insecurity is the highest among households where individuals were sexually assaulted by the LRA.

### Access to School

Both boys and girls living in households affected by the three LRA attacks are significantly less likely to be attending school every day as compared to their same-sex peers in Acholi and Lango sub-regions (who come from households that did not experience a war crime or crime against humanity). In addition, children from the households affected by the three attacks on the IDP camps are significantly less likely to be enrolled in school at every age group. Thus, we find that even children between the ages of 5 and 10 years (in the year 2018), who were not alive during the attacks, are still worse off than their same sex peers, clearly indicating the intergenerational impact of the attack.

We conclude that the combination of the high numbers of war crimes and crimes against humanity committed by the LRA against the population in the three IDP camps and the resulting physical injury and disability, poorer mental wellbeing, the stripping and destruction of their assets, and their reduced ability to carry out livelihoods has resulted in these households being unable to afford to enroll and keep their child attending school. Thus we conclude that the outcome for their children's education and development of their human capacity is poor.

## Access to Potable Water

Access to clean water is one component of preventing child morbidity and poor nutritional outcomes, such as stunting, which is associated with negative long-term cognitive and physical development outcomes. Water is also key component of everyday household activities and an important natural resource to support livelihood activities. The victim participant population has significantly less access to potable water compared to the general population of Acholi and Lango. Considering the already high prevalence of stunting (32 percent) in the northern region of Uganda, combined with significantly higher levels of food insecurity, and significantly worse access to education, health services, and potable water among the population affected by the attack on the three IDP camps, we conclude that the present health status and physical and cognitive development of the children of this affected population is poor, and will remain poor into the future without effective interventions.

## Access to Livelihoods and Social Protection Services

This is the only area in which victim participants did better, in this case received significantly more support services than the general population of Acholi and Lango (who did not experience a war crime or crime against humanity). Yet for the majority of these households that are receiving support services, they report receiving only one or less services a year. Importantly, for the victim participant population we find no connection between the experience of alleged war crimes and crimes against humanity and/or disability and receiving either social protection or livelihood services. Furthermore, despite significantly worse outcomes in every indicator we looked at, respondents in the victim participant population who reported being abducted or being deprived of their liberty and forced to engage in one or more acts of a sexual nature were no more or less likely to receive either social protection or livelihood services. In other words, if targeting based on need is being applied by those giving assistance in Abok, Lukodi and Odek, the assistance does not appear to actually capture the populations who as of 2018 are the most vulnerable and worst off. We conclude that the response is falling short of meeting the needs of the victim participant population.

## Experience of Crimes

The victim participants reported that their household experienced almost three times as many crimes in the past three years compared the general population (that did not report experiencing any war crimes or crimes against humanity). Victim participants were significantly more likely to say they have experienced verbal threats, theft, house breaking, theft of livestock, serious or physical harm to a child, land grabbing, sexual assault, physical assault, and witchcraft. The more war crimes or crimes against humanity a household experienced, the significantly more crimes they reported in the past three years. Thus, we conclude that the victim population continues to experience significantly more crimes than the general non-war crime affected population in Lango and Acholi, dismantling any possible gains in their ability to recover

## Perceptions of Justice

Victim participants have a strong desire for justice. For many, justice includes recognition of the wrongdoing committed against them, punishment for those found guilty, deterrence against future atrocities and direct reparations. The victim participant discussion of reparations revealed the complex impact the conflict has had on the lives of the victim participants. Respondents stressed the need for reparation in the form of rehabilitation, therapeutic care, livelihood support, financial restitution and compensation, and educational provision for their household members. Given the range of experiences in conflict as well as the wide variety of outcomes facing victims, it is imperative that those in charge of providing reparations consider the individual experiences of each victim. In other words, a “one size fits all approach” may fail to address the unique needs of the victim participants.

## Potential Impact on Nutrition and related Intergenerational Effects

We find a greater likelihood that children in victim participant households affected by war crimes and crimes against humanity are malnourished compared to the general population (that did not experience a war crime or crime against humanity). According to the UNICEF conceptual framework of malnutrition (UNICEF, 1991), food insecurity, unhealthy household environment (including access to potable water), and inadequate health services are underlying causes of child malnutrition. Data from our victim population shows that they perform significantly worse than the general population on all three contributing underlying causes. Furthermore, access to education and wealth are all basic causes of child malnutrition. Once again, the victim population performs significantly worse on these indicators. Child malnutrition has been shown to be associated with extremely negative and pervasive effect on human performance, health, and survival,<sup>68</sup> including effects on morbidity.<sup>69</sup>, mortality.<sup>70</sup>, intrauterine growth.<sup>71</sup>, cognitive and social development.<sup>72</sup>, schooling.<sup>73</sup>, adult physical work capacity.<sup>74</sup>, adult-onset chronic diseases.<sup>75</sup>, economic productivity.<sup>76</sup>, and economic growth.<sup>77</sup>. Thus, we conclude that the significantly worse status of the victim population in relation to the respondent and household captured in this report is likely to lead to significantly worse outcomes of the children of these households and respondents (as already clearly seen in the child enrollment data), thus perpetuating intergenerational vulnerability associated with the attacks on the three IDP camps.

## VII. Recommendations

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Any reparations awards or programs should be based on close consultation with the victim participant population. Based on our study findings we offer the following recommendations.

### 1. Accurately target services and provide support to those most affected

Certain groups are more affected than others and require additional support. These groups include: victims of greater numbers of alleged war crimes and crimes against humanity; women (who in general report worse outcomes than men); victims of sexual assault (both men and women); individuals who have been abducted; and women who bore a child due to sexual relations with a member of the LRA. Our data show the increased negative outcomes experienced by these populations and conclude that their needs should be prioritized when conceptualizing and implementing holistic support services and reparations.

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<sup>68</sup> United Nations Standing Committee on Nutrition (2002). Nutrition: A Foundation for Development. United Nations SCN, Geneva; World Bank (2006) Repositioning Nutrition as Central to Development: A strategy for Large Scale Action. World Bank, Washington DC.

<sup>69</sup> Lanata, C.F. and Black R.E. (2001) Diarrhea and respiratory diseases. In R. Semba and M. Bloem (eds), Nutrition and Health in Developing Countries. Human Press, Totowa, NJ. Pp.93-129

<sup>70</sup> Pelletier, D.L. Frongillo, E.A., Jr, Schroeder, D.G. et al (1995). The effects of malnutrition on child mortality in developing countries. Bull World Health Organ 73, 443-448

<sup>71</sup> Kramer, A. (1987) Determinants of low birth weight: methodological assessment and meta-analysis. Bull World Health Organ 65, 663-737.

<sup>72</sup> Pollit, E., Gorman, K.S. and Engle P.L. (1993) Early supplementary feeding and cognition. Monogr Soc Res Child Dev 58, 1-112

<sup>73</sup> Victoria, C.G., Adair, L., Fall, C., et al. (2008) Maternal and child undernutrition: consequences for adult health and human capital. Lancet 371, 340-357.

<sup>74</sup> Haas, J.D., Murdoch, S., Rivera, J.M.R., et al (1996) Early nutrition and later physical work capacity. Nutr Rev 54, S41-48.

<sup>75</sup> Victoria, C.G., Adair, L., Fall, C., et al. (2008) Maternal and child undernutrition: consequences for adult health and human capital. Lancet 371, 340-357.

<sup>76</sup> Victoria, C.G., Adair, L., Fall, C., et al. (2008) Maternal and child undernutrition: consequences for adult health and human capital. Lancet 371, 340-357.

<sup>77</sup> Fogel, R. (1994) Economic growth, population theory, and physiology: the bearing of long term processes on the making of economic policy. American Economic Review 84, 369-395

Support should also be provided with consideration for the condition of the household as a whole. Our findings clearly show the relationship between household level disability and experience of more alleged war crimes and crimes against humanity with greater food insecurity and less wealth, fewer assets, and worse health access, worse access to potable water and less ability to access to education.

## 2. Provide and strengthen psychosocial support

Psychosocial services need to be provided to the affected population considering the poor state of their mental health as shown on the AYPAscale. Women in general suffer worse mental health outcomes, but particularly those who lost or witnessed the death of their child. With newer research investigating the intergenerational impact of armed conflict, psychosocial support should also be prioritized for women who have had children due to LRA-perpetrated sexual violence. These services should target the women and their children in order to address psychosocial impairment but also issues surrounding stigma and shame. We also recommend community-wide sensitization as part of a civic engagement process to educate the larger community on the needs and realities of these women and their children. Without community acceptance, these groups will continue to experience social isolation, which impacts mental health, sustainable livelihoods, and access to opportunities.

Given the high level of disability reported in these communities and the rural locations of two of the three sites, these services would ideally be provided through regular mobile services. Given the low level of wealth, psychosocial services have to be highly subsidized or preferably free and should be available on an on-going basis. Further, given the priority that must be placed on women and their children, we recommend that providers be female and trained in providing services to highly traumatized populations who have experienced gender-based violence.

## 3. Provide and strengthen disability support

Disability support and services need to be provided to respondents reporting physical and psychological impairment to themselves or other members of their households due to the LRA attacks. Given that disability is the main predictor of food insecurity, regular support in cash or livelihoods support is needed to improve the food security of those with disabled members due to the attacks.

While livelihood support is present for some households, it is not sufficient when two thirds of the victim participant population has a physical or mental disability, with the majority of household members as dependents. Direct and regular monetary disability support likely needs to be provided considering the effect of the disability on a survivor's ability to work and the effect of this on them and their household's wellbeing.

## 4. Provide specialized therapeutic health services

Affected individuals suffer from debilitating physical and mental disabilities and report not having access to the services they need and medications and treatments they require for therapeutic treatment. Thus, specialized medical support needs to be provided free of charge to the survivors who are physically and mentally debilitated. This support should include their transportation, care while they are receiving services, and all follow up care necessary to ensure their fullest recovery.

As detailed in the qualitative interviews, many participants experience being haunted by spirits, which most closely aligns with western conceptions of mental illness. Given the rich tradition of the Acholi and Langi people it is vital that support be directed at traditional healing approaches as well. We recommend that both western and traditional therapeutic supports be made available, as some respondents may need to seek both to address a wide variety of issues.

## 5. Provide educational support

Given the high level of disability and poor psychosocial wellbeing of the victim participant population, children, including those orphaned, are often required to work to supplement household income. This trend is having a devastating effect on their school enrollment and attendance and future prospects. Thus, financial support is needed to the household cover all hidden costs in school fees and to allow children of affected individuals and households to stay in school and attend school regularly.

It will be important that any kind of livelihood support provided is done with consideration of who will be utilizing it in the household, considering the high level of disability and whether this could incentivize lower school attendance.

Further, we recommend that teachers who are working with war-affected populations in northern Uganda receive specialized training on compassion and understanding when teaching such populations and enhancing their social acceptance. Research shows that even when former child soldiers or children born of rape by the LRA had access to education post-conflict, many were unable to continue due to lack of awareness and stigmatization by their teachers and their classmates.<sup>78</sup> Therefore, enhanced psychoeducation and learning materials are necessary to ensure war-affected populations are able to continue in school.

## 6. Focus efforts to improve maternal and child health and nutrition

UNICEF's conceptual framework on malnutrition highlights the role of food security, access to health services, wealth, education, and potable water access. Based on our findings in all these areas, we conclude that children living in the victim participant population have worse nutritional outcomes than the general population. The possible resulting stunting of this population's children could further penalize this population and their potential recovery by affecting their children's current and future health and cognitive capacities. Considering the negative long-term, inter-generational impact that is likely occurring, extra attention and support needs to be provided to children and affected pregnant mothers. The type of support would depend on the identified need, but could include complementary feeding, micronutrient supplementation (for children and pregnant mothers), zinc supplementation, vitamin A supplementation, iron-folic supplementation for pregnant mothers, and maternal calcium supplementation.<sup>79</sup>

## 7. Physical and/or monetary compensation for lost assets and destroyed livelihoods and land restoration

The extensive looting and destruction of people's property during the attacks inflicted long-term damage on their lives and livelihoods. Given the loss of livestock, large-scale food production with the aid of oxen is almost impossible—contributing to the high level of food insecurity and low wealth and assets among the victims population. The long-term impact and inability to recover the assets lost during the attack on the three IDP camps is apparent in current household asset ownership, the MSI, and in the qualitative respondent interviews.

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<sup>78</sup> International Center for Transitional Justice. (2015). 'From Rejection to Redress: Overcoming Legacies of Conflict Related Sexual Violence in Northern Uganda'. ICTJ, New York/Kampala. Available at <https://www.ictj.org/publication/rejection-redress-overcoming-legacies-conflict-sexualviolence-northern-uganda>  
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<sup>79</sup> Bhutta, Z. A., T. Ahmed, R. E. Black, S. Cousens, K. Dewey, E. Giugliani, B. A. Haider, B. Kirkwood, S. S. Morris, H. P. S. Sachdev and M. Shekar (2008). "What works? Interventions for maternal and child undernutrition and survival." *The Lancet* **371**(9610): 417-440.

Given the destruction of physical capital (assets), human capital (as evidenced through the dependency ratio, massive loss of life and current educational enrollment and attendance), affected households need to be provided with livelihood support (in-kind or cash) to boost up their productive asset ownership and hence increase production. However, as noted above, given the high level of physical and emotional disability, in some cases direct monetary compensation for the loss of assets and livelihoods would need to be provided to affected individuals.

We also found that some victims are denied their right to claim and use their natal family's land or had their land and property stolen from them, especially women whose parents were killed due to the attack; who are widowed, customarily unmarried, separated, or divorced; and those who were abducted and returned with children born of rape. Any support towards livelihoods should also consider the fate of these victims who, without land, might not be able to utilize any of the livelihoods support made available to them. There should be support to enable such victims to regain their right to claim and utilize their land under customary law, by working with traditional authorities and legal services in the affected areas.

## 8. Memorialization

Victim participants spoke of the need to recognize what happen to them and, where possible, put in place community structures such as schools, health facilities or vocational training centers that will provide services needed by them and their communities. They also said community these structures can be a symbolic way of memorializing what happened to them and could serve to deter similar harms in the future. Thus, reparation to participant victims needs to be multi-pronged, aimed at providing the required satisfaction, rehabilitation, restitution and compensation to victims, serve to restore victims' dignity, and uphold the memory of the harms they suffered.

## Annex A: Additional Tables

**Table 18: Summary statistics for AYPA and its subscales (by gender)**

|  |        | mean | standard deviation | min | max | 25th percentile | 75th percentile |
|--|--------|------|--------------------|-----|-----|-----------------|-----------------|
| AYPA                                   | Female | 31   | 11                 | 6   | 55  | 25              | 38              |
|  | Male   | 24   | 10                 | 2   | 67  | 18              | 30              |
|  | Total  | 28   | 11                 | 2   | 67  | 21              | 34              |
| depression/anxiety                     | Female | 24   | 9                  | 0   | 46  | 19              | 30              |
|  | Male   | 19   | 8                  | 2   | 48  | 14              | 24              |
|  | Total  | 22   | 9                  | 0   | 48  | 16              | 27              |
| conduct problems                       | Female | 2    | 2                  | 0   | 11  | 0               | 4               |
|  | Male   | 3    | 3                  | 0   | 15  | 1               | 4               |
|  | Total  | 3    | 3                  | 0   | 15  | 1               | 4               |
| prosocial                              | Female | 13   | 3                  | 4   | 20  | 10              | 15              |
|  | Male   | 14   | 3                  | 3   | 21  | 12              | 15              |
|  | Total  | 13   | 3                  | 3   | 21  | 11              | 15              |
| somatic complaints w/out medical cause | Female | 4    | 2                  | 0   | 9   | 3               | 6               |
|  | Male   | 3    | 2                  | 0   | 9   | 2               | 4               |
|  | Total  | 4    | 2                  | 0   | 9   | 2               | 5               |

**Table 19: OLS regression on rCSI (coefficient and p-value)**

| rCSI   | Coef.    | P>t   |
|--|----------|-------|
| # of alleged war crimes and crimes against humanity experienced by the household | 0.045037 | 0.369 |
| # of disabled members of the household   | 1.997213 | 0     |
| household size   | -0.46231 | 0.14  |
| MSI  | -0.874   | 0.129 |
| AYPA   | 0.004824 | 0.947 |
| female respondent  | -1.80861 | 0.196 |
| age of respondent  | 0.020528 | 0.644 |
| Constant   | 23.19627 | 0     |

**Table 20: Logit regression on whether a household receives social protection services (coefficient and p-value)**

| receive any social protection services  | Coef.    | P>t   |
|---|----------|-------|
| # of alleged war crimes and crimes against humanity suffered by the household | -0.00522 | 0.546 |
| # of people in household with a disability                                    | 0.079078 | 0.255 |
| Constant  | -0.93445 | 0     |

**Table 21: Logit regression on whether a household receives livelihood services (coefficient and p-value)**

| receive any livelihood services   | Coef.    | P>t   |
|---|----------|-------|
| # of alleged war crimes and crimes against humanity suffered by the household | -0.00183 | 0.81  |
| # of people in household with a disability                                    | -0.08371 | 0.226 |
| Constant  | 0.477151 | 0.024 |

**Table 22: OLS regression on how many social protection services a hh receives (coefficient and p-value)**

| # of social protection services receiving                                     | Coef.    | P>t   |
|---|----------|-------|
| # of alleged war crimes and crimes against humanity suffered by the household | -0.00093 | 0.664 |
| # of people in household with a disability                                    | -0.00597 | 0.762 |
| Constant  | 0.400597 | 0     |

**Table 23: OLS regression on how many livelihood services a hh receives (coefficient and p-value)**

| # of livelihood services receiving  | Coef.    | P>t   |
|---|----------|-------|
| # of alleged war crimes and crimes against humanity suffered by the household | -0.00405 | 0.236 |
| # of people in household with a disability                                    | -0.00587 | 0.874 |
| Constant  | 1.103926 | 0     |

## Annex B: Victim Assessment Survey Instrument (Luo/Acholi and English)

### VSI ASSESSMENT Survey

| Number | Question  | Options  | Coded Response  | Skip Pattern |
|--------|---|--|---|--------------|
| Z1     | Lanyut gang man<br>Unique Household ID          |  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |              |
| Z2     | Nama pa Lacoc<br>Unique Surveyor Code           |  | <input type="text"/> <input type="text"/>   |              |
| Z3     | Nino dwe me coc<br>Date of Interview<br>(DD/MM) |  | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>   |              |
| Z4     | Kana me dano man<br>bedo iye<br>Location        | 1 = Lukodi<br>2 = Abok<br>3 = Odek   | <input type="checkbox"/>  |              |
|        | <b>Read voluntary consent</b>                   | <p><b>CONSENT FORM/BALO ME YE GAMO APENY</b></p> <p>An gilwonga ni..... Atye ka tic ki dul ma timo ikweda/yenyo tyen lok ma cung ki wie kene. Wan watye kany me yenyo/kwedo kite ma nek alany ma obitime ikare mukato anged iyi (kob nying kany) obalo kwede ki kwo pa dano i kin gang. Wamito niang adugi me tim gero man ikom jo mubwot, ikom gangi, ki ikabedo ma megi ikom kare man. Ikweda man/yenyo tyen lok man jo mumiyo kony me lim pire gilowongo ni Victims' Support Initiative (VSI). Amito apenyi ka itye ki miti me leyo kweda tam iyi ikweda/yenyo tyen lok man onyo peke, kede amito mini ngec ni watye ka timo ikweda/yenyo tyen lok ma calo man ka mukene i Lango ki Acholi ma nek alany otime iye.</p> <p>Gikwanyo nyingi labongo yerone ayera ki ikin nying dano ma giryeyo ma gubwot gi inek alany mutime. Leyo tam man obibedo ma cek, romo tero dakika ma romo 40 oo wa idakika 60. Abitiyo ki nyonyo pa munu ma tye boto kany me cono lagami ikare me leyo tam man, ento pe abimako dwoni.</p> | <p><b>CONSENT FORM FOR THE VSF PROJECT in English</b></p> <p>I am [name]. I am working as part of an independent research group. We are here to assess the psychosocial impacts of the massacre at [name location] that happened in your community many years ago. We want to understand the impact of such violence on the survivors, their families and community today. The assessment is funded by the Victim's Support Fund. I want to ask if you will be willing to participate in the assessment and to let you know that we are also conducting similar assessments in other massacre sites in Lango and Acholi.</p> <p><b>Procedures:</b> You were selected randomly from the list of people who survived the massacre. It will be a short assessment/interview that can last anywhere from 40 minutes to 60 minutes. You are free to stop the interview at any time. I will be using this equipment to record your response during the interview, but I will not record your voice.</p> |              |

|  |  |   |  |  |
|--|--|---|--|--|
|  |  | <p>Wan pe wabimino ngec mo keken ki ngati mo ikom lok mo keken ma ibiwaco ileyo tam man. Wangeyo ni lok ikom tim aranyi mu time ikare mu kato ni pe yot tutwal, dong ka mite ni wagik leyo tam man icawa mo keken, wa romo gikone kit ma imito. Bene, ka inongo ni lok eni twero yelo kwoni nyo kelo woko kiniga icunyi, alegi ni myero imiwa wange wek wagik leyo tam man nyo walok kabedo ka mukene ame iromo bedo agonya iye. Pire tek botwa ni wa neno ni itye agonya, dong mi wange lok mo keken ma pe weko iwinyo maber ka wa mede ki leyo tam man.</p> <p>Bedoni ileyo tam man dic mo keken pe/peke iye. Iromo loko tami iye icawa mo keken ikare me leyo tam man. Ka imito bedo ileyo tam man, ento pe itye ki miti me gamo lapeny mo, waromo kalo lapeny enoni waceto imukene. Pe tye pwod mo keken ma time ikomi pi kwero leyo tam man nyo kwero ye leyo tam man.</p> <p>Tic ma megwa tye me nongo ngec wek wabed ki niang maber ikom kit dano mu bwot ki inek alany tye ka kwo kede ikom kare ni, kede ka waloko kwedi, watye ki gen ni watwero bene niang maber kit ma adwogi me nek alany man tye kwede ikom jo me kin gang botwu kany ma pe wabinongo kare me leyo tam kwedgi weng. Wabitiyo ki ngec ma wanongo ki ileyo tam man kun wanywako ki jo ma ticgi tye me moko tam ilok kom berbedo pa jo ma peko me lweny obeyo ikom gi.</p> <p>Ka iye me leyo tam man, pwod iromo kwero gamo lapeny mo keken, bene itwero giko leyo tam man icawa mo keken.</p> <p>Iye ni myero gipenyi/ wa le kwedi tam?</p> <p>Lagam apeny oye (Ee - 1; Pe - 0)  __ </p> <p>If you have any questions about this research, please feel free to email me at <a href="mailto:teddy.atim@tufts.edu">teddy.atim@tufts.edu</a>.</p> <p>Ka itye ki peny mo ikom ikweda/ leyo tam man, tim ber ibed agonya me cwalone bot Teddy i <a href="mailto:teddy.atim@tufts.edu">teddy.atim@tufts.edu</a></p> <p>Lagwan cing mo keken ki nino dwe</p> <p>Lapo wic: Ka dano mo pe oye, tim ber icoo piny tyen lok ma oweko lagam apeny okwero ki myero imi ngec man bot latel wi lutim ikweda.</p> | <p><b>Confidentiality and Risks:</b> We will not share information about your participation in this assessment with anyone. We understand that discussing issues about the conflict can be sensitive so we can stop the interview at any point that you like. Additionally, if you are concerned with your emotional or physical wellbeing, please let us know and we can stop the interview or relocate. Your safety and comfort are our top priority so please share any concerns you might have throughout the process. Your participation in this assessment is voluntary. You can change your mind about participating at any point in the process. If you decide to participate and do not want to answer a question, we can also skip that question and move on. There are no penalties for declining to participate in this interview or withdrawing your consent in the interview.</p> <p>Our job is to gather information and get a better understanding of the psychosocial impacts of surviving the massacre on people’s lives today, and by speaking to you, we hope we can have a better understanding of such impact on survivors we may not speak with from your community. We will use the information generated from this assessment to share with relevant stakeholders responsible for decision making on the plight on survivors to these massacres.</p> <p>If you agree to this interview, you can refuse to answer any question, and end the interview at any time. DO YOU AGREE TO BE INTERVIEWED?</p> <p>If you have any questions about this research, please feel free to email me at <a href="mailto:teddy.atim@tufts.edu">teddy.atim@tufts.edu</a></p> <p>Optional                      signature                      and                      date:</p> <p>_____</p> <p>NB: If consent is refused, please note why the respondent refused to be interviewed and provide the information to the team leader.</p> |  |
|--|--|---|--|--|

|    |   |                   |                          |                          |
|----|---|-------------------|--------------------------|--------------------------|
|    |   |                   |                          |                          |
| Z5 | Dano man oyee ni wapenye?<br>Does the individual wish to proceed? | 1 = yes<br>2 = no | <input type="checkbox"/> | If no → end of interview |

| <b>Migration of Household</b> |   |   |                          |            |
|-------------------------------|---|---|--------------------------|------------|
| B1                            | <u>Bot lacao: Man obedo paco ni ma kinywali iye?</u><br><u>Bot dako: Man obedo kama kinyomi iye onyo obedo kama kinywali iye?</u><br>To man: is this your native village?<br>If woman: is this your husband's or your native village? | 1 = yes<br>2 = no   | <input type="checkbox"/> | If no → B3 |
| B2                            | <u>Ka eyo, i B1, i bedo kany ni cake ma kinywali labongo dak ka mo pi kare ma nok?</u><br>Have you lived in this village continuously since birth, including without being displaced?   | 1 = yes<br>2 = no   | <input type="checkbox"/> |            |
| B3                            | <u>Ngo ma omiyo paco man odak kany?</u><br>Why did the household move here?<br><br>(Only one response allowed)  | 1 = Abino kany inge lweny<br>2 = Adak kany me yenyoy lim<br>3 = Adak kany pi jami macalo cukul, dakta etc.<br>4 = Adak kany pien ngoma jo mogo obedo woko iye.<br>5 = Adak kany pi woo i gang ma onongo atye iye.<br>6 = Mukene (wek owaci)<br><br>1 = come back home after conflict<br>2 = relocated here due to economic opportunities<br>3 = relocated because services like schools, health, care, etc.<br>4 = relocated because land in native village was occupied or taken |                          |            |

|  |  |  |  |
|--|--|--|--|
|  |  | 5 = relocated due to dispute in household where living previously<br>6 = other |  |
|--|--|--|--|

### Psychosocial Assessment

**Read out:** Abikwani kore ki kore calo an in ngo matime I kwo ni kare ki kare. Ikom lapeny acel-acel, abi penyi rwom mene ma ikato ki iye(onyo latini) pi cabit acel ma okato ni oo tin. I am going to read you a list of statements as if I was you.

For each one I am going to ask you how much you have felt like that IN THE LAST WEEK, including today.

**Wace lanyut acel acel ka ingeye I penye i rwom mene ma en owok iye i cabit ma okato. Nwo kwai jami magi inge lanyut ducu wek lagam lapeny man oyer acel. Co piny lagam man kun iguro gin ma rwate I canduk ma cok ki lanyut.**

**Say each statement, and after each one ask how much the respondent has felt it to be like them in the last week. Repeat the categories after each statement and let the respondent choose one. Record the response by entering the appropriate number/code next to the symptom.**

|      |   | Use the following code for questions AY1-AY |      | 0 = never / Pe<br>1 = somewhat / Manok   |                          | 2 = often / Madwong<br>3 = all the time / Tutwal |  |                          |  |
|------|---|---|------|--|--------------------------|--|--|--------------------------|--|
| AY1  | Awinyo lok pa dano mukene ki pa ludito. I listen to others and elders | <input type="checkbox"/>                    | AY15 | Ading<br>I am disobedient  | <input type="checkbox"/> | AY28   | Atiyo ki leb marac<br>I use bad language                                 | <input type="checkbox"/> |  |
| AY2  | Atuku kacel ki dano mukene<br>I play together with others             | <input type="checkbox"/>                    | AY16 | Awinyo koyo<br>I feel cold   | <input type="checkbox"/> | AY29   | Pe awor<br>I am disrespectful  | <input type="checkbox"/> |  |
| AY3  | Atamo madwong<br>I have a lot of thoughts                             | <input type="checkbox"/>                    | AY17 | Aribu cam dok acamo kacel ki dano mukene<br>I share food and eat with others     | <input type="checkbox"/> | AY30   | Atime atata<br>I misbehave   | <input type="checkbox"/> |  |
| AY4  | Atiko par<br>I worry constantly                                       | <input type="checkbox"/>                    | AY18 | Aparo par madwong<br>I have lots of worries                                      | <input type="checkbox"/> | AY31   | Ajolo dano mukene<br>I welcome others                                    | <input type="checkbox"/> |  |
| AY5  | Koma weng rem arema<br>I have pain all over my body                   | <input type="checkbox"/>                    | AY19 | Amito bedo kena<br>I want to be alone  | <input type="checkbox"/> | AY32   | Abwolo bwola<br>I deceive  | <input type="checkbox"/> |  |
| AY6  | Atamo ni konya pe<br>I think I am of no use                           | <input type="checkbox"/>                    | AY20 | Amako wiya<br>I hold my head   | <input type="checkbox"/> | AY33   | An labwami<br>I am a rough person  | <input type="checkbox"/> |  |
| AY7  | Atamo ni a dene<br>I think about suicide                              | <input type="checkbox"/>                    | AY21 | Amato kongo<br>I drink alcohol   | <input type="checkbox"/> | AY34   | Atiyo ki yat calo (jayi, mairungi)<br>I use drugs (like jayi, marijuana) | <input type="checkbox"/> |  |
| AY8  | Abedo kena-ken<br>I sit alone   | <input type="checkbox"/>                    | AY22 | Ayeto luwota<br>I insult friends   | <input type="checkbox"/> | AY35   | 5 Atamo ni dano tye ka ryema<br>I think people are chasing me            | <input type="checkbox"/> |  |
| AY9  | Aribu ki dano mukene<br>I share with others                           | <input type="checkbox"/>                    | AY23 | Akonyo dano mukene<br>I help others  | <input type="checkbox"/> | AY36   | Aribe ki dano mukene<br>I cooperate with others                          | <input type="checkbox"/> |  |
| AY10 | Wiya bara<br>I get headaches  | <input type="checkbox"/>                    | AY24 | Pe atamo atir<br>I don't think straight  | <input type="checkbox"/> | AY37   | Cwinya cwer<br>I feel sad  | <input type="checkbox"/> |  |
| AY11 | Awinyo ma lit I cwinya<br>I feel a lot of pain in my heart            | <input type="checkbox"/>                    | AY25 | Ajwat keken<br>I mutter to my self   | <input type="checkbox"/> | AY38   | Atamo jami maraca<br>I think of bad things                               | <input type="checkbox"/> |  |
| AY12 | Abedo ma nongo ateno tika<br>I sit with my cheek in my palm           | <input type="checkbox"/>                    | AY26 | Awinyo ni ape kigin mo wek akonye kede<br>I feel I can do nothing to help myself | <input type="checkbox"/> | AY39   | Atiko kok akoka<br>I cry continuously                                    | <input type="checkbox"/> |  |
| AY13 | Akok ka atye kena   | <input type="checkbox"/>                    | AY27 | Alwenyo  | <input type="checkbox"/> | AY40   | Aworo dano mukene  | <input type="checkbox"/> |  |

|      |   |                          |  |         |  |  |                  |  |
|------|---|--------------------------|--|---------|--|--|------------------|--|
|      | I cry when I'm alone                          |                          |  | I fight |  |  | I respect others |  |
| AY14 | Pe anino I dye wor<br>I do not sleep at night | <input type="checkbox"/> |  |         |  |  |                  |  |

### Household Roster

Kombedi a bipenyi lapeny mogo makwako dano duco ma camo i kokon me paco man ki acel acel, wa jo ma ki nywalo gi ki kinyomo gi cok coki i paco man.

**Read out:** I'm now going to ask you some questions about the people who live here in your household that means the people who live together and eat from the same pot. Please include newly born babies.

| C.1<br>P<br>ID No | C2a<br><u>Nying dano me paco man, anga ma won gang</u><br><br>Is this person the household head?<br><br>No – 0<br>Yes – 1 | C.4<br><u>Obedo dako onyo laco ?</u><br><br>What is ....'s sex?<br><br>Male- 0<br>Female- 1 | C.5<br><u>Mwaka ne adi?</u><br><br>What is ....'s age?<br><br>Write number of years.<br>If offered a range, accept it and then enter the midpoint<br><br><i>Put 00 if &lt; 1 year<br/>Put 75 if &gt; 75</i> | C.6<br><u>Kinyomo kwede pe?</u><br><br>What is ....'s marital status?<br><br><i>Pud pe onyome 1<br/>Onyome 2<br/>Gitye ka bedo ii ot kacel 3<br/>Kin gi opoke woko 4<br/>Keny oket woko 5<br/>Cware otoo/dakone otoo 6</i><br><br><i>Unmarried 1<br/>Married 2<br/>Cohabiting 3<br/>Separated 4<br/>Divorced 5<br/>Widow/Widower 6</i><br><br><b>Ask For those over 12 only</b> | C.7<br><u>Okwano ogik i klasi adi?</u><br><br>What is the highest class of school that.... attended?<br><br>Enter highest level of schooling completed<br><i>Write down class (e.g. P3, S2. For no schooling, write 00. For technical college – TC. For University, U)</i> | C.8<br><u>Wat man pud tye ka kwan i kare ni?</u><br><br>Is .... currently enrolled in school?<br><br>No-0<br>Yes-1<br><br><b>Only ask for household members less than 30 years old</b> | C.9<br><u>Wat man tye ki awano, goro onyo two ma genge tic?</u><br><br>Does .... suffer from a physical injury or disability that limits her/his ability to work?<br><br>No – 0<br>Yes – 1<br><br><b>If no → C14</b><br><br><b>Only ask for those over 6</b> | C.10<br><u>Awano, goro man obalo kare me tic pa wat man ma rom mene?</u><br><br>How badly has the injury/disability affected .....'s ability to work?<br><br><b>(Read out options)</b><br><i>Matidi- 0<br/>Tutwal – 1<br/>Pe romo tic matwal – 2</i><br><br><i>Only a little- 0<br/>A lot – 1<br/>They can't work at all – 2</i> | C.11<br><u>En onongo awano/ret onyo goro man macalo adwogi me lweny i kin LRA ki gamente?</u><br><br>Did she/he receive this injury or disability as a result of the war between the GoU and LRA?<br><br>No – 0<br>Yes – 1 |
|-------------------|---|---|---|---|--|--|--|--|--|
| 1                 |   |   |   |   |  |  |  |  |  |
| 2                 |   |   |   |   |  |  |  |  |  |
| 3                 |   |   |   |   |  |  |  |  |  |
| 4                 |   |   |   |   |  |  |  |  |  |
| 5                 |   |   |   |   |  |  |  |  |  |
| 6                 |   |   |   |   |  |  |  |  |  |

|    |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|
| 7  |  |  |  |  |  |  |  |  |  |
| 8  |  |  |  |  |  |  |  |  |  |
| 9  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |

### Alleged war crimes and crimes against humanity

**Read out :** Wamito ngeyo kit ma dano obeyo kede iyi ayelayela me lweny. Ka pe imito gamo apeny magi, koba wek akat iyi apeny mukene. Akwani kit tim alany apatpat ame otimere.

We'd like to know about people's experiences of crimes committed against you during the ..... attack. Please remember that if you don't want to answer any questions, you can tell me and I'll move on to the next question. I will now read out a list of potential crimes.

Use the following code for questions C1-G39B: 1=yes 2=no

**Ask for every household member above the age of six. Fill in not applicable (888) for household members younger than six. Make sure you enter information for the same people as you did in the roster using their PID No.**

| C.1        | G.18   | G.19   | G.20  | G.21  | G.22  | G.23  | G.24  | G24a  |
|------------|--|--|---|---|---|---|---|---|
| P<br>ID No | Onongo atye ikare ame adui pa Kony/LRA gu cobo dano ikin gang, dano ma pe nongo obedo lulweny onyo lumony?<br><br>You were present when the LRA carried out an attack directed at civilians, those not taking part in any hostilities or combat? | A lweny pa ladui LRA gu kwalo jami ma mega?<br><br>A member associated of the LRA stole your property? | A lweny pa ladui LRA gu balo jami ma mega marac totwal?<br><br>A member of the LRA destroyed your property and the destruction was extensive? | A lweny pa ladui LRA otemo teka?<br><br>Someone from the LRA tried to kill you? | A lweny pa ladui LRA oketo can ma lit matek ma kelo peko me wic onyo okelo awano ikoma ikare ma gin omaka?<br><br>A member of the LRA inflicted severe mental or physical pain on you while you were under their control? | A lweny pa ladui LRA owanga ki mac onyo obola l ot ma nongo tye ka wang?<br><br>A member of the LRA set you on fire or put you in a building that was deliberately set on fire? | Adui LRA omaka te tera tektek?<br><br>You were taken against your will (abducted) by the LRA?<br><br><b>If no → G25</b> | Ka ee, onongo pwod pe iromo mwaka 15 ame omaki?<br><br>If yes, were you under the age of 15 when taken?<br><br><b>If no → G25</b> |
| 1          |  |  |   |   |   |   |   |   |
| 2          |  |  |   |   |   |   |   |   |
| 3          |  |  |   |   |   |   |   |   |
| 4          |  |  |   |   |   |   |   |   |
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|---------------------------------|---|--|--|---|---|---|---|--|
| <p>C.1<br/><br/>P<br/>ID No</p> | <p>G24b<br/>Ka ee, odiyí me bedo la lweny onyo me wot ka lweny?<br/><br/>If yes, were you forced to participate in direct combat or fighting?</p> | <p>G.25<br/>Ki diyi me tingo jami ikare ame itye bot gi – onongo myero iti ngo me gin mito aco ka pe, omiyo pwod ikomi; pe itiyo ngo ame onongo imito ni iti; pe inongo culoro keken pi tic ame itiyo kuno; bene onongo pe iromo ya ki boti?<br/><br/>Were you forced by the LRA to carry out labor under these conditions – you had to carry out the labor or face punishment; you did not carry out the labor of your own choice; you were not compensated for the labor; you could not leave?</p> | <p>G.26<br/>Adui pa LRA odi tetek me neko onyo wano dano mukene?<br/><br/>Were you forced to kill or seriously injure another person by LRA?</p> | <p>G.27<br/>Adui pa LRA otiyo ki dul komi moro keken iyore ame gin mito (acalo dogi, komi me mon/co, dudi) ki dul kom gi moro keken onyo ki gi tic moro keken?<br/><br/>Did a member of the LRA invade any opening in your body (mouth, genitals, and anus) with any part of their body or with any object?</p> | <p>G.28<br/>La lweny pa adui LRA moro ogengi me bedo agonya dang odiyí me bedo imiti kedgi tetek iyore moro keken?<br/><br/>Did a member of the LRA deprive you of your liberty and force you to engage in one or more acts of a sexual nature?</p> | <p>G.29<br/>La lweny pa adui LRA obedo kedi iyore me miti tetek onyo, gu diyi me bedo ki dano mukene imiti tetek?<br/><br/>Did a member of the LRA commit a sexual act against you or forced you to engage in a sexual act?</p> | <p>G.30<br/>Inywalo latin acalo adwogi me miti tetek kede la lweny pa adui LRA?<br/><br/>Did you give birth to a child born from sexual relations with a member of the LRA?<br/><br/><b>Only ask of females</b></p> | <p>G.31<br/>La lweny pa adui LRA oneko cwari/dako ni ame nongo pe obedo laweny?<br/><br/>A member of the LRA killed your spouse who was not taking part in combat?</p> |
|---------------------------------|---|--|--|---|---|---|---|--|

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| 13 |  |  |  |  |  |  |  |  |

| C.1<br><br>P<br>ID No | G.32<br>La lweny pa adui LRA owano tetek cwari/dako ma megi kun onongo pe obedo la lweny?<br><br>A member of the LRA deliberately injured your spouse who was not taking part in combat? | G.33<br>La lweny pa adui LRA omako cwari/dako ni?<br><br>A member of the LRA abducted your spouse? | G.34<br>La lweny pa adui LRA oneko latini ma nongo pe obedo la lweny onyo onongo pe tye ka lweny?<br><br>A member of the LRA killed your child who was not taking part in combat? | G.35<br>La lweny pa adui LRA owano tetek latin ma megi kun onongo pe obedo la lweny?<br><br>A member of the LRA deliberately injured your child who was not taking part in combat? | G.36<br>La lweny pa adui LRA omako latini ma megi tetek?<br><br>A member of the LRA abducted your child? | G.37<br>La lweny pa adui LRA oneko dano ma gang onyo wat ma cegi ki paco man (ame pe obedo latini onyo cwari/dako ma megi) kun onongo pe obedo la lweny?<br><br>A member of the LRA killed a close member of your family (not a spouse or child) who was not taking part in combat? | G.38<br>La lweny pa adui LRA owano tetek dano ma gang kan onyo wat ma cegi me paco man (pe latini onyo cwari/dako ma megi) kun onongo pe obedo la lweny?<br><br>A member of the LRA deliberately injured a close member of your family (not a spouse or child) who was not taking part in combat? | G.39<br>La lweny pa adui LRA omako dano ame obedo wat acegi me paco man tetek (pe latini onyo cwari/dako ma megi)<br><br>A member of the LRA abducted a close member of your family (not a spouse or child)? | G.39b<br>Cen pa dano mu too obedo ka yeli (okelo twoo ikomi, twoo wic, onyo awano ikomi, ineno iwang lek, iwinyo dwon gi ikare mu keken)<br><br>Have you been harmed by spirits of the dead (do they bring sickness mental and physical injury, do you see them in dreams hear voices)? |
|-----------------------|--|--|---|--|--|---|---|--|---|
| 1                     |  |  |   |  |  |   |   |  |   |
| 2                     |  |  |   |  |  |   |   |  |   |
| 3                     |  |  |   |  |  |   |   |  |   |
| 4                     |  |  |   |  |  |   |   |  |   |
| 5                     |  |  |   |  |  |   |   |  |   |
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| 7                     |  |  |   |  |  |   |   |  |   |
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| 10                    |  |  |   |  |  |   |   |  |   |
| 11                    |  |  |   |  |  |   |   |  |   |

| 12     |   |                   |  |             |  |  |  |  |
|--------|---|-------------------|--|-------------|--|--|--|--|
| 13     |   |                   |  |             |  |  |  |  |
| Number | Question  | Options           | Coded Response   | Skip        |  |  |  |  |
| G32    | Adui pa LRA onyo omony pa gamente, onyo dul moro mu keken omako dano ma gang kany tetek pe tedwogo?<br><br>Was a family member ever taken by force by a party to the GoU/LRA conflict or armed raider and never returned? | 1 = yes<br>2 = no | <input type="checkbox"/>                                       | If no → G35 |  |  |  |  |
| G33    | Jo adii ipaco man ame omako pe tedwogo?<br><br>How many family members were taken and never returned?   | Enter Number      | <input type="text"/> <input type="text"/> <input type="text"/> |             |  |  |  |  |
| G35    | Adui pa LRA onyo omony pa gemente, onyo dul moro mu keken oneko dano me paco man nek alany?<br><br>Was a family member ever killed violently by parties to the GoU/LRA conflict or armed raiders?                         | 1 = yes<br>2 = no | <input type="checkbox"/>                                       |             |  |  |  |  |

| <b>Food Security</b>  |  |   |                          |      |
|---|--|---|--------------------------|------|
| <b>Read out:</b> <i>Kombedi amito penyi lapeny mano nok kit ma dano me paco man camo kwede.</i> I now want to ask you a few questions about eating patterns in the household. |  |   |                          |      |
| Number  | Question   | Options   | Coded Response           | Skip |
| E1a   | Ucamo cam ma pe wu maro dok ma wele nok?<br><br>Rely on less preferred and less expensive food?<br><br><i>(now read options)</i>                             | 0 = <i>Pe matwal</i><br>1 = <i>Kicel kicel onyo tyen aryo iyi cabit acel</i><br>2 = <i>I kine tyen adek ki abic bi cabit acel</i><br>3 = <i>Pol kare, tyen 6 onyo 7 pi cabit acel</i><br><br>0 = never<br>1 = rarely (once or twice in past 7 days)<br>2 = sometimes (3-5 days out of the past 7 days)<br>3 = usually (6-7 days in the past 7 days) | <input type="checkbox"/> |      |
| E1b   | U kwo ki cam ma lorem, wadi omiyo botwu onyo olego cam alega?<br><br>Borrow food or rely on help from a friend or relative?<br><br><i>(now read options)</i> | 0 = <i>Pe matwal</i><br>1 = <i>Kicel kicel onyo tyen aryo iyi cabit acel</i><br>2 = <i>I kine tyen adek ki abic bi cabit acel</i><br>3 = <i>Pol kare, tyen 6 onyo 7 pi cabit acel</i><br><br>0 = never<br>1 = rarely (once or twice in past 7 days)<br>2 = sometimes (3-5 days out of the past 7 days)  | <input type="checkbox"/> |      |

|   |  |                          |   |                          |  |                          |
|---|--|--------------------------|---|--------------------------|--|--------------------------|
|   |  |                          | 3 = usually (6-7 days in the past 7 days)   |                          |  |                          |
| E1c   | U dwoko kit ma ngat acel acel camo kwede piny?<br>Limit portion size at meals?<br><i>(now read options)</i>  |                          | 0 = <i>Pe matwal</i><br>1 = <i>Kicel kicel onyo tyen aryo iyi cabit acel</i><br>2 = <i>I kine tyen adek ki abic bi cabit acel</i><br>3 = <i>Pol kare, tyen 6 onyo 7 pi cabit acel</i><br><br>0 = never<br>1 = rarely (once or twice in past 7 days)<br>2 = sometimes (3-5 days out of the past 7 days)<br>3 = usually (6-7 days in the past 7 days) | <input type="checkbox"/> |  |                          |
| E1d   | Omiyo cam ma nok nok bot joo mukene wek dano me paco man ducu ocam?<br>Restrict consumption by some members for other members to eat?<br><i>(now read options)</i> |                          | 0 = <i>Pe matwal</i><br>1 = <i>Kicel kicel onyo tyen aryo iyi cabit acel</i><br>2 = <i>I kine tyen adek ki abic bi cabit acel</i><br>3 = <i>Pol kare, tyen 6 onyo 7 pi cabit acel</i><br><br>0 = never<br>1 = rarely (once or twice in past 7 days)<br>2 = sometimes (3-5 days out of the past 7 days)<br>3 = usually (6-7 days in the past 7 days) | <input type="checkbox"/> |  |                          |
| E1e   | Odwoko tyen ma ucamo kwede nino acel acel?<br>Reduce number of meals eaten in a day?<br><i>(now read options)</i>  |                          | 0 = <i>Pe matwal</i><br>1 = <i>Kicel kicel onyo tyen aryo iyi cabit acel</i><br>2 = <i>I kine tyen adek ki abic bi cabit acel</i><br>3 = <i>Pol kare, tyen 6 onyo 7 pi cabit acel</i><br><br>0 = never<br>1 = rarely (once or twice in past 7 days)<br>2 = sometimes (3-5 days out of the past 7 days)<br>3 = usually (6-7 days in the past 7 days) | <input type="checkbox"/> |  |                          |
| <b>Assets</b>   |  |                          |   |                          |  |                          |
| <b>Read out:</b> Now we are going to ask you some questions about land and things that some households own. |  |                          |   |                          |  |                          |
| F6  | <u>Paco man tye ki ngom ma meg-gi?</u><br>Does your household own any land?  |                          | 1 = Yes<br>2 = no   | <input type="checkbox"/> |  |                          |
| F7  | <u>Paco man tye ki potti adii ma meg-gi?</u><br>How many gardens does your household own?  |                          | Insert Number of gardens  | <input type="checkbox"/> |  |                          |
|   | <u>Paco man tye ki jami ma wot kwani ni:</u><br>Does your household own any of the following:  |                          | Use the following code for questions F13.1-F17.3:   | 1= yes<br>2 = no         |  |                          |
| F13.1   | Cim cing /Mobile phone   | <input type="checkbox"/> | F14.1 Lee matino tino calo gwenni, apwoyo, ki atuddu<br>Small livestock (chicken, rabbits)  | <input type="checkbox"/> | F16.3 Paco man tye ki kweri dyang?<br>Do you own a plough?                 | <input type="checkbox"/> |
| F13.2   | Gi buko mac/Generator  | <input type="checkbox"/> | F14.2 Lee ma dongo manok, calo , dyegi, romi, ki opego  | <input type="checkbox"/> | F16.4 I tye kwede nyonyo ma tiyo ki mac macalo tracta, macin me ryego onyo | <input type="checkbox"/> |

|       |                          |                          |       |   |                          |       |   |                          |
|-------|--------------------------|--------------------------|-------|---|--------------------------|-------|---|--------------------------|
|       |                          |                          |       | Medium sized livestock (goats, pigs)  |                          |       | bito pul, nyim, anyagi, ki jami apita mukene?<br>Do you own any powered machines (hand-tiller, tractor, milling machine)? |                          |
| F13.3 | Radio                    | <input type="checkbox"/> | F14.3 | Lee madongo calo kana ki dyangi, Large size livestock (cattle, donkey)  | <input type="checkbox"/> | F17.1 | Paco man tye ki lela onyo gadi-gadi? Do you own a bicycle or wheelbarrow?   | <input type="checkbox"/> |
| F13.4 | Mufalici/Mattress        | <input type="checkbox"/> | F16.1 | Paco man tye ki kweri me pur onyo dor macalo kweri cing?<br>Do you own hand tools for digging or weeding (hand hoe)       | <input type="checkbox"/> | F17.2 | Paco man tye ki lating ter ma kana onyo dyany ywayo?<br>Do you own a cart for donkeys or oxen?                            | <input type="checkbox"/> |
| F13.5 | Mac ma aa ki iceng/ Sola | <input type="checkbox"/> | F16.2 | Paco man tye ki nyonyo ma konyo tongo yen macalo panga onyo lokila? Do you own hand tools for cutting (hand axe, pangas)? | <input type="checkbox"/> | F17.3 | Itye ki piki-piki onyo motoka? Do you own a motorbike or car?   | <input type="checkbox"/> |

### Experience of Crime

**Read out:** Amito nango kit ma dano obeyo kedi ipeko me lweny ikin gang kany. *Tye ngat mo i paco man ma onongo peko magi i kin mwakki adek (3) makato ni, ka otime ci otime ki dii?*

We'd like to understand people's experience of crime and conflict. I will now read the list of crimes to you. Could you please tell me for each crime if anyone in your household experienced it in the last three years

|      |   |                          |   |   |                          |                   |   |                          |
|------|---|--------------------------|---|---|--------------------------|-------------------|---|--------------------------|
|      | Paco ni onongo peko magi i kin mwakki adek makato:<br>Did your household experience any of the following <b>over the last 3 years</b> : |                          | Use the following code for questions G13a-G13l: |   |                          | 1 = yes<br>2 = no |   |                          |
| G13a | Bura ki dog/Verbal threats?   | <input type="checkbox"/> | G13e  | Nek alany/Murder?                                       | <input type="checkbox"/> | G13i              | Gero me mitti /Sexual assault or rape?                    | <input type="checkbox"/> |
| G13b | Kwo/Theft?  | <input type="checkbox"/> | G13f  | Kwo lee or dyangi/Theft of livestock?                   | <input type="checkbox"/> | G13j              | Gero ma kelo awano/ ret Physical attack/assault?          | <input type="checkbox"/> |
| G13c | Turo ot/House breaking (burglary)?  | <input type="checkbox"/> | G13g  | Awano malit i kom latin Serious physical harm to child? | <input type="checkbox"/> | G13k              | Tyek /jok Witchcraft?                                     | <input type="checkbox"/> |
| G13d | Mako dano tek tek pe te dwogo/Abduction or disappearance of family members??  | <input type="checkbox"/> | G13h  | Mayo ngom/Gamo ngom Lang grabbing/dispossession?        | <input type="checkbox"/> | G13l              | Awala ikoome dano me paco man Poisoning of family member? | <input type="checkbox"/> |

### Basic Services

**Read out:** Kombedi abipenyi lapeny makwako kony ma pirgi tego pi kwo, acako ki peny i kom yot kom.

I will not ask you some questions about services, starting with health.

| Number | Question  | Options   | Coded Response           | Skip |
|--------|---|---|--------------------------|------|
| H1     | <u>Wek ange mene i kin gin ma akwano ni ma tito maber kit ma paco ni tye kwede kii yoo me nongo kony me dakta/yat pi two matino tino ma mako gi.</u><br><br>Please let me know which of the following BEST describes your households' access to health care services for ROUTINE illness or injury? | 1 = Waneno dakta dok bene yat ma mite tye<br>2 = Wa neno dakta ento pol kare yat ma mitte nongo peke<br>3 = Wa nongo yat ento magoro goro<br>4 = Pe waromo culo pi kony me dakta ma mitte<br>5 = Pe waromo nongo kony me dakta pien watye kama mabor ki gin wot bene pe<br>6 = Mukene | <input type="checkbox"/> |      |

|     |  |  |                          |  |
|-----|--|--|--------------------------|--|
|     | <i>(one response only)</i>   | <p>1 = we can access and treatments are available<br/> 2 = the treatment we need are usually not available<br/> 3 = we can access but there is low quality of services<br/> 4 = we cannot afford to access health care<br/> 5 = we cannot access health care because of distance/transport issues<br/> 6 = other</p>   |                          |  |
| H2  | <p><u>Wek ange gin ma a bikwano boti ni mene ma tito maber kit ma paco man tye kwede kony pa dakta pi two mateko onyo awano maraco?</u></p> <p>Please let me know which of the following BEST describes your households' access to health care services for SERIOUS illness or injury?</p> <p><i>(one response only)</i></p> | <p>1 = Waneno dakta dok bene yat ma mite tye<br/> 2 = Wa neno dakta ento pol kare yat ma mitte nongo peke<br/> 3 = Wa nongo yat ento magoro goro<br/> 4 = Pe waromo culo pi kony me dakta ma mitte<br/> 5 = Pe waromo nongo kony me dakta pien watye kama mabor ki gin wot bene pe<br/> 6 = Two ne dong pe cang<br/> 7 = mukene</p> <p>1 = we can access and treatments are available<br/> 2 = the treatment we need are usually not available<br/> 3 = we can access but there is low quality of services<br/> 4 = we cannot afford to access health care<br/> 5 = we cannot access health care because of distance/transport issues<br/> 6 = out illness/injury cannot be treated<br/> 7 = other</p> | <input type="checkbox"/> |  |
| H3  | <p><u>Ot yat ma paco man woto iye ni miyo kony ma mitte weny?</u></p> <p>Does the health center or clinic that you attend provide the services and medication your household needs?</p>  | <p>1 = Pe matwal<br/> 2 = Miyo kicel kicel<br/> 3 = Eyo, Pol Kare</p> <p>1 = no, never<br/> 2 = only sometimes<br/> 3 = yes, always</p>  | <input type="checkbox"/> |  |
| H4  | <p><u>Tero kare marom mene pi in me oo ii ot yat ma tiyo maber?</u></p> <p>How long does it take to reach the health clinic or center that you feel provide adequate care?</p>   | Record number of minutes   | <input type="text"/>     |  |
| H11 | <p><u>Kwene ma paco man gamo pii amata ki iye?</u></p> <p>What is your main source of drinking water?</p> <p><i>(only one response)</i></p>  | <p>1 = Pii it ma kigwoko doge<br/> 2 = Pii it ma pe kigwoko doge<br/> 3 = Tangi<br/> 4 = Pii kullo matino tino<br/> 5 = Pii tap<br/> 6 = Mukene (specify)</p>  | <input type="checkbox"/> |  |

|      |   |   |  |              |
|------|---|---|--|--------------|
|      |   | 1 = protected well<br>2 = traditional unprotected spring well<br>3 = borehole<br>4 = river sources<br>5 = tap/pipe water<br>6 = other   |  |              |
| H12  | <u>Cawa adii ma paco man tero me wot ki dwogo ki i kulo me gamo pii amata wa ki cawa me kuro jolo ne?</u><br><br>How long does a return journey to the drinking water access point you use take, including the time for waiting to get water? | Record number of minutes  | <input type="text"/> <input type="text"/> <input type="text"/> |              |
| H18a | <u>Paco man obedo ki lotion <b>anyira</b> ma kwano primary i mwaka mukato?</u><br><br>Did you have your <b>female</b> children attend primary school last year?   | 1 = yes<br>2 = no   | <input type="checkbox"/>                                       | If no → H18b |
| H20a | Pol kare lotino <b>ayira</b> ma gang kany cito i cukul?<br><br>How regularly do the household <b>female</b> children attend primary school?   | <i>1 = Nino me kwan ducu</i><br><i>2 = Pol kare</i><br><i>3 = Kare mukene</i><br><i>4 = Kicel -kicel</i><br><i>5 = Pe matwal</i><br><br>1 = every school day<br>2 = most of the time<br>3 = some of the time<br>4 = rarely<br>5 = never | <input type="checkbox"/>                                       |              |
| H18a | <u>Paco man obedo ki lotion <b>awobe</b> ma kwano primary i mwaka mukato?</u><br><br>Did you have your <b>male</b> children attend primary school last year?  | 1 = yes<br>2 = no   | <input type="checkbox"/>                                       | If no → H19  |
| H20a | Pol kare lotino <b>awobe</b> ma gang kany cito i cukul?<br><br>How regularly do the household male children attend primary school?  | <i>1 = Nino me kwan ducu</i><br><i>2 = Pol kare</i><br><i>3 = Kare mukene</i><br><i>4 = Kicel -kicel</i><br><i>5 = Pe matwal</i><br><br>1 = every school day<br>2 = most of the time<br>3 = some of the time                            | <input type="checkbox"/>                                       |              |

|     |   |                          |                      |                      |
|-----|---|--------------------------|----------------------|----------------------|
|     |   | 4 = rarely<br>5 = never  |                      |                      |
| H19 | <p>Paco man bor marom mene ki gang kwan ma lotino me <u>paco man kwano ive?</u></p> <p>How far is it to the primary school the children use?</p> <p><b>Only answer if the person said yes to H18a or H18b</b></p> | Record number of minutes | <input type="text"/> | <input type="text"/> |

### Social protection and livelihood services

**Read out:** Wa mito ngeyo kit kony mapat pat ma paco man gwok tye kanongo ne. A bikwano kony mapat pat. Tita ka ngat mo i paco man onongo kit kony magi i mwaka mukato ni.

We'd like to know about different kinds of help that your household may be receiving.

I'm going to read out a list of different kinds of help. Could you please tell me for each one if anyone in your household received it in the last year?

|     |  |                          |  |  |                          |     |  |                          |
|-----|--|--------------------------|--|--|--------------------------|-----|--|--------------------------|
|     | Onongo kit kony mapat pat magi?<br>Did you receive any of the following support? |                          | Use the following code for question I1-IF: |  | 1 = yes<br>2 = no        |     |  |                          |
| I2a | Cam onyo jami ot ma kipoko me nono?<br>Free food aid or free household items?    | <input type="checkbox"/> | I2e  | Cul pa jo ma gu weko tic?<br>Retirement pension?   | <input type="checkbox"/> | J1c | Cente me anyaya ki apoka bot lwak<br>(centema ki gwoko me adena )<br>Seed money for revolving fund (saving and credit)?  | <input type="checkbox"/> |
| I2b | Cam ma ki miyo i cukul?<br>School feeding program?                               | <input type="checkbox"/> | I2fj                                       | Cul mo keken me cente ki bot gamente / NGO?<br>Any other money payment from the government or organizations?                       | <input type="checkbox"/> | J1d | Kony ma pe obedo me pur onyo me medo pwonye me nongo cuk<br>Non-agricultural services, including training and marketing? | <input type="checkbox"/> |
| I2c | Cul pa joo ma otegi?<br>Old age pension?   | <input type="checkbox"/> | J1a  | Kodi, fatalaija, yat me kiro kwidi cam ki ipoto ki poko jami me tic ipoto<br>Seeds, fertilizers, pesticide and tools distribution? | <input type="checkbox"/> | J1e | Purojek mo keken ma konyo in me kwo?<br>Any other projects that are to help you with your livelihood?                    | <input type="checkbox"/> |
| I2d | Cam pa lotwo ma i ot yat?<br>Feeding patients in hospitals?                      | <input type="checkbox"/> | J1b  | Dongo yoo me pur ki medo pwonye me nongo cuk me cato cam<br>Agriculture extension, including training and marketing?               | <input type="checkbox"/> |     |  |                          |

Thank you for taking the time to answer these questions.

We would like to repeat that all your answers will be kept confidential.



## Annex C: Qualitative Research Guide

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### English

Respondent ID:

Location:

Age:

Level of Schooling:

Marital Status:

Sex:

Date of interview:

Type of violation(s) suffered:

Can you tell me briefly what happened to you/your household during the attack on your community? (e.g., members killed, injured, maimed, abducted, sexually abused, set on fire).

How has suffering such violence during the attack affected you/your household/community today?

- your ability to work and provide for the family ;
- ability to send children to school ;
- your relationship with family and others in the community ;
- your land access/housing ;
- your ability to carry out your livelihood ;
- your physical health ;
- your mental health ;
- stigma due to your experience ;
- breakdown of family ;
- changes to community lives.

Have you had any access to assistance because of what happened to you during the conflict? What forms of assistance did you get? If not, why do survivors like you not get assistance for harms suffered?

Do you feel you have had justice for what you/family experienced during the massacre/attack? If so what? If not why?

What is your view of ongoing justice initiatives to deal with the effect of the conflict that happened here? ICC, ICD, etc. Do you think these initiatives provide justice required by survivors like you?

What forms of assistance would be most appropriate considering the kind of harms suffered by you/family?

## Luo – Acholi

Lanyut pa lagam apeny:

Ka ma en aa ki iye :

Mwaka ne:

Rwom me kwane:

Onyome onyo peke:

Lacoo onyo Dako:

Nino dwe me peny:

Kit yore ma pat pat pat peko ame lweny obeyo kede ikome:

Iromo waca wie wie ngo mutime ikomi nyo ikom jo me gangi ikare ma gitimo aranyi ikabedo ma megwu (waca jo ma ginekogi woko, ma giwanogi, ma gingolo dul komgi, ma gimakogi oceto kwedgi, ma gidiyogi ibutu tektek, ki ma gicwinyo mac/odi ikomgi en mukene bene)

La kodi peki mogo ma iwacogini, mutime ikare me lweny, obalo kwo pa jo gangi iyore mene/ma rom kwene? Onyo kwo pa jo me kabedo ma megwu ma rom kwene wa tin?

- teko/yoo ni me tic ki miyo jemi ma mite pi jo gangi iyore mene/ma rom kwene?
- teko/yoo me cwalo lotino i gang kwan iyore mene/ma rom kwene?
- bedo ni ki jo gangi ki jo mukene ikin gang iyore mene/ma rom kwene?
- yore me tic ki ngom ma megi/odi ni iyore mene/ ma rom kwene?
- teko/yoo me nongo jami ma mite pi kwoni arom mene/ma rom kwen?
- yot komi iyore mene/ma rom kwene?
- kite ma wi tiyo kwede maber iyore mene/ma rom kwene?
- cimo toki/pokapoka pi gin mutime ikomi iyore mene/ma rom kwene?
- too pa gangi iyore mene/ma rom kwene?
- alokaloka me kwo pa dano/lwak me kin gang iyore mene/ma rom kwene?

Ibedo ki yoo mo me nongo kony ma lube ki gin mutime ikomi ikare me lweny?

Kit kony ango ma inongo? Ka pe, pingo jo mubwot calo wun eni pe nongo kony pi ngo mu time ikomgi?

Iwinyo ni inongo ngol atira pi ngo ma yin nyo jo gangi gubeo iye ikare me lweny onyo nek alany/tim aranyi? Kit ngol ango? Ka pe pingo?

Tami tye ningo ikom tute me ngol atira ma tye ka wot anyim me tyeko lok kom adwogi me lweny mutime kany? Kot me Uganda, kot me wilobo kit lwongo ni ICC ki mukene bene. Itamo ni tute magi miyo ngol atira ma jo mubwot calo yini mito?

Kwai kony ango ma onongo twero bedo ber dok ma rwate ki peki ma yin onyo jo gangi oboe iye?

## Annex D: SLRC 2013 survey section on war crimes and crimes against humanity

### War crimes and crimes against humanity EVER experienced (1986-Present)

We'd like to know about people's experiences of war crimes and crimes against humanity or harms since 1986. Please remember that if you don't want to answer any questions, you can tell me and I'll move on to the next question.

I will now read out a list of war crimes and crimes against humanity and harms. Can you tell me for each household member if they ever experienced it since 1986.

Ask for every household member above the age of six. Fill in not applicable (888) for household members younger than six.

|      |   |   |   |  |  |   |  |   |   |   |  |  |
|------|---|---|---|--|--|---|--|---|---|---|--|--|
| G.19 | G.20<br>Someone associated with parties to the GoU/LRA conflict or armed raiders took or destroyed their property?<br><br>No - 0<br>Yes - 1 | G.21 Was taken (abducted) by a party to the GoU/LRA conflict or armed raiders?<br><br>No - 0<br>Yes - 1 | G.22 Experienced severe beating or torture by parties to the GoU/LRA conflict or armed raiders<br><br>No - 0<br>Yes - 1 | G.23 Was set on fire or put in a building that was deliberately set on fire<br><br>No - 0<br>Yes - 1 | G.24 Survived a massacre ("gruesome group killing")<br><br>No - 0<br>Yes - 1 | G.25 Was attacked with a panga, axe, hoe or other weapon by a party to the GoU/LRA conflict or armed raiders<br><br>No - 0<br>Yes - 1 | G.26 Experienced sexual abuse by a party to the GoU/LRA conflict or armed raiders<br><br>No - 0<br>Yes - 1 | G.27 Returned from captivity with a child born in the bush (only ask of females)<br><br>No - 0<br>Yes - 1 | G.28 Forced into labor/slavery by a party to the GoU/LRA conflict or armed raiders<br><br>No - 0<br>Yes - 1 | G.29 Forced to kill or seriously injure another person<br><br>No - 0<br>Yes - 1 | G.30 Received a serious physical injury due to the war (beating, torture, rebel attack, battle, etc.)<br><br>No - 0<br>Yes - 1 | G.31 Suffers from emotional distress related to the GoU/LRA conflict or from armed raiders that inhibits their ability to contribute to the household<br><br>No - 0<br>Yes - 1 |
|------|---|---|---|--|--|---|--|---|---|---|--|--|

<sup>i</sup> We used the standard Demographic and Health Survey (DHS) definition of a household "a person or group of persons, related or unrelated, who live in the same dwelling unit, who make common provisions for food...or who pool their income for the purpose of purchasing food." Dambula and Chibwana, 2004, p. 9 Dambula, I. and E. Chibwana (2004). Characteristics of households and household members. The DHS Program: 9-24. A similar definition is used by the Ugandan Bureau of Statistics (2016).

<sup>ii</sup> Data was collected from a total of 1857 households; however for 85 households no information on the household head was collected. Given that we are controlling for household head information in the regression analysis, only information on the 1772 households with data on the household head is included in this analysis.