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# Manifestations of Traumatic Stress among Adolescent Girls in Post-Conflict Northern Uganda

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MANIFESTATIONS OF TRAUMATIC STRESS

Manifestations of Traumatic Stress among Adolescent Girls in Post-Conflict  
Northern Uganda

A Thesis

Presented in

Partial Fulfillment of the

Requirement for the Degree of

Master of Arts

By

Tiamo Katsonga-Phiri

November, 2014

The Department of Psychology

College of Science and Health

DePaul University

Chicago, Illinois

**Thesis Committee**

Kathryn E. Grant, Ph.D., Chairperson

Bernadette Sanchez, Ph.D.

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### **Biography**

The author was born in Blantyre, Malawi, March 23, 1990. She completed her A-levels in Biology, Chemistry, Math and English at Kamuzu Academy in Kasungu, Malawi. She received her Bachelor of Arts degree in Psychology, minoring in Anthropology from DePauw University in Greencastle, Indiana in 2012 before beginning her PhD studies in Clinical-Child Psychology at DePaul University Chicago.

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### Abstract

This study examines manifestations of mental health concerns in response to Gender Based Violence (GBV) specifically rape in a Non-western post-conflict setting. The population is a sample of girls aged 13-18 years residing in an Internally Displaced Person's camp in Northern Uganda. Through semi-structured interviews, the girls shared their experiences of Gender Based Violence. Using Interpretative Phenomenological Analysis, 30 transcripts were analyzed to explore what these girls' experiences have been with regard to rape, mental health and cultural and contextual stressors. Findings show that the girls described experiencing symptoms similar to those outlined in the DSM. Additionally, the girls described contextual stressors such as gender attitudes, living conditions, interpersonal relationships and the threat of HIV all contributing to negative mental health outcomes.

## Manifestations of Traumatic Distress in Post-Conflict Northern Uganda

### **History of the Conflict in Northern Uganda**

From 1987 to 2006, a civil war ensued in the Northern regions of Uganda between the Lord's Resistance Army (LRA) and the government of Uganda. In the years of this war there were thousands of civilian deaths, innumerable human rights violations and huge displacements of people. Children, both boys and girls, were used during this war as fighters, messengers, spies, and as sex slaves. Although peace talks began in 2006, that step did not spell an end to violence and distress in the country (Council on Foreign Relations, 2013). Even after people were moved to Internally Displaced Persons (IDP) camps, violence continued. These camps did not provide adequate living conditions for people who had been uprooted from their homes; instead there were high levels of crime with little to no psychosocial support and no mental health services (Baingana, 2011). Many Ugandan women faced various forms of gender-based violence (GBV) and discrimination. In a research study done in Northern Uganda, Stark and colleagues (2009) found that the levels of GBV within the camps were high. They found that within the past year 51.7% of respondents had experienced intimate partner violence (Stark et al, 2009). Of the same respondents, 41% had experienced forced sex by their husbands and within the same period 5% of these women had been raped by a stranger (Stark et al, 2009). Very few of these women receive neither legal justice nor mental health care after these traumatic experiences (Baingana, 2011). Therefore, the Ugandan government is encouraging cooperation between the private and public sectors to work towards

appropriate interventions to improve the service available to these women and the protection that the children in this region require (Baingana, 2011).

### **Symptoms and Effects of Trauma**

Traumatic events are experiences that can be described as “catastrophic,” do not happen to people in their everyday experience, and often cause people to perceive themselves and the world around them differently (Danesh, 2008). Many events can be classified under the category of trauma. In some ways, the experience of trauma and its after effects are dependent on individual perception (Masinda, 2004). Classification, in that case, depends not on what the event was but rather on how the person responds to the event, which may explain why not all people who undergo traumatic events suffer psychological effects and in fact a fair number show resilience. In other ways, research has demonstrated that the experience of trauma results in several psychological and physiological effects regardless of individual perception (Andersen, 2008; Cicchetti, 2010; Walsh, 2012). The current research focuses on rape as the precipitant of trauma.

In the West, much research has been done on the mental health and behavioral sequelae of trauma. Among the symptoms and consequences are Posttraumatic Stress Disorder (PTSD) and various other Anxiety disorders, Major Depressive Disorder (MDD), avoidance coping, social withdrawal, thought disorders, denial, repression, suppression and suicidal thoughts (Ehnholt, 2006; Walsh, Galea & Koenen, 2012; McElheran, 2012; Kashdan, 2011).

According to the American Psychological Association Diagnostic and Statistical Manual of Mental Disorder (DSM-5), in order to be diagnosed with this PTSD, a

person had to have experienced a traumatic event that could have culminated in his or her death or injury and filled him or her with a feeling of fear and helplessness. Subsequently, people with PTSD re-experience these events vividly in their minds. They might have nightmares about the events or relive the events in some other way. They might also have increased arousal that causes them to have trouble sleeping and to have exaggerated startle responses. These feelings cause them so much distress that they might try to avoid anything that reminds them of the traumatic event (APA DSM-IV, 2000). In situations that are specific to sexual trauma, other associated consequences include: substance dependence, somatic complaints, risky sexual behavior, eating disorders, sexual revictimization, and poor interpersonal relationships (Walsh, Galea, & Koenen, 2012; McElheran, 2012). The question is whether these same effects are observable in victims of rape trauma in Northern Uganda.

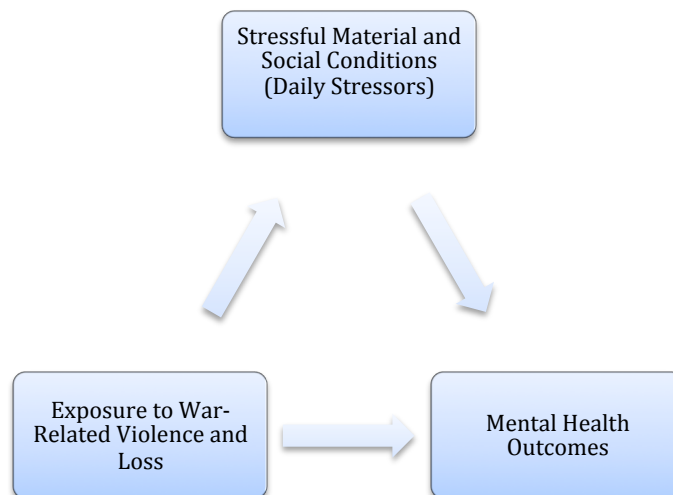
### **Controversy in the Field**

Within the literature on traumatic stress in African populations, there is controversy regarding the efficacy of the American Psychological Association's Diagnostic and Statistical Manual Fourth Edition (and now Fifth Edition) to diagnose illnesses such as Post Traumatic Stress Disorder (PTSD), Major Depression or Anxiety among these populations (Bracken, Giller, & Summerfield, 1995; Verschuur, Maric, & Spinhoven, 2010; Hoshmand, 2006; Weierstall et al., 2012). Within the international context, for example, PTSD has received a lot of criticism for being a culturally bound syndrome (Steel, Steel, & Silove, 2009; Johnson, Thompson & Downs, 2009). The most recent Diagnostic and Statistical

Manual of Mental Health Disorders (5<sup>th</sup> ed, DSM-5; American Psychiatric Association, 2013) points out the fact that the prevalence of PTSD among the general population in the USA is about 8% while the prevalence in other countries lies somewhere between 1-2%. This finding points to a discrepancy either in the conceptualization of this disorder or in the way this disorder is assessed in other parts of the world relative to the USA. Attempts to use specific PTSD, MDD or Anxiety Disorder criteria as outlined in the DSM-IV are seen as an ethnocentric approach of bringing help to various nations (Silove & Ekblad, 2002; Bracken, Giller, & Summerfield, 1995). More psychosocial perspectives suggest that we are to understand the various nuances in each culture and work with those particular communities to create research methods and solutions that are feasible and sustainable in each particular environment instead of using Western categorizations (De Jong, 2002; Lazarus et al, 2006).

Miller and Rasmussen (2010) efficiently summarize the conflicting approaches within this area of research. Their suggested model will form the theoretical framework for the current research. Miller and Rasmussen identify two perspectives in this conflict: the *Trauma-focused advocates* and the *Psychosocial approach* to mental health research in post-conflict zones (Miller & Rasmussen, 2010). They explain that the trauma-focused perspective tends to target trauma symptoms too specifically and tends to undermine the influence of “daily stressors” that may be mediating the effects of direct war exposure on mental health (Miller & Rasmussen, 2010). The psychosocial approach focuses very broadly on the social milieu of the post-conflict zones sometimes overlooking the

survivors that might need more specific intervention for their mental health problems. To address this conflict between approaches, Miller and Rasmussen (2010) propose the following model that incorporates central components of the opposing approaches. Miller and Rasmussen summarize data showing that daily stressors have powerful effects on mental health outcomes, such as the finding that war exposure typically accounts for less than 25% of the variance in PTSD symptoms and another finding that there is only a .39 correlation between level of war exposure and the level of PTSD symptoms (Miller & Rasmussen, 2010). In all the studies reviewed by Miller and Rasmussen involving traumatic events survivors in various parts of the world, they found that daily stressors account for high levels of unexplained variance in experiences of distress (Miller & Rasmussen, 2010). As a result, Miller and Rasmussen suggest a model where the direct effects of war on mental health are mediated by effects of daily stressors (Fig. 1).



*Fig 1. Mediation by daily stressors of the relationship between war exposure and mental health outcomes. Adapted from Miller and Rasmussen (2010).*

Miller and Rasmussen acknowledge that the experience of rape is a rather complicated anomaly in that it can be both a direct experience of war, i.e. if a person is raped within the context of a raid on their village or it can be a “daily” stressor of a post conflict context if it happens within an IDP camp and even then, it does not neatly fit into the category of daily stressor in the same way as lack of food, and living in a crowded and unhygienic camp does (Miller & Rasmussen, 2010). The only reason it would be described this way would be on the basis of frequency of occurrence.

Very little research has been done on mental health specifically on adolescent mental health in post-conflict zones and what particular experiences might influence adolescent girls who have been raped. To the best of my knowledge, of the research that has been carried out among populations of post-conflict zones only a fraction has been carried out in Africa. Very few of those studies, approximately 20, have been carried out on Ugandan Adolescents. Not all of those studies have a focus on mental health. A good number of them look at various aspects of education such as access or effects on education due to war often finding that children who have been involved in war have limited access to schooling and once in school often are far behind their peers (Ertl et al., 2011; Miller & Rasmussen, 2010). Breaking it down further, only three studies were focused specifically on gender-based issues like sexual violence and its effect on women.

### **Traumatic Stress Research in Uganda**

Most of the research that has been done in Uganda has been designed to report prevalence rates of various problems and conditions. Roberts et al. (2008) conducted research specifically on internally displaced people, who make up about 80% of the population in Northern Uganda. This study had 1210 participants who completed the Harvard Trauma Questionnaire (HTQ) to assess PTSD and the Hopkins Symptom Checklist to measure Depression. Using Multivariate Logistic Regression to analyze the data the researchers found that the variables most associated with high rates of PTSD and depression were being female, being “no longer married” and being more than 5 miles away from their home (Roberts et al., 2008). The current research focuses on participants who meet many of these criteria, thus contributing to the literature by focusing on a population that has been found to be especially susceptible to mental health symptoms following traumatic experiences.

Another study was conducted with children between the ages of 10-19 in Northern Uganda in which researchers examined differences in mental health between children who had been abducted during the war and children who had never been abducted (Okello, Onen and Musisi, 2007). Using the Strength and Difficulties Questionnaire (SDQ) and the Mini International Neural-Psychiatric Interview for Children and Adolescents English (MINI-KID), the authors found that 90% of the children had had some sort of exposure to severe trauma. This study found discrepancies in rates of mental health symptoms between abducted and non-abducted children. Their results show that PTSD and Major Depression are diagnosable using the DSM in these populations and they are valid in the



sense that they find a higher rate of mental health problems among those who have higher rate of exposure to violence. Neither this study nor that by Roberts and colleagues explored what cultural factors may influence the manifestations of mental health problems, and did not consider how cultural variables might be associated with higher levels of PTSD thereby leaving a gap in the literature. Cultural context in relation to mental health outcomes is the relationship the current research addresses.

Betancourt, Speelman, Oyango and Bolton (2009) carried out a qualitative study on mental health problems among children ages 13-17 that had been displaced by war in Northern Uganda. They took a more psychosocial approach (as described above) to explore perceptions of mental health among this population. They described some locally defined syndromes: *Two tam, par* and *kumu* which have depression and dysthymia like symptoms, *ma lowr*, which has mixed anxiety and depression like symptoms and *kwo maraca/ gin ligero* which have several features of conduct problems (Betancourt et al, 2009). This study did not have a specific focus on sexual traumatic events during war. Therefore the current study has the potential of adding evidence for the placement of symptoms within these theorized syndromes.

### **Research Rationale**

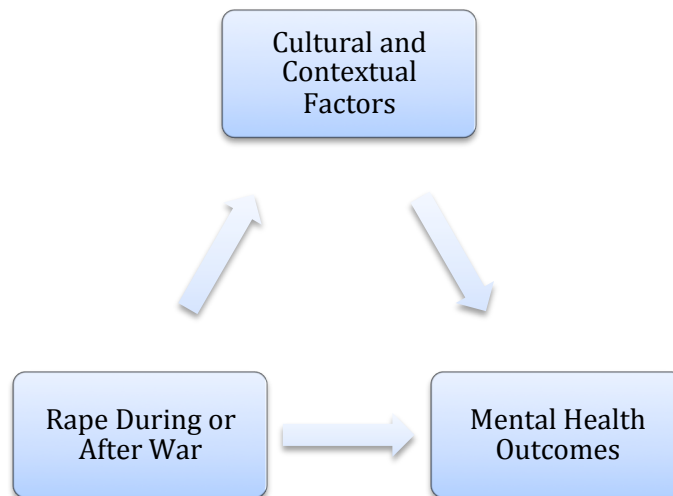
Traumatic Distress might mean something different for a sufferer depending largely on the context within which this trauma is experienced, and different types of traumatic events might have different social and mental effects on people. My aim was to examine and describe what distress in response to rape

events looks like among female adolescents internally displaced in Northern Uganda.

The current research study focuses upon a population of young Ugandan women aged 13-18 years who at the time of their interviews were internally displaced persons due to the conflicts in Northern Uganda. These are young women who have seen and experienced many harrowing events (De Jong, 2002; Masinda, 2004; Masinda, 2004; Bracken, 1995). Analysis of the data in this study focuses on the intersection between their mental health after the effects of war and the culture milieu in which they find themselves. The current study uses a qualitative method to help fill the aforementioned gaps by allowing the participants themselves to inform the cultural dynamics that may buffer or exacerbate negative mental health outcomes. Additionally, the current research contributes to the literature by examining the effects of trauma among a population that has experienced multiple types of chronic traumatic events and subsequently been exposed to various cultural and contextual stressors. To my knowledge this is the first study to look specifically at the effects of rape trauma on mental health outcomes with the consideration of potentially exacerbating cultural and contextual stressors in a post-conflict situation.

The theoretical framework that I used in this research is that suggested by Miller and Rasmussen (2010). Their model asserts that exposure to war does affect mental health outcomes but that this relationship is mediated by various daily stressors or social and cultural variables. I adjusted this model by focusing primarily on *rape* within the context of a post-conflict situation as the traumatic

event rather than *exposure to war violence* in general (Fig 2). I identified specific influences (which I will call cultural and contextual factors) on this relationship. For the purposes of this thesis, stressors were conceptualized relatively broadly in the categories of (oppressive) cultural perspectives, unstable nutrition/housing and interpersonal interactions. It is important to have a clear and more accurate perspective of how rape affects these girls with an understanding of how the cultural milieu has an impact; otherwise, behaviors might be pathologized that are otherwise normal in that cultural context (Edwards, 2005a) or ignored when they are actually relevant to the mental health problems a person is experiencing. During analysis we remained open to unexpected findings by highlighting topics that although previously unsought, continued to emerge from the data.



*Fig 2. Suggested mediation model for rape in relation to mental health outcomes.*

### **Research Questions**

This work addressed three research questions. First, what are the psychological sequelae of conflict-based trauma among girls in Northern Uganda? Differences may be found in the language used in the expression of symptoms.

Second, how do the sequelae fit with the diagnostic criteria of current Western-based diagnostic systems? It is possible that through close examination of the stories of the girls in our sample, findings would be that the core symptoms of both PTSD, Major Depression and Anxiety are the same as those found in the Western models of mental health.

Third, what are cultural and contextual factors that may mediate the mental health outcomes of these girls? There may be a noticeable impact of the cultural customs on the mental health symptoms due to the understanding or lack thereof of the problems young girls with rape trauma face as they attempt to return to their communities after a conflict situation.

## **Methods**

### **Research Design Overview**

Columbia University's CPC Learning Network and ChildFund International originally carried out this qualitative study to explore the experiences of Gender Based Violence (GBV) among girls in the region of Lira, Northern Uganda. These two organizations have a long-term relationship with each other, which increases credibility of their research through prolonged engagement. The original study was aimed at using a narrative methodology to determine how girls in that region understood GBV and how they incorporated possible traumatic incidents into their larger "life story." Some of the girls were rape survivors. Girls who were not rape survivors were asked to speak more generally about the perceptions of girls in their communities who have been raped. In the current study we focused on the feedback from the girls who endorsed a rape event. The researchers of the original study also sought to

examine what forms of support were available if girls wanted to report incidents that had happened to them. The girls were interviewed in their own language by a trained interviewer who recorded the interview as well as took notes. The interviews were then transcribed and translated by a different person and then checked for accuracy by the original interviewer.

### **Participant Description**

The participants were 30 girls aged 13-18 years who had all been raised during the 20-year conflict. These girls, because they had to flee their homes, were residing in one of two IDP camps: Agweng and Amoro. The girls were recruited through the ChildFund office base in Northern Uganda. Many of them had previously sought services from this center, were thus notified about the study, and were invited to participate and inform other girls about the study. The girls were asked to give an account of their perceptions of GBV, its causes and prevalence, the current situation of rape survivors, and what their perceptions are of what help is needed for survivors.

Each of the participant's guardians was interviewed first to ensure that the girl was not in a "brittle" (i.e. emotionally fragile) state. Each girl had consent from her guardians and then gave her assent. Participants were told that if they found the interview too distressing they could ask to stop at any time and withdraw from the research. The girls were told about confidentiality and were assured that recordings would be destroyed after they were transcribed.

The girls were compensated in kind with books, uniforms and other such necessities. Social workers followed up with the girls three to four days later to

ensure that they did not experience any negative effects from the interview. In addition, the girls were provided information on how to contact the social worker should they need psychosocial support.

### **Data Collection Procedure**

The semi-structured open-ended interviews were carried out in two sittings in various locations around the camps. The first interview lasted from 90 to 120 minutes. In this interview, interviewers were instructed to establish rapport and learn about the girl's life story using a timeline description in which the interviewer drew a line and told the girl that the start of the line is birth and the other end of the line is the current time. Each girl was asked what she viewed as pivotal times in her life and what the normal events of a Ugandan girl's life in each time period would be.

The interviewer then began to ask about the war years. Specifically, she asked how the war had affected the participant and her family. These questions aimed to find out if the girl had had to move, if she had lost loved ones and if she or any of her family or friends had experienced violence. The interviewer ended the first interview by discussing the pre-war years, to simply learn what life was like in those days but also in an attempt to end the interview on an upbeat note by talking about the happiest moments of the participant's life and her favorite activities.

The second interview lasted about 120 minutes. The interviewer started by checking in to see how the girl was currently doing in light of their first interview. They then asked about the girl's thoughts and feelings about her previous

interview and the interviewer evaluated whether the girl was ready for the second interview. If the girl seemed emotionally overwhelmed, the second interview was rescheduled and the social worker was asked to spend some time with the girl. Otherwise, the second interview proceeded. This second section of the interview is the most relevant to the current research and was targeted to address the research questions.

The four areas of interest in this part of the interview were: rape, defilement (“consensual” sex between an older man and an under-aged girl), forced early marriage and spouse abuse. The aim was to learn about the girl’s experience in these areas in her own words. Interviewers were trained to elicit this information without being demanding or retraumatizing the girls and to create a space where the girl feels she can be heard. Lastly the girls were asked about the perception of rape survivors among family members and their communities. The interviewer then asked about what forms of both formal and non-formal support exist for girls who need help in this area.

### **Qualitative Data Analysis**

Due to the nature of the questions asked, the format of the data and the method in which the data were collected, the best method of analysis to use was a qualitative method. There are several advantages to using qualitative analysis for this particular research. One is that using a qualitative method allows a focus on meaning and the subjective experiences of the girls (Storey, 2007). It allows the data to speak for themselves and reveal patterns and similarities in the stories that can help to explain experiences of distress in a post-conflict setting particularly

with regards to the social stressors that might surround the experience of rape as suggested by the proposed model.

The process of qualitative analysis used is Interpretative Phenomenological Analysis (IPA). This method allows for exploring the details of people's lives and their life experiences through the information they are able to relay in an interview. This is a method that allows a close examination of each individual interview in order to form an "idiographic report," before comparing different interviews to identify common themes (Storey, 2007). This method calls for a semi-structured interview format for collecting data, which is the method that was used to collect the data. Most importantly, this method focuses on finding connections between different respondent's idiographic reports in order to corroborate the themes, which increases the validity of the conclusions that can be drawn from the data.

### **Enhancing Credibility of Findings**

Due to the qualitative nature of the research various measures were taken to ensure validity of the findings (Lincoln & Guba, 1986). The original researchers and their team have worked with the offices in Uganda for several years and through prolonged engagement have formed a relationship and an ongoing acquaintance with the Northern Ugandan culture. Interviewers that worked with the girls were Ugandan and thus were able to build good rapport with participants to ensure validity of information in interviews.

In the analysis process more measures were taken to enhance validity of the analytic process. There were three coders that worked with the data. After



discussing the general concepts of the thesis and the questions being asked, one rater read and coded all 30 transcripts and two raters coded 15 transcripts each. All coders worked independently to form specific themes. After analyses were done, coders worked together to place findings under more general thematic categories following the IPA process described in the following section.

### **Analyses**

This method of analysis is composed of four stages (Storey, 2007). In the first stage of IPA, a co-rater and the primary investigator independently read the transcripts to get an overall sense of what ideas are brought up in the interviews. As we read the data we were able to solidify our ideas for the interpretative framework in which we are considering the data. That is to say we looked to see whether there were mental health specific discussions in the data in relation to cultural experiences and daily stressors. During this stage, readers wrote notes that arise as a response to the text in an excel spreadsheet..

In the second stage of IPA, we identified and labeled themes. The raters used the notes to produce “themes” around particular topics (Storey, 2007). These themes allowed the formation of broad categories of mental health disorder symptomology and sociocultural experiences. For this stage raters used NVivo qualitative software to create thematic categories for the interviews.

In the third stage of IPA, each transcript and the themes within it were compared and contrasted with the themes in other transcripts. The themes were linked and where possible formed clusters of themes based on preliminary “connections” (Storey, 2007). In this way we were able to create “superordinate

themes” for the ideas and experiences that appear consistently across the various transcripts. If there were themes that did not occur reliably these themes were dropped. In the fourth stage of IPA, we produced a summary of themes that be illustrated with quotations from the data.

## **Results**

### **Descriptive Information**

In addition to the experience of rape the 30 girls who were interviewed reported a number of stressful experiences. For example, eight (26%) girls reported having been abducted by rebels soon after fleeing from their homes and 21 (70%) girls were separated from their families of origin for some period of time after an insurgency. The length of time reported for separation from family ranged from one day to one year. Many of the girls experienced loss events: about six (20%) girls being orphaned at a young age and four (13%) reported losing parents to Malaria, five (17%) to AIDS and three (10%) to murder during war. Two (6%) girls also reported personally experiencing Malaria. Nine (30%) experienced physical abuse at the hands of their parents, stepparents, other relatives, husbands, boyfriends and their peers. Seven (37%) saw the brutal murders and the charred remains of bodies of close family, friends and community members as one girl described:

Girl: People used to sleep in the bush because the rebels were cutting people, burning houses and also people.

Interviewer: First tell me how the rebels used to cut these people

Girl: When they came, they would first arrest people, tie them with a rope and put you in a row. Then they would just start cutting you into pieces... (Girl #2)

The girls experienced the trauma of being displaced, which in many cases resulted in their having to sleep in the bush hungry and exposed to the elements as

was the case for 14 (47%) of the girls. Even after moving to the camps they continued to endure extreme lack of food 17 (57%) and lack of stable shelter and rape 15 (50%) at the hands of strangers and sometimes acquaintances.

### **Traumatic/Rape Event**

Because rape trauma is a focal point of this thesis, it will be explored further as an individual traumatic event and then I will explain the themes described in response to the research questions as endorsed by the 15 self-identified rape survivors. Of the 30 girls that were interviewed 15 (50%) reported having been raped at some point in their lives during or after the war. These are the girls that our results focus on specifically. For coding purposes, rape was defined as a sexual encounter that occurred without the girls' consent during or after the war in either the camp or anywhere else by either military, rebels or civilian men of any age.

During the process of telling her story it was very rare for a girl to report directly at the start of the interview that she had personally experienced rape but as the interview progressed many girls would disclose the experience. Girls would sometimes hint at it using different tones or words when they described certain incidents and perspectives. In some cases a girl would allude to "an incident" that would remain unclear until much later in the interview. In other cases, the rape would be the first topic out of the participant's mouth. During qualitative analyses it was sometimes possible to tell if a girl was raped or not based on the attitudes the girl seemed to communicate about her biases towards girls who have been raped, or opinions of them. Girls who had not been raped often endorsed harsh

views of girls who had. Regardless of the situation, each unique rape incident was harrowing in its own right.

Interviewer: Can you tell me your own experience?

Girl: One day I was going to pick keys to the house to get water for bathing, a boy then started to chase me and grabbed my hand [saying] that my father asked him to come and pick my book to see if I am brilliant or he will beat me, then refused me from going home and got a stick to beat me that I am big headed. He then told me that if I continue crying, he will get a thorn and prick my eyes. We continued and he decided that we branch under a mango tree, when I refused, he pulled me and raped me and I tried to shout, then people came and found him on top of me. He then took off

Interviewer: What did you do after this incident, did you tell anyone?

Girl: I didn't tell anyone he was arrested and taken up to my guardian

Interviewer: Who arrested him?

Girl: Some boys

Interviewer: Did the boys get him red handed?... And he was arrested?

Girl: Hmm, he had already raped me and I was running to some man's house, he grabbed my neck and threw me down and said that he can pierce me with a knife if I am big headed

Interviewer: Is that when the boys arrived?

Girl: Yes, then I started to make noise and when he saw the boys he hit me and took off (Girl #3)

Girl: Yes! One day my brother came to my home because he wanted maize as I was going to the garden to get for him some maize, I met a soldier holding a gun talking to some women, when I passed the woman left and the soldier began following me, he came near me and he caught me on the collar of my dress. He said to me that "you use to think we can not catch you" now you go your friends are there, we went and reached a place and he told me to sit down from there he began to remove my dress, there I could not shout or do any thing because there were no homes around, so he finished raping me and told me to stay there and he went away. (Girl #13)

Girl: Mm (laughter), silence>..... Ok, there was this boy living in some block as I. I knew him from the time we came to the camp. He is used to my younger sister a lot. He started telling me that he loves me when I joined senior I in Ngetta.... In the third term holiday which is usually the longest, he began harassing me and threatening me that if I refuse to accept his demands, he will hurt me or rape me. ... So when I was inside the hut, he closed the door and raped me while saying he longed to do that with me for a long time. Then he gave me 20,000 to begin some business. I did not begin the business because I feared to tell my mother how and where I got the money from. (Girl #12)

Girl: Then after she lit the light I found a boy sleeping next to me, then I asked her about

who this boy is. After I had asked her like this, she replied to me that if I refused to have

sex with this boy then I should be able to leave the house. And to make it worse

it was  
 already 1 am in the middle of the night and there was so where I could go and  
 sleep  
 (Girl#17)

Some of the stories contained a strong influence of the role of inducing fear and  
 the fear of death in the girls being raped.

Girl: ...he came in the house and told me that if I make noise he will kill me and  
 he had grabbed my throat, my mother had gone to Apala for a funeral so we were  
 only children at home  
 Interviewer: Hmm  
 Girl: So he grabbed my throat saying that if I shout, he will kill me  
 Interviewer: Did he open the door?  
 Girl: Hmm  
 Interviewer: Ok  
 Girl: So I also kept quiet because I was afraid that if I had shouted he would have  
 killed me  
 Interviewer: Hmm  
 Girl: So he raped me and left  
 Interviewer: Did you know him?  
 Girl: No (Girl #18)

The girls interviewed spoke about rape in many ways with different  
 connotations given for many of the descriptions. There were some girls who  
 strongly believed it was wrong, it was unjust and there was no excuse for it. But  
 there were other girls, perhaps more of them, who seemed to imply that it was to  
 be expected or worse yet, that some girls actually deserved it. A recurring account  
 was that of girls who “asked for it” and girls who were purposely indecent and  
 therefore not worthy of respect to begin with. “...They tell me I am a prostitute  
 and I made the boy to be arrested for nothing...” (Girl #8). Many of these types of  
 opinions were conveyed as thoughts other people had expressed as views held  
 about rape victims. The rape victims themselves seemed to be in very different  
 places in-terms of dealing with the incident; some of them spoke as though it was  
 no longer a big problem, while others spoke about it as though it completely

changed their lives. These ideas will be described more fully under themes that emerged in response to the research questions.

**What are the psychological sequelae of conflict-based rape trauma among girls in Northern Uganda?**

**Emotion expression/description.** The ways in which the girls used emotional expression to describe what had happened were analyzed. Of the 15 girls who reported experiencing rape, the most common expressions of emotions reported were: a general “unhappiness/sadness” (73%), “anger” (33%) towards themselves and their communities, “bitterness” (7%), and “shame” (7%) around their friends, family and peers. Each of these emotional descriptions is exemplified in the quotes below:

Interviewer: How did this incident change your life?

Girl: My life has become very hard

Interviewer: How do you find life hard?

Girl: Before I used not to get angry but these days I’m unhappy (Girl #5)

Girl: I was happy externally on how the case was handled but unhappy internally but I didn’t show.

Interviewer: Why?

Girl: Because I felt sorry for myself and the shame I had given to my parents.

Interviewer: So that’s what made you unhappy?

Girl: Yes! (Girl #30)

It makes me angry because it was not my fault... sometimes [I’]m okay but always angry when people tell me things that do not please me by saying it were my fault (Girl #8)

It really affected my happiness negatively in that I was never happy... unhappiness would just find a way in me (Girl #7)

I was very bitter and angry (Girl #6)

In a few cases the girls expressed even stronger emotion as it related to how they felt about the incident. For example some descriptions reflect suicidal ideation, "[he] should kill me so that I can rest" (Girl #8).

**How do the sequelae fit with the diagnostic criteria of current Western-based diagnostic systems?**

**Mental Health.** There was corroborating evidence from the girls that mapped onto the categorization of mental health disorders as defined by Western-based diagnostic systems.

**Trauma Symptoms.** Some of the reactions to traumatic events that eight (53%) of the girls who were raped described mapped onto PTSD symptoms outlined in the DSM-5. One girl gave an example that included key symptoms of re-experiencing and hypervigilance:

Interviewer: What other thing has been happening when you come back?  
 Girl: I have been very happy to come back home and when I had just come [I used] to dream too much but now days I do not dream... Those were bad dreams.  
 Interviewer: Can you give an example if you are willing but when you are not you may not it is upon you?  
 Girl: There are others that when I talk about it annoys me a lot.  
 ...  
 Interviewer: How often does it happen? Is it every day or else?  
 Girl: It usually happened when I sleep and some times when I hear some thing like a gunshot, it scares me just. (Girl #23)

Another girl described another feeling that is often characteristic which is the feeling that a similar attack is always imminent, "I fear that it will happen to me again" (Girl #5). Other PTSD symptoms that girls described seemed to align with the traumatic symptoms of numbing and avoidance such that the girls are not really allowing themselves to experience the full strength of the emotions that they would feel:

I feel better but at times I don't feel anything just because I would still be recalling the mistreatment. (Girl #4)

You cry in your heart, your tears don't roll... (Girl #3)

She could feel so bad and wished to disappear to unknown places (Girl #8)

***Depression.*** Of the girls who were raped, 12 (80%) girls described other symptoms that were linked to rape (including interpersonal sequelea) that were more akin to depression. The descriptions convey the girls having extended periods of sadness, crying, hopelessness, anger, worthlessness, and feelings descriptive of Anhedonia and even suicidality as illustrated in the following quotes:

The incident that happened has changed my life in the sense that for me I used to [not] worry and think of anything but now that it has happened to me, whenever I am alone I begin to think about it and I cry then I think that I may not go back to school (Girl #17)

A girl becomes disturbed and over thinks in that she may end up crying all the time (Girl #8)

Girl: It really affected my happiness negatively in that I was never happy

Interviewer: How could you be unhappy?

Girl: I could just be feeling bad all the time and this could force me to go to my grandmother' place but whenever I could get home, unhappiness would just find away in me (Girl #7)

From the beginning, everything was sad... and everyone looked at me with bitterness in my family, even the very young ones had turned against me. But now, I am okay. Every one treats me well. (Girl #12)

There are some people who are not strong hearted when such incidents happen to them they can easily commit suicide when there is no one to console them. So if you assist her by consoling and counseling her, she feels she has people who love and care for her... and she feels she is still useful to the society... (Girl #17)

Girl: Okay, first, am not at peace with my people <Pause>

Interviewer: Why is it so?

Girl: No one gives me the due respect that I deserve. Every time being abused, provoked, insulted and denied my rights as a child. And [I']m also an orphan

Interviewer: If only you could help me and tell me how they do this



Girl: They always tell me to go and look for my parents who died of AIDS

Interviewer: If it happens so what do you feel?

Girl: I feel like killing myself

Interviewer: What do you think you can take to kill yourself?

Girl: Buy some drugs that I can take to kill myself

Interviewer: Have you ever tried to do this?

Girl: Of course, last time I went but they failed to give me the drugs

Interviewer: I can see you still have pain and you really don't look fine

Girl: And if am with my friends, I feel better but it worsens when am alone

Interviewer: Do you think by taking these drugs to kill yourself it is the best option in life?

Girl: Of course now I have no other option

Interviewer: Aren't there better things that you can do apart from taking these drugs

Girl: The only thing I can do is to leave home but again I have nowhere to go  
(Girl #4)

**Anxiety.** Eight (53%) of the girls described symptoms that suggest general anxiety was present in their lives after the traumatic event. The following examples describe bouts of rumination focused on anxious thoughts of being raped and about the negative interpersonal sequelae that will be described in the next theme:

I keep thinking and this leaves me with a lot of worries (Girl #7)

I kept thinking a lot and was scared of being infected or being pregnant and as well becoming future less...now I'm always worried. (Girl #8)

...it has already happened on me and if I continue with worries it can even kill me, even when they talk I should not put it so much in my mind. (Girl #9)

### **What are cultural and contextual stressors that mediate the mental health outcomes of these girls?**

Once again focusing on the 15 girls, coders identified three broad categories of themes: Cultural Perspectives, Interpersonal Relationships and Living Conditions, each of which had a number of sub-categories, which will be described below.

#### **Cultural perspectives.**

*The place of women.* Many of the girls explained that in a lot of ways girls are viewed as being inferior to boys by the community or the culture at large. This perception of women could be conferred based on some of the beliefs and statements made about girls “not needing” an education because they would just “be at home having babies in the end anyway” (Girl #16) and the belief that in comparison, “Boys are bright” (Girl #14) and girls are less so. Or the fact that girls needed to be married off by their families as early as possible to avoid them “being spoiled at an early age” (Girl #9) by having sex before marriage and/or accidentally getting pregnant.

If a girl became a victim of rape, perceptions of her worth appeared to worsen. One girl explained that her parents were told that she "...should not continue going to school because [I']m wasted and it's useless for me" (Girl #8). Another girl similarly reported that these perceptions made it so that even peers expressed strong negative opinions toward her and her friend making school a harsh environment for a girl who has experienced rape: "They say my friend and me are prostitutes and useless; we should not even be going to school because we will teach other girls bad manners" (Girl #9).

Judicial officials sometimes punished the girls right along with their male perpetrators and in some descriptions of why a girl might be raped seemed particularly indicative of victim blaming

They say it's due to her stupidity because you are taken to be someone who can differentiate between good and bad so all the blames are poured on her. (Girl #3)

Girl: However much you shout, nobody can come to your rescue because nobody is listening to you. And then he finishes his desire and he goes away without you even saying a word. And when you come back home, you will fear to

tell people, thinking that if you tell them, they will ask you why you have not gone with other friends.

Interviewer: Mm.

Girl: They will say that it was your decision to move alone so you deserved it and they will not even care for you. (Girl #26)

Girl: But my aunt never consoled me at all

Interviewer: What did she tell you?

Girl: When we were caught she came

Interviewer: mm

Girl: And said that why didn't I make an alarm and yet this boy threatened to cut my neck if I dared raise an alarm, and then she slapped me

Interviewer: She slapped you?

Girl: Mm

Interviewer: And what did you tell her

Girl: I just kept quiet and told her that this boy had threatened me that if I dare try to raise an alarm he would cut off my neck

Interviewer: Mm

Girl: She said that I should have raised an alarm even if he wanted to cut off my neck (Girl #17)

Interviewer: What else can you tell me or are there certain things that girls and women can do which can really provoke these men into raping them?

Girl: Ah! Wearing short skirts and being [over-smart] by some of the women.

Interviewer: What kind of short skirts and how can being over smart affect rape?

Girl: I mean putting on very short skirts that are [above] the knee and there are these women who are always damn smart. They dress up so nicely and these in the end attract men who can be with a feeling of having them at any one point because they feel sweet of themselves so to men the only alternative is rape (Girl #3)

***Spiritual beliefs and practices.*** A second sub-category of the cultural perspectives is the spiritual and/or religious beliefs and practices that some of the girls endorsed or described. Spiritual beliefs varied in that many girls endorsed Christian beliefs and practices while a few girls expressed more ethnic/secular beliefs and practices. In some cases these beliefs became particularly pertinent in situations of the girls' abduction or rape. Girls reported that community members sometimes believed that the girl had undergone a of spiritual transformation due to being raped or abducted; and as a result she was in need of undertaking a rectifying ritual. This traditional ritual would allow her to be freed of evil spirits

that may have taken a hold of her while participating in war. One girl illustrated an example of this:

Interviewer: Tell me what happened when you reached the town?

Girl: When I was coming and they were taking me home, they made me to step on eggs.... For me I did not know the reason for stepping on the eggs but I believe they knew the reasons.

Interviewer: But for you what did you think?

Girl: Mm. You also know some times they might have thought I was possessed with some spirits from there and that was how I thought they did it to make those spirits remain in the bush.

Interviewer: So that is how you thought when some one was given eggs to step on?

Girl: Mm. It has a tradition because all the people that come from the bush where rebels stay are made to step on the eggs and some relatives of mine were made to do it when they escaped (Girl #23)

This quote describes a reconciliatory spiritual practice in which the child and her family are asked to walk over some raw eggs. It is believed that by walking over and breaking these eggs the person is ridding themselves of the evil spirits that worked through them to commit horrible acts during the war potentially helping to improve the victims mental health or peace of mind.

**Interpersonal Relationships.** This was a second theme related to the third research question. There was a difference in the treatment of rape victims by their close family and friends and the treatment of rape victims by their peers and the community at large.

*Close family and friends.* Out of the 15 girls who were raped, of the nine girls who spoke specifically about family relationships, six (67%) reported these relationships as positive after rape. One girl described the close family and friends interactions as follows:

Interviewer: Can you give me an example of a friend who would comfort you whenever you are beaten?

Girl: There is one who advised me at one time as I had wished disappearing from home and going to some unknown place but she told me not to risk

and assured me of how hard life is out there, she also went a head to tell me to endure the suffering that one day things would be good for me so I had to consent to that. (Girl # 7)

As I said before, I thought I would die since I took some tablets. Apart from my parents, no one gave me any kind of support that would make me happy. (Girl #12)

Interviewer: Yes.... What other person do you always go to?

Girl: I would also go to my mother and she would help me by advising me that my daughter do not continue in the bad ways and she would also comfort me when something wrong happens to me (Girl #10)

Parents can console the girl so that you be calm and that the case will be settled... Friends always come to visit you, cook for you food and also console you, that this is not the end of you so the case will be settled and you will get help... Friends can also fetch water and give you a bath, and other domestic work they can help with... (Girl #28)

This girl experienced her family and friends as attentive to her needs during the aftermath of a rape event. Although 3 (33%) girls described experiencing tension and hostility between themselves and their parents (in all cases it was short lived), more girls of the girls expressed sympathy coming from their family members and in almost all reported rape cases where services were sought, it was her mother, father or close relatives who took her in pursuit of judicial, medical or social services and reparations.

***Peers and the community.*** On the other hand, girls had to negotiate more turbulent relationships with their peers and the adults in their communities at large. Out of the 15 girls who were raped, of the 13 girls who spoke specifically about relationships with peers and community after rape, 11 (85%) reported these relationships as negative. The girls were treated cruelly as a result of having been raped. As illustrated in the quotes below:

Interviewer: What about the community as a whole, how could they look at you or is there any problem you faced from them

Girl: Yes

Interviewer: What is it?

Girl: They kept on abusing me and throwing bad words at me

Interviewer: What bad words?

Girl: Like I was so stupid to be raped

Interviewer: How could you feel about being abused?

Girl: I would feel uneasy (Girl #7)

Interviewer: How about the community?

Girl: They used to back bite me and my friends though some used to laugh at me and my parents' friend also used to give them bad advice that I should be married off, if not I will be wasted. I am glad my parents did not take that. (Girl #12)

Girl: I would like to go and study from somewhere else because I am fearing that the pupils would tease me at school.

Interviewer: Because the pupils would tease you at school.

Girl: Mm

Interviewer: why?

Girl: They would tease me that I was caught with a man, whenever and would meet with them on the way. (Girl #17)

I fear people talking bad about me... They talked bad things about me saying that I am no longer a virgin and so will not get anyone to get married (Girl 18)

These reactions were fairly typical of those described by girls who reported being poorly treated by their neighbors and communities.

**Living Conditions.** Another contextual theme that emerged focused on the living conditions of the girls. There were various aspects of living in an internally displaced person's camp that were inherently stressful and problematic for the lives of the girls in our study. One such struggle specifically mentioned by eight (53%) of the girls who were raped was that of food scarcity:

Girl: The major problem by then was food since people could always be with A heart of taking cover and to make it worst, children could over cry while at the bush as a result of no food to be given to them. (Girl #7)

Girl: Our lives were hard because we had problems of food, problems of everything..., even if you wanted something there would be no money to buy it

Interviewer: Problems of food?

Girl: when we had just come, there was still some food that we had tilled. We had a bit of comfort although there was war. The rebels would come late evening and fight with the government troops till about dawn, when they ring and the vehicle comes then they would leave. But then we had no food and we were not

farming..., there were a lot of problems (Girl #14)

Another concern brought up by about eight (53%) of the girls as a contextual stressor was that of a lack of adequate shelter. This was a stressor particularly likely to be reported to have occurred in the beginning of the insurgency when people had to flee their villages and displaced person's camps had not yet been set up. Girls reported that they had to sleep in the "bush" or forest or wilderness surrounding their home villages. Girls described how they lived this way sometimes for extended periods of time being fully exposed to the elements as illustrated by the following quotes, which also describe another common theme; lack of safety. This was a constant source of stress in the internally displaced person's camp.

Girl: Well, it was not easy leaving home; we left unexpectedly and it was not in our will, the day we left home the rebels had attacked. We came and slept in the bush.

Interviewer: Now please narrate exactly what was happening before you left home.

Girl: There was too much fighting, looting almost every day and we could not persevere. The day we came to the camp, the rebels attacked our home. They entered the houses and began looting and beating so from there we left in order to find safety. So we left and again slept on the way. The following morning we reached the camp. The life from the camp was not all that easy. In the camp, the rebels still needed to take people as captives. In the morning, daytime, evening and almost all the time, there is unrest... so there was a lot of unrest for the two years that the people have been in the camps. After the third year there was a little sign of stability. (Girl #13)

Girl: Bushes are not very safe for the girls because you can easily be raped there and fetching water when girls go at night, they can also be raped

Interviewer: Now, how do you people make it when you are going to fetch firewood or water?

Girl: If you are going to fetch water, you have to go when it is still day time and for firewood, you have to go many friends to avoid such violence" (Girl #30)

### **Themes Not Anticipated By Research Questions**

**Physical health.** In addition to the categories mentioned above that were more directly applicable to the questions we asked, the girls also expressed

concerns in areas not anticipated prior to carrying out the analyses. One major theme to emerge among the girls that were raped was concern about physical health 11 (73%) girls expressed concern about contracting Sexually Transmitted Infections (STIs) as a result of having been raped. These girls feared contracting sexually transmitted infections above all other consequences. In particular, they worried about contracting HIV/AIDs:

Girl: You don't feel happy

Interviewer: In which way?

Girl: Since he has already raped you, you would not know whether he is healthy

Girl: Mm

Interviewer: What does this healthy mean?

Girl: When he is healthy and not sick (Girl #24)

Interviewer: So who gives them help when they are raped?

Girl: There is no body to give them help they just registered people of recent, for the HIV patients then they will get the medication, there are others who get the medicine from the corner up to now

Interviewer: these people who are raped or the young girls who are raped the way you see them how are their lives after they are raped?

Girl: They live in worries, before they are tested, there is a girl who got syphilis and now it has healed, and she has been married she is at her home and she gives birth. (Girl #3)

Interviewer: But were you happy for the help they offered you

Girl: Yes

Interviewer: Why were you happy?

Girl: Because I was given drugs

Interviewer: How did those drugs help you?

Girl: It helped me in preventing various diseases that would enter me

Interviewer: What are those diseases that can be prevented by those drugs you were given

Girl: Diseases like syphilis, gonorrhoea and they said the drugs would stop these from getting into me.

Interviewer: What other diseases did they say can be prevented by the drugs you were given?

Girl: They also said AIDS

Interviewer: AIDS?

Girl: Yes

Interviewer: Of all these kind of help that you were given when this happened. Which one did you find best and most important?

Girl: The most important were the drugs that I was given (Girl #7)



The girls were most concerned about getting help for avoiding diseases as evidenced by responses to the question “What do you think is the most important thing that could have been done to help you after your rape?” Often ensuring they were disease free was a necessary prerequisite for some girls to be welcomed back into the family as illustrated in these quote:

We were taken to the hospital thereafter and our results came out negative and it was from there that my parents finalized with the parents of the boy and eventually my parents accepted me back home. (Girl #30)

Interviewer: How did your husband treat you? After wards.

Girl: My husband treated me well he was advice not to take me back to my parents cause what happen was not in my own making the only thing he could do was to take an HIV test before meeting sexually.

Interviewer: Did you test?

Girl: Yes! We tested twice at Puranga hospital from Puranga we came to Ogur and now we are back. (Girl #13)

Fortunately, it appeared that some girls in the current study got the necessary medical treatment for HIV from the nearby hospital and sometimes further treatment from other organizations:

Interviewer: If she is going through all this whom can she turn to?

Girl: She an turn to a friend or neighbor because a single mind can never do anything and for the case of a girl already confirmed to be having AIDS, then she can fill some form and join a group of positive people who are being supported by some organization.

Interviewer: What kind of help can be given to those who have undergone rape?

Girl: The only give up to those whose blood have been tested after rape and found that they have AIDS.

Interviewer: What about those found without AIDS?

Girl: No assistance is given to them at all. (Girl #3)

**Effects on education.** A second unanticipated theme was focused on the effects of rape on education. A minimum of eight (53%) of the girls who were raped talked about the effect the rape had on their education as illustrated in the quotations below. Many girls were either forced to drop out because their families and their schools thought it was better for them not to be around other children or

because they thought they should be married off as soon as possible (sometimes to the person that raped them). In other cases girls became very reluctant to go to school due to the ridicule they receive from their peers about the rape on a consistent basis:

They could talk bad about me and would say it was useless for me to go to school since I felt I could manage staying with a man and being [raped] (Girl #8)

They say my friend and me are prostitutes and useless; we should not even be going to school because we will teach other girls bad manners (Girl #9)

I was abducted by the rebels some times back and I managed to come back and as well I went back to school but due to the insult and abuse from fellow pupils, I decided to leave studies and stay at home for some times. (Girl #23)

**Therapeutic nature of interview.** Another theme that appeared consistently was the therapeutic effect of the interview for the girls. As described in the methods section, these girls were each interviewed in two separate sessions on two separate days. On the day when each girl returned for her second interview, she was asked how she felt about the preceding interview and several girls expressed that they felt much better for it:

Interviewer: Okay, what did you think about the discussion we had yesterday?

Girl: I thought about it that they were good questions

Interviewer: Mm, what did you really meditate upon the discussion? What thoughts did it bring into your mind?

Girl: I meditated upon it and asked myself why these kinds of questions were being asked?

Interviewer: Mm

Girl: Then I thought over it twice and resolved within myself that the questions were healthy and it helps

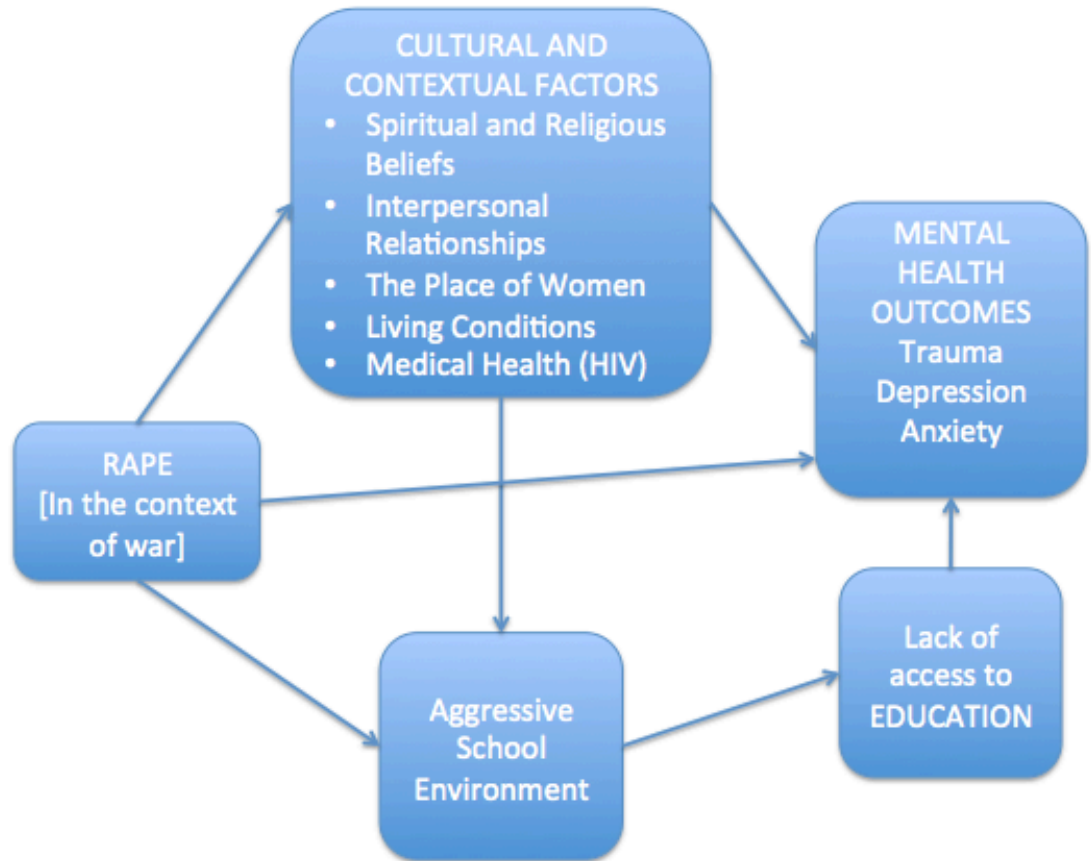
Interviewer: Mm, how did the questions try to assist you?

Girl: The questions assisted me in the sense that there are certain events that I had long forgotten but the questions reminded me about them (Girl #17)

G: Indeed, when we finished that yesterday, I went back home and thought about it and there is a way it has affected me positively in that, I've known more about myself as a girl, the do's and the don'ts in a girls life and it has also helped me in cooling down my temper and getting a solution to my problems.

I: How?

G: Of course; it's all in what we discussed yesterday. (Girl #30)



*Figure 3. A Suggested Graphic Representation of Research Findings based on Miller and Rasmussen (2010) Model*

### **Discussion**

This study was designed to provide qualitative insights into the cultural and contextual factors that might affect the mental health outcomes of adolescent girls who are raped in post-conflict Northern Uganda. To my knowledge this is the first study to look specifically at the effects of rape trauma on mental health outcomes with the consideration of potentially exacerbating cultural and contextual stressors in a post-conflict situation. Consistent with the exploratory

nature of this study, I took a qualitative approach in order to allow the data to speak for themselves and to allow the emergence of previously unseen themes/factors. The themes surround our research questions concerning how these girls experienced rape events, the way they related to their surroundings as a result of these events and the perceptible and observable mental health effects. In addition, we were also able to relay themes that related to the cultural perspectives of the sample and the contextual stressors that added to their problems. As mentioned previously, this thesis due to its qualitative nature cannot make causal attributions of any kind, however, the graphic presented in Appendix C is simply a representations of the themes as they relate based on the data.

Our themes are discussed below in relation to existing literature and within the context of Miller and Rasmussen's (2010) proposed theory of integrating the trauma-focused and the psychosocial approach to mental health outcomes in the context of conflict. In their model Miller and Rasmussen (2010) referred generally to war trauma while I focused specifically on rape trauma. Our analyses showed that of the girls who were interviewed, 15 (50%) of them directly endorsed having endured at least one rape event.

First, the mental health sequelae of girls who had experienced rape trauma was examined. Due to the inability of the current research to ask girls specific questions about their feelings and behaviors following the rape, coders looked at the language and descriptions the girls used surrounding questions that the interviewer asked about how they felt once the rape was found out or about how they felt about the help that was given to them by their family and community

after the rape. From our data, the portrayals of their reactions to the events that happened to them show that the girls are able to endorse several emotional reactions as a result of rape. The girls reported a range of feelings such as sadness, anger, shame, and bitterness. Therefore our results suggest that victims in this context can in many cases express their feelings about being raped (Rousseau, 1993). In many cases the girls reported feelings and reactions that may be similar to reactions that are expected as a result of trauma.

Second, examination of the psychological reactions described by the girls allowed for comparison to western categorization of psychological disorders. Use of western derived categories of psychological disorders has raised significant controversy in the literature with some researchers asserting that the use of western criteria should be used, at most, only as preliminary, while others still support its validity. Our research results suggest that survivors of rape in the context of conflict do in fact describe symptoms very similar to those outlined in the DSM-5 for posttraumatic stress disorder, depression and anxiety. Given common human biology, it would be expected that humans may have similar physiological response to rape trauma.

As outlined in the introduction, people who have experienced and/or witnessed a traumatic event tend to re-experience it through dreams and flashbacks. The descriptions that the girls gave to illustrate their emotional reactions to rape trauma seem to align with the traumatic symptoms of re-experiencing, hypervigilance, numbing and avoidance. For example, Girl #23 explained how upon her return from the war she had nightmares for a long time that reduced over

time. She also explained how she would jump at the sound of anything similar to a gunshot. She and other girls described not really allowing themselves to experience the full strength of the emotions that they might otherwise feel. They were numb to their feelings of anger and sadness. Several girls endorsed these types of feelings in themselves. In many cases these kinds of emotions and the thoughts and feelings associated with symptoms of anxiety and depression were described as a response to the ridicule that girls received from those in the community due to their being raped. In response to our second research question we saw many of the symptoms of trauma, depression and anxiety as outlined in the DSM-5 thereby adding to similar findings in the literature (DeJong, Komproe & Ommeren, 2003; Pham, Vinck & Stover, 2009; Silove 2004). However, it is difficult to determine their levels of other symptoms such as appetite and weight changes (due to the coexisting general lack of food) and changes in sleep (due to safety and stability concerns).

Hinton and colleagues (2010) argue PTSD symptoms have cross-cultural validity but they argue that the proportions in which the various symptom clusters occur may differ in different regions and that further research is required. Within our sample this hypothesis was not supported as there did not appear to be an over representation of one of the four domains of trauma reactions. That is to say, we did not hear more about re-experiencing and hypervigilance in relation to numbing and avoidance for example. There was evidence to support each of these in the data. More research is required in this area to focus specifically on distribution of trauma symptoms in different cultures.

Third, several cultural and contextual factors were found to explain the relationship between the experience of rape trauma and resulting psychological sequelae. As hypothesized, cultural perspectives, interpersonal relationships and living conditions emerged as important themes. Cultural perspectives included the place of women and spiritual beliefs and practices. In terms of the place of women, a factor that came through in the reading of these interviews was that the cultural milieu is such that women are considered second-class citizens and are viewed as consumers rather than producers for their families and societies. These types of attitudes towards women appear to contribute toward a culture of victim blaming in which the girls are seen as responsible for being raped. This theme was interpreted as a possible mediator between the rape of these girls and their psychological distress because these attitudes only exacerbated the negative perceptions of the girls who were raped. Liebling and Kiziri-Mayengo (2002) explain that within Ugandan culture women bear the brunt of the worst times and this was especially the case during the civil war. Women disproportionately experience torture, forced sex and other gender-specific violations. Liebling and Kiziri-Mayengo (2002) found that rather than being viewed as victims, women are still given the heavy responsibility of carrying the purity of their families and spouses. The quotes under this theme show our data were very consistent with this finding. Some interviewees saw girls as having a clear responsibility in the occurrence of rape and that avoiding rape can be as simple as dressing more appropriately as her culture might deem it. If girls are in an environment where these types of messages are frequently relayed to them in various interactions, it

lays the groundwork for vulnerability to traumatic reactions due to the fact that there is a clear model of what a girl in this society “should be.” When a girl breaks these expectations, even by force, she is compelled to realize that her society blames her and sees her more negatively and she therefore has to renegotiate her place in that society (Walsh, Galea & Koenen, 2012). This theme answers our question by saying that yes, cultural perspectives and expectations do play a role in the mental health of girls who are raped by making her feel responsible for her rape and thus potentially slowing down the emotional healing process.

Spiritual beliefs and practices were at times protective and at other times could exacerbate negative mental health outcomes. The spiritual milieu has the potential to be healing if it indeed serves the purpose of reconciling a child to her community. If the community perceives the survivor or rape victim to have made penance or atonement for her “sin,” as it were, they may be more willing to accept that survivor and bring her back fully into the fold of community as it seems was the case for girl #23. Researchers in the USA did a review on the importance of religiosity and spirituality among children who have undergone or are undergoing traumatic experiences (Bryant-Davis et al., 2012). They explained that religiosity and spirituality could have either exacerbating or relieving effects on a child’s trauma. At first religion and spirituality is shaken but in some cases it can be used as a form of coping and may even be helpful when integrated into treatment (Bryant-Davis et al., 2012). In a qualitative study done with girls who were raped during war in Sierra Leone looking at the effects of cleansing rituals, researchers



found two main themes: firstly doing a ritual showed that the girl is willing to undergo this symbolic gesture to be reconciled to her community and thus showed a level of contrition to her friends and neighbors. Secondly these rituals were seen as having the power to spiritually transform the girl by removing any tainting acquired in the war due to “bad behavior” and thus making them more acceptable to the community (Stark, 2006). This was the case with the explicit references to religion and spirituality in our study; it was reconciliatory in nature and generally positive. Therefore our data support the literature regarding the positive effects of spirituality. In response to our question this would mean that this is a cultural aspect that plays a part in reducing the negative mental health effects in these adolescent girls.

However, in a more indirect way, spiritual and religious beliefs can intensify negative views of women and strengthen the justification that some find in blaming victims for traumatic experiences such as rape and ultimately social exclusion (Bryant-Davis et al., 2012). In such cases, strong spiritual beliefs have the potential to be harmful, meaning that there are clear cultural standards that let a person know that she is in violation of this standard. This knowledge alone can serve as a mentally distressing thought that makes a girl feel dirty and unwanted by her peers and community. It is in those cases that spiritual and/or religious beliefs would mediate the mental health outcomes of the girls making it so that they have worse outcomes.

Interpersonal relationships emerged as another major subtheme, under Cultural and Contextual Stressors, that mediated the relationship between

experiencing rape trauma and developmental of mental health problems. For the girls in this study, interpersonal relationships are a key factor in their communal society (Baingana & Mangen, 2011). Cultural norms tend to predict how parents act toward children and vice versa, or how adults can speak to the children of other people in their community. The war affected many of these girls negatively in this area. Many girls lost key family members, mothers, fathers, siblings, aunts, uncles and grandparents during the war, while some girls were fortunate enough to be living with their full families within the Internally Displaced Person's camp. Within this category of Interpersonal Relationships, we found an important distinction that can be made in terms of the various relationships the girls had. That is, relationships with close friends and family versus relationships with peers and the community. As we read in the statements made by girl #4 under the theme of depression, she connects her negative interactions (with peers and the community) and stigmatization directly to negative emotions that she is experiencing that make her feel compelled to take her own life. This treatment, in a sense, is very much connected with the way girls are already perceived in the community as discussed in the subtheme "The Place of Women". Because the girls are seen as second to boys and as being "consumable" and thus "wasteable" their being raped was responded to with blame, stigmatization and tradition. Furthermore meta-analysis done on rejection by Gerber and Wheeler (2009) has shown that rejection moderately lowers mood and self-esteem. And in another western study they found that social rejection was associated with meaninglessness, lethargy, lack of emotion and escape from self-awareness

(Twenge, Cantanese & Baumeister, 2003). These symptoms were conveyed by the adolescent girls in our Northern Ugandan sample particularly in relation to interactions with peers and the community. Therefore our data support the literature on reactions to rejection. Additionally this finding also answers our question by showing that the way cultural and contextual factors determine how girls are seen does indeed affect their mental health. In this way our research and findings corroborate the suggested model by Miller and Rasmussen (2010) whereby in their framework the mental health outcomes of trauma victims were better explained partially by negative social interactions.

Living conditions was the final subtheme under Cultural and Contextual Stressors to emerge from the data. All of these cultural aspects occurred in the context of a very debilitating environment with regard to scarcity of food, inadequate and overcrowded shelter, and lack of safety. The girls reported that they did not receive the food rations that they were supposed to get in the camps for long periods of time. For the families who were able to grow food in their home villages there were a multitude of factors that did not allow them to do so; lack of having food to plant and other times they lacked the autonomy to travel to their surrounding villages due to safety concerns. These are the contextual stressors that Miller and Rasmussen were referring to in their model referring to post conflict populations. Additionally, overcrowded conditions made it easier for illness to be passed around which may have included STIs that girls may have acquired if they are raped. These contextual stressors, when they occur after a trauma such as rape, serve to exacerbate trauma symptoms due to the instability that ultimately makes it

so that girls continue to be hypervigilant. When a sense of safety cannot be established after trauma, a girl's brain continues to behave as it does during a traumatic event, producing fight or flight hormones (Walsh, Galea & Koenen, 2012). The curfews in the camps caused not only a serious lack of autonomy but also induced anxiety due to having to be constantly afraid and very careful of all the movements made. As explained in the introduction, Miller and Rasmussen (2010) found that these kinds of daily stress partially mediated the effects of war trauma on mental health outcomes. Our data appear to support these assertions as many girls despite being raped cited these as continual sources of stress in their lives and the areas for which they wanted solutions.

We found evidence to support some of our unexpected themes in the literature. One major theme was that of the fear of HIV infection. In many ways, girls equated getting tested for HIV as the ultimate treatment for rape based on the fact that if they were tested they would say their family and the hospital did everything they could to help them but if they were not taken for HIV testing after a rape they considered themselves unattended to and felt as though those around them did not care enough about them. You can see the connection being made here between mental and medical health through statements about a negative HIV test being able to make you feel "secure in mind" and living "in worries before being tested." Concerns in an African context that the girls described were very valid due to the prevalence of HIV/AIDS in Africa at the time of data collection. These girls were witnesses to and sometimes victims of (seeing parent die) the ravaging effects of this epidemic, therefore it makes sense that this is their

primary concern when they are raped. The effects of ill health on mental health was supported in research done in Uganda by Roberts et al., (2008) which they found that “ill health without medical care” was one of the factors strongly associated with PTSD and depression. With the occurrence of this theme from our data, it is clear that the finding is consistent and therefore corroborates this finding by Roberts et al., (2008).

The theme concerning how access to education was affected is recurrent in the literature and in the current study, there is evidence that gives reason to assume that the effects of lack of access to education on mental health are affected by interpersonal relationships. In theory, limited access to education can be thought of as another outcome within our model (Appendix C). Due to the proclivity in this context of seeing women’s education as less important and less necessary than men’s, the occurrence of rape in the lives of these girls only served to amplify the problems that these girls were already facing in the area of access to education. They were denied the privilege of education only making their circumstances worse by limiting their choices and increasing their life stressors.

This is seen in the data because girls did not ever say they stopped attending school because they could not concentrate or because they were struggling with intrusive thoughts. What they did say, was that they stopped attending school because the teacher began to treat them with prejudice or their peers began to bully them on a daily basis such that it became unbearable and thus led to their leaving school. (This is not to say that the former could not have been the case and may indeed have played an important role in the decision but this

cannot be inferred because it was not strongly implied or said). Research done by Kinyanda et al., (2009) in Uganda showed that deprivation of an education was associated with depression thus further increasing the risk for this population. Our research provides further evidence for this finding.

The theme that showed a sense of relief in the girls due to the therapeutic nature of the interview is consistent with research that was carried out in Northern Uganda with children that were used in former armed conflicts (Ertl, Pfeiffer, Schauer, Elbert & Neuner, 2011). In this study they carried out an intervention where the children either shared their trauma narrative with a local trained therapist, were placed in an academic catch up program, or were on a wait list. They found the children that spent time explaining their trauma narrative had a much larger reduction in symptoms (Ertl et al., 2011). For the children in that study, talking over their trauma narrative had positive effects on their mental health outcomes. In the case of our girls, it is highly likely that nobody had asked them to reiterate their trauma narrative in such great detail and it is unlikely that they encountered non-judgmental objective listeners whom they could assume had the best intentions at heart. Therefore this encounter was somewhat rejuvenating for them such that they were able to get many things off their chest. The model of one-on-one interaction may be ideal, but as mentioned before, research tells us that, in this type of post-conflict environment it is difficult to focus on each individual person who is having mental health problems. However, although it is most efficient and beneficial to take a psychosocial approach to reach as many people as possible this finding still makes the argument for using

the Trauma-focused approach as an intervention for those people who need it the most wherever possible (Silove, 2004).

### **Limitations**

Although there was much to be gleaned from this study, there were still several limitations. Due to the fact that this research is qualitative, the importance of the words that are used cannot be expressed enough because we assume that the words that they use have value in determining what is going on. Therefore, we were relatively limited because the interviews were translated from another language making it so that some things could have been lost in translation. It was sometimes difficult to determine if the words in the transcript were in fact the words *used* or rather the words *meant* by the girl. One such recurring example was the use of the word “annoyed.” (Italics added) Girls said things like, “She may be *annoyed* that the father has abused her,” or “...there was a day that I was *annoyed* with some soldiers, they use to disturb me a lot” or described a situation in which a girl gets into an altercation with another person at the water-well in which the other person physically shoves the girl’s head and the girl describes herself as being “annoyed” by the other person. In another situation the interviewer asks a girl if she was “annoyed” about being raped and having to go to the hospital as a result. This word was used numerous times in the transcripts to describe abuse and hurt on various levels. It is likely that in most of these cases these girls did not in fact mean to say that they were annoyed and possible alternative words could be frustrated, infuriated and enraged. However it is now impossible to tell.

Another limitation is the fact that this is a secondary data set and the interviews were not carried out with the specific purpose of talking about mental health outcomes. Therefore it is difficult to say for sure whether the girls felt or experienced specific sequelae if the girls were not specifically probed for these experiences. There may be emotions that they experienced that were not asked about. Therefore results are by no means an exhaustive list of possible mental health outcomes that girls in non-western post-conflict zones experience.

Another limitation specific to this population is that these girls have experienced many different traumatic events and chronic stressors, which makes it difficult to make specific associations. For example in the current study a typical story may be that a girl was going about life when rebels ravaged her village [trauma 1], then she had to watch a parent being tortured or killed [trauma 2], then she had to flee and remain in hiding [trauma 3]. After this she took refuge in an internally displaced persons camp with a host of stressful conditions [stressor 1], then she was raped by a guard or a soldier [trauma 4], then she was teased by her peers [stressor 2], and had to leave school [stressor 3], and was forced to get married at the age of 14 [stressor 4]. In the current study we were not able to control for the effects of each non-rape trauma or stressor on mental health and therefore results may reflect the effects of all of these collectively.

### **Implications and Future Research**

There are several implications of this research for future research, practice and policy. In terms of research, more studies need to be done on similar populations that have been traumatized by rape and probe specifically for mental



health symptoms of trauma, depression and anxiety. It is necessary that some of this research be quantitative in order to provide clearer understanding of prevalence rates of specific experiences. It would be beneficial to examine the processes and the effects of rejection and social exclusion as it pertains to this population to find out exactly what mental health effects it engenders. There is potential for much research in this area and research such as the current study help to lay the groundwork that sheds light on areas that may require further qualitative and quantitative explorations.

More research is needed to expand on the conceptualizations of trauma, depression and anxiety. More research is required to look specifically at variants of culture that might affect the life of a girl growing up in the context of conflict. This is important because there may be important criteria that may not be captured in a western measure for trauma or depression yet may be an important first line indicator of mental illness in a society like Northern Uganda. Once mental health disorders are better operationalized it will become even more important to look at these variables quantitatively in order to determine prevalence rates and modes of treatment.

An important area of future research as it relates to this topic is the potential for treatment using techniques that would be particularly resonant for women in this population. Based on the fact that our data shows that these girls value a sense of community and of being an esteemed member of their peer group; one such example is the creation of social support groups for women who share similar experiences such as rape during war. This type of treatment was

implemented in Rwanda and the researchers found that this social connectedness had the effect of “neutralizing social threats of stigma and marginalization” (Zarly & Nyirazinyoye, 2010). Because our data show that interpersonal relations are a key factor in the relationship between rape trauma and mental health, using as many interactive techniques and interventions as possible to see what positive (or negative) effects there might be is key in progressing in intervention research in this field. Researchers could examine the effects of not just social groups but perhaps groups that implement traditional poetry or song writing or perhaps dance to incorporate as many positive aspects of their culture as possible.

Additionally, more research could be done in the budding area of post-traumatic growth. To my knowledge, this is an area that has been extensively explored here in the west (McElheran, 2012; Ickovics et al. 2006; Kashdan & Kane, 2010) but I am yet to come across this type of research done in post conflict area in Africa. It is possible that the types of growth that occur due to the chronic stress of being in a war zone may differ from the type of growth observed in an otherwise stable setting.

In terms of practice and policy, the results of this research provide more evidence to support increases in allocation of resources to mental health services for adolescents who experience gender-based violence. Furthermore, this type of research results will allow governmental and non-governmental organizations to create systems and support interventions to serve the girls’ needs by knowing where the needs are based on the evidence provided in this type of research. There has been a lot of research showing that mental health care is an under resourced

and underrepresented department in Uganda and other similar countries (Omar et al., 2010; Kigozi & Ssebunya 2009; Kigozi et al., 2010). One researcher went as far as to describe the mental health policy in Uganda as “outdated and offensive” and informed the reader that only 1% of health funding is allocated to mental health service. Girls did not make any reference to any type of mental health specific help that was given to them by the government after suffering rape. Therefore the literature and the results of this study support the increase of resources to mental health services. The current findings suggest the need for improved practice and dissemination of information to ensure that girls receive medical attention and psychological counseling and mediation with families and communities to improve and strengthen ties between families.

### **Conclusion**

This study’s findings suggest that mental health outcomes within the context of post-conflict northern Uganda are at least in part attributable to the effects of cultural variables and contextual stressors. It is evident that there is vast inter-relationships in the themes that we found all stemming from the traumatic experiences from war and more specifically in this case rape. Hypothetically, the majority of our themes act as contributing factors to the outcome of Mental Health. Cultural factors such as, Traditional Perceptions of Women, Spiritual Beliefs, Contextual factors such as Interpersonal Relationships and Living Conditions, all appeared to play a role in the relationship between the Rape and Mental Health Outcomes. Additionally, Physical Health or perhaps perception of Physical Health was also shown to affect Mental Health. These thematic

relationships show that the experiences of these girls are extremely complex and require several considerations to be made before considering alternative options for treatment.

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**APPENDIX A: Draft Protocol for Longitudinal Case Histories of Girls Understandings and Experience of Gender-Based Violence (GBV) and its Aftermath in Camps for Internally Displaced People (IDPs) in Lira District**

This method seeks:

- To use narrative methodology to learn intensively from girls who are or are not rape survivors in the course of three extended interviews over a period of one year
- To probe rape survivors' understandings of GBV how it relates to their broader 'life story'
- To provide insight into the qualitative impact of mitigation efforts in intervention camps
- To provide insight into perceptions of post-rape reporting and support systems (formal and nonformal) and into changes in attitudes, behavior and reporting practices in camps targeted for intervention
- To identify ways of strengthening formal and nonformal supports for survivors of GBV.

1. From discussion with camp and program staff a culturally- and gender-sensitive means of identifying girls who have experienced rape in the preceding (six) months is determined. Such girls are identified through existing reporting processes established in two camps (Agweng and Amoro) targeted for the planned intervention. Agweng camp had been included in CCF's previous GBV programs, whereas Amoro is a "new" intervention camp. Because both camps have MSF presence and other supports, they offer excellent opportunities to trace people's reporting and use of formal supports and also to identify the quality of nonformal (family and community supports).

2. The participants for the case histories (24 to be targeted) should be selected to represent location, current access to services, age, and personal experience of rape. Preliminary selection may be based as follows:

- 12 girls (13-17 years) from each of the (two) camps targeted for intervention;
- half the cohort of 12 in each camp consists of rape survivors, including girls who are viewed by the program as "successes" and others who may be struggling in various degrees;
- half the cohort of 12 in each camp consists of randomly selected girls not known to have any history of rape and who can inform about girls' perspectives on GBV, its causes and prevalence, the situation of rape survivors, and what helps or is needed to help survivors.

3. We will interview the girls' guardians, asking if the girls are sufficiently well to be interviewed and are prepared to meet with a female interviewer to discuss their views of GBV and experiences following their assault on five occasions over the coming year. For guardians giving permission, girls are then asked the same question. It is explained to them that if they find discussions distressing they will

be stopped, and that they can withdraw from the program of interviews at any time. It is further explained that the absolute confidentiality of the discussions will be maintained: recordings of the discussions will be destroyed after they have been transcribed, and all names will be removed from the records. An educational gift (e.g. books/materials) will be given the girl at the completion of each phase of interviewing, including any phase during which the girl decides to withdraw from interviews. Interviews will be held in confidential settings, and will be presented to others as involving discussion with the girl 'to understand what it's like to grow up in the camp'. The interviews with rape survivors and other girls will occur concurrently to avoid singling out rape survivors and adding to their burden of stigmatization.

4. Having five interviews over one year allows the development of rapport between the female interviewer and the girls participating. It also provides an opportunity to map, over time, the development of changed consciousness regarding gender-based violence, its impact on girls, and formal and nonformal supports for girls.

5. An interview guide has been developed for interviews, which are significantly open-ended and also bounded by time period, allowing the interviewed girls to 'tell their story' and also ensuring that key information on various periods and issues is elicited. For the survivors, the interview provides a window on the aftermath of the assault, looking both at the formal reporting and support system and also how the girl is supported (or not) at the family and community levels. A key goal of the interviewing is to develop a 'child's eye view' of circumstances, bringing forward the girls' own view of her experiences following the assault and her reflections on what has helped or not helped and what supports are needed. For the randomly selected girls, the interview is a means of eliciting girls' own understandings of GBV, its causes and prevalence, how survivors of GBV are treated both in the formal support system and the nonformal environment of the camp, and what helps or is needed to help support the survivors. Interviews of the latter group enable the tracking of changes in girls' understandings of GBV, changes in how local people regard survivors, and changes in local support systems.

6. To respect the "Do No Harm" imperative, these interviews will be conducted by well-trained interviewers who have extensive experience in discussing sensitive issues in a supportive manner. Each interviewer will be accompanied by a social worker who will provide focused psychosocial support if needed. Care will be taken to avoid interviewing girls who are in a "brittle" state and to stop interviews if they are emotionally overwhelming. The interviews will avoid aggressive questioning and, by design, will not probe the rape event itself or other personal experiences of GBV. However, if a girl clearly wishes to tell the story of her rape or other experience of GBV, this wish will be respected. A day or two following the interview, the social worker will check in with the girl participants, who will know how to contact the social worker should they need support.

**APPENDIX B: Draft Discussion Guide—Girl Survivors*****Interview 1 (90-120 minutes)*****A. Objectives:**

- establish rapport
- learn about the girl's life story
- provide a wider context within which to understand her experience of rape

**B. Overview:**

- Preliminary information
- Timeline
- Open discussion of war years
- Open discussion of the pre-war years

Note: This method affords great flexibility, and there is no need to adhere to a script. Only the preliminary information/ethics portion has a fixed structure and should be standardized. For the rest, we can adapt our method to our participants. If, for example, a girl is clearly talkative and eager and wants to tell her life story, it might be better to use a fully unstructured, open narrative method without even using the timeline, which is really a method aimed at having fun, relaxing the participants and creating a wide context for the discussion.

**C. Steps:****1. Preliminary information and ethics (20 minutes)**

- Introduction and purpose
- Confidentiality and informed consent
- Basic information collection—name, camp, age, area of origin

**2. Timeline (30-40 minutes)**

Purpose: To learn about the general life story of the girl in the context of normal development for a girl in this region. It is explicitly not a goal at this stage to learn about her experiences of rape and its aftermath. However, if she volunteers information and wants to talk, we should not dissuade her but create “space” for her to talk according to her own pace and without any probing by us.

Activity: Create a time line representing birth up to the present. Elicit from the girl her own thoughts about the key events in the life of girls generally and then herself. There is no right or wrong answer. We are interested in the views of the girl.

On a large sheet of paper, draw a long vertical line, explaining this represents life from birth until now. First ask what are the important life events in the life of an

average girl from this area, and write these events on the right side of the time line. Probe, asking broad, nonleading questions about various time periods, inviting the girl to say more and “fill in the blanks.”

After 15 minutes or so, ask her to now identify the important events in her own life, writing them on the left side of the timeline. Probe gently, asking her to identify more events or benchmarks and adding them to the timeline.

### 3. Narrative on the war years

Note: talking about this early on is a means of respecting the girls’ suffering and hardships and also avoiding the impression that we are interested mainly in their childhoods. Basically we will start with recent years and work backwards.

Purpose: To learn about how the girl and her family have experienced and been affected by the war, from mid-2003 onward. The purpose of narrative methodology is to create a safe space in which people can reflect, tell their own story, talk in their own words, and express themselves in their own “voice.” The interviewer provides a minimum of direction and influence, and acts as a supportive, reflective listener who shows keen interest in the story, affirms feelings, offers support when needed, and invites the participant to say more when it is appropriate to do so. The interviewer does not interrupt but may ask questions of clarification. However, the main emphasis is on inviting the participant to tell her story. To obtain additional information, a key method is “probing”—asking the person to fill in more details without leading them to say particular things—by using elicitive questions of forms such as:

“That’s very interesting—could you please say more about XXX?”

“And what about your brothers and sisters—how did they react?”

“What happened next?”

Activity: Say “For the next 20 – 30 minutes, I’d like to learn how you and your family have been affected by the war. Please tell the story of you and your family from mid-2003 up to the present, saying whatever you think is most important.”

Probing questions include items on which one hopes to obtain specific information. These questions on particular topics are kept “waiting in the wings” and are brought forward if and when the timing is right. Here are examples of some of the questions we hope might be answered (at least partially) during this phase of the discussion:

- Where have you lived during this period and how have you felt about your living conditions?
- Have you gone to school during this period/why or why not?
- If not in school, how did you spend your time in other ways?
- What has been the situation of your brothers, sisters and parents during this period?



- How would you describe life inside your family during this period?
- Do you have many friends in the camp or other people you go to for support when you feel sad? Can you give an example?
- What kinds of violence against girls and women occur in this camp?
- Thinking very broadly, how would you describe this part of your life and why?

#### 4. Narrative on the pre-war years

Purpose: To learn the girl's story of her life before the war years

Note that discussing this last is in part a means of ending on an upbeat note.

Activity: Say "For the next 20 – 30 minutes, I'd like to learn about your life before the war (before mid-2003). Please tell the story of your life up to mid-2003, saying whatever you think is most important."

What were some of your happiest moments before the war?

What were some of your favorite activities?

How would you describe your family life during this period?

Please tell me about your social life during this time. Did you have many friends or feel accepted?

What were some of the main challenges you faced in this period? How did you address them?

Whom did you go to for support when you felt sad? Can you give an example?

How did you like school?

#### ***Interview 2 (100-120 minutes)***

##### A. Objectives

- Learn about her general views of GBV
- Learn about her story of engagement with the formal support system (in system)
- Learn about how she is treated and supported (or not supported) outside the formal system, that is, at family and community levels

##### B. Overview

- Check in
- General discussion GBV
- Narrative story of what happened following the rape
- Repeatable element—brief story of my life since the assault
- Ending

##### B. Steps

1. Check in and reflect on previous day's conversation (5-10 minutes)

Purpose: Take stock of emotional reactions from the initial discussion and discern her readiness to participate in this session, which will probably be more emotionally challenging.

Activity: Ask questions such as “What are your reflections on our discussion yesterday? How are you feeling?” (5 minutes). Remind her that this session will explore her experiences following the rape. If she appears visibly upset or brittle, the interview should be rescheduled and the time should be used to provide social support via the social worker.

2. General discussion of GBV in the camps (10-15 minutes)

Purpose: To learn about girls' views of GBV in general and to set the context by helping to remind the girl that she is not alone and that her assault is not her fault but part of a wider problem of GBV.

Activity: Explain that we have learned from many girls and women that GBV occurs in the camps. Ask “in your opinion, how widespread is GBV in the camps and what forms does it take?”

3. Narrative of her personal experience with the formal GBV support system (40-50 minutes)

Purpose: To learn about the girl's subjective experience of the formal system for reporting GBV and supporting survivors, learning about the particular steps within the system, strengths and weaknesses of each step, obstacles within the system and ways around them, and any suggestions for improvement.

Activity: Open by saying, “Our purpose is to learn how to support girl survivors. To do this, we would like to learn how survivors have been helped or not helped by the formal system of reporting and supports (health, police, legal, etc.). After, I will ask you about other supports – like within your family or community. Let's start with you telling me the story of what happened after you were assaulted. What were the steps—who did you go to first, second, and after that?”

Listening carefully, invite her to identify the series of steps (e.g., report to police, go to health post, etc.) she went through *within the system*. For each step, ask probing questions such as

- What happened there? What did they ask you? How did you feel?
- Were you happy with how you were treated? Why or why not?
- How could that step have been improved to support you more effectively?

After she has explained the entire system of steps, summarize what you understand are the steps and ask “Are these all the steps of the formal system that you experienced or are there others that should be included?” If there are

additional steps, ask probing questions such as those immediately above. End this part by asking “If a girl friend of yours told you she had just been raped, whom would you tell her to talk to and what would you tell her to do?”

4. Narrative of her personal experience of supports (or lack of support) outside the formal system (40 minutes)

Purpose: Learn about how she is supported or not supported outside the formal system, that is, at family and community levels

Activity: Ask a broad opening question such as “Please tell me the story of your life in your family and community following the assault.” Follow up with probing questions such as:

- Following the assault, how have your relations with your family changed?
- What are your main challenges in the community since you were assaulted?
- Do people in the community look at you the same or differently? Please explain.
- How has your level of happiness or sadness changed following the event?
- What has helped you since the assault?
- Who do you go to for help and support?
- How is your situation changing?
- What would help you to address the problems you face?
- Are you hopeful that you will be able to solve the problems you face?

5. Ending (5-10 minutes)

Purpose: To hear the girl’s brief (5 min.) story of her life following the assault. By repeating this task in subsequent interviews, we will track changes in her situation and subjective well-being.

Activity: Invite the girl to tell in 5 minutes the story of her life following the assault, including whatever she thinks is most important.

To end on an upbeat note, ask “How would you like things to be different in 6 months?”