

GENDER-BASED VIOLENCE IN THE INTERNALLY- DISPLACED OLILIM
COMMUNITY IN NORTHEASTERN UGANDA

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BY

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It is commonly asserted that it takes a village to raise a child. What is less commonly observed, however, is that it also takes a village to write a dissertation. To my village: thank you. To Scott, without whom I could not have completed this project, thank you for your continual support of our family and for not once complaining about extra work incurred because of this project. I love you. To my daughter Elia, thank you for being so patient with me. In our play together, you often portrayed me and told me (who played Elia) that you could not play because you were working on your dissertation. We often joked that you learned the word dissertation at far too young of an age. I'm finished now. Let's play! To Nora, you regularly reminded me of your presence by kicking and moving around in utero while I sat stationary at my computer. Thank you for motivating me to finish this project before your birth. I am thrilled you are officially here with us. To my parents, thank you for using your resources to take such good care of my family when I traveled to Africa. Without you, none of this would have been possible. To my siblings, thank you for your interest and continual support of my professional endeavors. I am lucky to have you. To my friends, thank you for your unwavering support, even when I became highly task-focused. You enrich me. To Dr. Stabb, thank you for agreeing to chair this international dissertation project, your enthusiasm for international research, and your support of my doing research that holds much meaning

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ABSTRACT

JENNIFER MOOTZ

GENDER-BASED VIOLENCE IN THE INTERNALLY- DISPLACED OLILIM COMMUNITY IN NORTHEASTERN UGANDA

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This community-based participatory research (CBPR) study examined the intersection of armed conflict and gender-based violence (GBV) in an internally-displaced community called Olilim, which is located in Northeastern Uganda. The research questions utilized in this study were: (1) How does the internally-displaced Olilim community experience and conceptualize GBV?; (2) How does armed conflict impact GBV?; and (3) What community-informed prevention and/or intervention strategies for GBV might emerge from the data? The researcher conducted nine focus group discussions and six key informant interviews. Together, the focus groups and informant interviews reflect the contributions of 78 participants. The data were analyzed following grounded theory methodology and applying a socioecological framework. Within-group and between-group comparisons were performed. Participants revealed 16 forms of GBV and 41 contributing variables to GBV. The most common form of GBV discussed was domestic, physical violence, which occurred following alcohol consumption that was paired with a relational trigger (e.g., the woman challenging the man or refusing him something).

Armed conflict distally impacted GBV often via increased poverty. Participants most frequently discussed relational contributing variables. Participants identified 20 outcomes of GBV and most commonly discussed separation of families, physical effects, and psychological effects. Participants noted individual outcomes most frequently, but discussed relational outcomes most consistently. Numerous strategies for the prevention and response of GBV are outlined. Implications for theory, practice, and training are reviewed.

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CHAPTER I

INTRODUCTION

Amumu na itebeikitai itunganan naraai erai ngesi aberu araikiliokit

(Ateso for violence inflicted on a person because he or she is a woman or a man).

Everyone had a story. On a flight from Kampala to London, for instance, a Ugandan woman sitting next to me told me about a woman in her village who had a disability and moved around on her stomach to relocate from one position to the next. The woman in the village had eight children, and her husband severely beat her. The woman sitting next to me explained that people in the village were scared to intervene. They also thought that he had a right to lead his household the way he wanted. The woman on the plane said that she used to cry when she saw or thought about the woman in the village. She then told me that she, too, has been affected by gender-based violence and that she suffered in silence for many years. A little over a year prior to our conversation, the title of a news story caught my attention. The news story read, "Some 200 Women Gang-Raped Near Congo UN Base" (Faul, 2010). I clicked on the link to examine the full text because I thought that surely the number 200 was a misprint. Faul reported, "There was no fighting and no deaths, Cragin [an informant] said, just 'lots of pillaging and the systematic raping of women'" (p. 2). I wondered about Faul's use of the term "just."

Gender-Based Violence

Gender inequality and the abuse of women directed towards them precisely because they are women has been called the greatest human rights challenge of our time (Kristof & Wudunn, 2009). The United Nations (UN) adopted the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), essentially an international bill of rights for women, in 1979. The CEDAW defined gender-based violence, or GBV, as follows: "Violence that is directed at a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty..." (Sandis, 2006, p. 372). More recently, the U.S. Agency for International Development (USAID; 2012) defined GBV as follows: "Gender-based violence results in physical, sexual and psychological harm to both men and women and includes any form of violence or abuse that targets men or women on the basis of their sex, although women and girls are usually the primary victims" (p. 1). Hence, over the course of three decades, definitions of GBV now acknowledge that GBV can be perpetrated against men. However, women and girls continue to be the primary targets. GBV can occur either publicly or privately (Russo & Pirlott, 2006). Forms of GBV include the following:

- battering, marital rape, sexual violence, dowry-related violence, female infanticide, honor crimes, early marriage, forced marriage, female genital cutting, sexual harassment in the workplace and educational institutions, commercial

sexual exploitation, trafficking of girls and women, and violence perpetrated against domestic workers. (USAID, 2012, p. 1)

Many nations lack statistical data examining GBV prevalence rates, so obtaining a global picture of GBV is difficult (Krauss, 2006). In addition, another problem with gaining accurate data regarding GBV, especially sexual violence, is underreporting (UN, 2013). However, some estimates suggest that as many as one out of four women has been sexually assaulted in her lifetime (Krauss, 2006). In a multi-country study conducted by the World Health Organization (WHO; 2005) on women's health, the WHO found that 15% (Japan) to 71% (Ethiopia) of women respondents had experienced some type of physical or sexual violence perpetrated by an intimate partner. Most of WHO's survey sites' percentages fell between 29% and 62% of women who reported experiencing physical or sexual violence at the hands of their partners. Given its prevalence and the assertion that violence against women constitutes the greatest human rights challenge of our time, a research study on GBV is timely and needed. Even though prevalence rates indicate that GBV is a common occurrence and suffered by women throughout the world, GBV escalates in the context of war and forced displacement (Roe, 1992; Sandis, 2006). The study focuses on GBV in persons who have been displaced by conflict in Uganda. (For a map of Uganda, see Appendix A.)

Internally-Displaced Persons

In 1998, Kofi Annan, the Secretary-General of the UN, identified internal displacement as "... one of the great human tragedies of our time" (Cohen & Deng, 1998,

p. xix). Two components characterize internally-displaced persons (IDPs): their movement is forced and they remain within the borders of their home country (Cohen & Deng, 1998). The UN's (2004) guiding principles for the internally displaced defined IDPs as follows:

Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. (p. 1)

Cohen and Deng (1998) asserted that IDPs constitute some of most desperate and vulnerable persons on the globe. IDPs often remain in the path of armed conflict and violence; have no documents or resources; and are easily and illegally detained, forcibly conscripted, and physically and sexually assaulted. IDPs have much greater mortality rates than non-displaced persons in the same country: in some instances, 60 times greater (Cohen & Deng, 1998).

The international recognition of IDPs is a recent phenomenon. Historically, international bodies have focused on the plight of refugees (Cohen & Deng, 1998; Weiss & Korn, 2006). In 1951, the UN created the United Nations High Commissioner for Refugees (UNHCR) to respond to the overwhelming number of dislocated refugees following World War II (Weiss & Korn, 2006). The same protective measures did not extend to protect those who were displaced and remained within their home country's

borders. The internally displaced were less visible and countries were expected to provide and care for their citizens' needs. Countries dissuaded international organizations from assisting internally displaced groups by invoking their right to sovereignty (Cohen & Deng, 1998).

There are several reasons why IDPs garnered increased international attention, beginning in the 1980s. Sheer numbers constituted the first reason. In just four years, from 1982 to 1986, the number of IDPs increased from approximately 1.2 million across 11 countries to 14 million across 20 countries (Cohen & Deng, 1998). In December of 2010, the Internal Displacement Monitoring Centre (IDMC) and the Norwegian Refugee Council (NRC; 2012) estimated that 27.5 million IDPs had been forcefully relocated, almost a 100% increase from 1986. That being said, prevalence estimates are often difficult to obtain because access to an IDP population may be limited and dangerous. IDPs may be in hiding, not wishing to be identified, and/or may be continually moving to evade conflict. Finally, IDPs sometimes flee to urban centers and blend in with other migrants, and it is difficult to ascertain when displacement ends (Weiss & Korn, 2006).

In addition to alarming numbers of IDPs, other factors have heightened international focus. For instance, political sentiments have shaped the plight of IDPs. During the Cold War, countries were more apt to accept asylum-seeking refugees as a political statement. Following the Cold War, however, countries began to limit the number of refugees allowed into their countries, so they became increasingly invested in IDPs staying within the borders of their home nations (Cohen & Deng, 1998; Weiss &

Korn, 2006). Cohen and Deng also cited the telecommunications revolution as calling attention to IDPs' plight. Images of IDPs, starving and searching for food and security, were broadcast across the globe. International agencies like the UN were initially hesitant to transgress countries' borders without their permission (Cohen & Deng, 1998; Weiss & Korn, 2006). However, throughout the 1980s and 1990s, the hesitancy to transgress national borders waned and international agencies asserted that if countries were not protecting the human rights of their citizens, then international agencies could intervene (Weiss & Korn, 2006).

Even with increased international attention, IDPs have received less consideration and aid than refugees (Weiss & Korn, 2006). Weiss and Korn (2006) called the term IDP "... too clinical and too antiseptic" (pp.14-15) and said that unlike the word refugee, IDP does not evoke imagery of others in distress.

It [the term IDP] does not convey the fact that in many instances these people are the most destitute of the destitute, those most exposed to hunger and disease and abuse by governments and rebel movements, the populations with the highest death rates recorded among all those whom humanitarians seek to assist. (Weiss & Korn, 2006, p. 15)

To compensate for the media unfriendly term, some have tried using the term internal refugees for IDPs. The term refugees was inaccurately used to describe IDPs displaced from Hurricane Katrina; people reacted to using the term refugee in a within borders

context, and many Hurricane Katrina IDPs were called displacees instead (Weiss & Korn, 2006).

There are several potential causes of displacement. During the Cold War, the U.S. and Soviet Union armed many factions and supported violence in many countries. Indeed, the countries with the most violence and displacement had an association with U.S. or Soviet Union (Cohen & Deng, 1998). Conflicts between governments and minority groups constitute a second common cause of displacement. In Africa, especially, the ethnic diversity and artificially-constructed boundaries imposed by colonialists contributed to violent friction. However, Cohen and Deng (1998) noted that identity divisions are usually super-imposed over a fight to control power and resources.

Displacement often carries long-term effects and impacts entire societies. Not only societies, but entire regions might be displaced (e.g., regions in Sub-Saharan Africa; Cohen & Deng, 1998). Displacement contributes to the collapse of community organization, land rights become an issue, families are separated, many die, persons are de-skilled (i.e., they sell their tools because they have no need for their skill in the IDP camps), farmers are separated from land, and social structures, including gender roles, shift. Men may leave home to fight or search for employment and women are left to head households with little means to support their families (Cohen & Deng, 1998).

When discussing IDPs based on region, Cohen and Deng (1998) called Africa the greatest displacement challenge. They said the following:

Most of the countries affected by internal displacement in Africa have suffered from acute problems associated with nation building: crises of national identity and unity, ineffective government authority and control, limited capacity for economic productivity and resource distribution and, above all, tensions between centralized political and economic forces and the demands of various constituencies for autonomy and equitable participation in political and economic life. (Cohen & Deng, p. 40)

In Africa, there is also a great deal of ethnic strife, which those in power and wanting power manipulate. Refugee repatriation contributes to the number of displaced persons because people return to their home countries to find their towns and villages decimated.

Many African nations with high numbers of IDPs are also extremely poor. Cohen and Deng (1998) described IDP living conditions as "abysmal beyond description" (p. 43). Refugee camps often offer better living conditions because of international assistance. Women and children face unique challenges for they are often victims of GBV and inheritance laws that deny them property ownership (Cohen & Deng, 1998).

Uganda

Uganda, a country with an approximate population of 35 million people, is located in East-Central Africa. Its total land area is slightly smaller than the state of Oregon (Central Intelligence Agency [CIA], 2013). Uganda is bordered by the Democratic Republic of Congo (DRC), Southern Sudan, Kenya, Rwanda, and Tanzania and has housed hundreds of thousands of refugees from the DRC, Rwanda, and Southern

Sudan, while working to protect its own IDP population due to rebel insurgencies and other armed conflicts. Uganda's population consists of several ethnic groups: "Baganda (16.9%), Banyakole (9.5%), Basoga (8.4%), Bakiga (6.9%), Iteso (6.4%), Langi (6.1%), Acholi (4.7%), Bagisu (4.6%), Lugbara (4.2%), Bunyoro (2.7%), and other (29.6%)" (CIA, 2013, p.1). English, which is taught in schools and used in courts, is the official national language, though many other languages (e.g., Luganda, Swahili, and Arabic) are widely spoken. Consistent with the variety in ethnic identities, there are also a variety of religions practiced: "Roman Catholic (41.9%), Protestant (42%)..., Muslim (12.1%), other (3.1%), and none (0.9%)" (CIA, 2013, p. 1). Almost half of Uganda's population (49.1%) is 0 to 14 years old. The percentage of the population categorized in other age groups is as follows: 15-24 years (21.2%), 25-54 years (25.3%), 55-64 years (2.3%), and 65 years and over (2.1%; CIA, 2013). The median age in Uganda is 15 years old with a life expectancy of approximately 53 years. The average fertility rate is 6.06 children born per each woman, which lands Uganda as number four out of 225 countries for fertility rates (CIA, 2013). An estimated 1.2 million people live with HIV, approximately 6.5% of Uganda's population (CIA, 2013).

Olilim

Olilim Parish is a government-protected internally-displaced settlement in Northeastern Uganda. Several villages comprise Olilim Parish: Osiomit Village, Aiti Village, Osemuoa Village, Siryo Village, and Morulinga Village. The Parish is located in Katakwi District, which is situated in the Teso subregion. Moroto District in Karamoja

Region borders Olilim to the North. Olilim houses the Uganda People's Defense Force (UPDF), the Anti-Stock Theft Unit (ASTU) headquarters, and a training school for both the UPDF and police. When Mary (a pseudonym), a member of Olilim community, told me about the police training school, she smirked and said, "More police, more GBV" (personal communication, January 12, 2012). I am not aware of any formal map of Olilim. However, a Transcultural Psychosocial Organization Uganda (TPO Uganda) social worker who has worked with Olilim community members for approximately three years hand-drew a map to supplement this project (see Appendix B).

Approximately 300,000 families have been displaced since the 1980s in Teso region (TPO Uganda, ANPPCAN, & Dan ChurchAid, 2011). Many families have been displaced for decades, and displacement conditions have depleted their ability to make a living and weakened social structures. There are food shortages, poor medical care, and water and sanitation problems. The few available livelihood means include brewing local alcohol, serving as casual labor, collecting wild food, and participating in trade (TPO Uganda et al., 2011).

The International Committee for the Red Cross (ICRC; 2008) referenced the Geneva Conventions in 1949 and defined non-international armed conflict as hostility occurring between nongovernmental groups and governmental forces. Olilim residents have mostly been displaced because of the armed conflict associated with the Karamojong cattle raids. However, they have also suffered from Uganda People's Army (UPA) rebel activities, and Lord's Resistance Army (LRA) attacks and abductions (TPO

Uganda et al., 2011). TPO Uganda et al. (2011) estimated that the LRA abducted 2,500 to 3,000 children from Katakwi District in 2003 to 2004. The LRA used boys as soldiers and girls as sex slaves and wives for soldiers. The young, abducted girls were often impregnated and returned to their communities with children, which prohibited them from rejoining school (TPO Uganda et al., 2011).

Karamojong cattle raids perpetuate instability in the region. The Ugandan government began a disarmament program in Karamoja in 2006, which has reduced raids somewhat. Attacks are still occurring, however, and the number of attacks is difficult to estimate. People are afraid to leave the camps, and the ASTU still protects the kraals (enclosures for livestock). Karamojong women and children have escaped from Karamoja and fled to Teso, which places an additional burden on communities (TPO Uganda et al., 2011).

Proposed Study and Rationale

The Karamojong warriors have raped and sexually assaulted women and girls during their raids, and the women and girls have little or no access to health care and other psychosocial services (D. Atebo, personal communication, September 17, 2011). Although Karamojong men's mortality rates have been sparingly documented (e.g., Gray et al., 2003), there is even less, if any, research documenting the systematic sexual assault of women and girls during these raids and how women and girls have been impacted by sexual assault. There is additionally a dearth of literature about the gender-based violence (GBV) that appears to escalate as a result of the social instability following these raids

(D. Atebo, personal communication, September 17, 2011). Moreover, most research in Uganda, although still insufficient, has been conducted with IDPs in the Northern region who were displaced primarily because of LRA rebel activities (e.g., Akello, Reis, & Richters, 2010; Austin, Guy, Lee-Jones, McGinn, & Schlect, 2008; Betancourt, Speelman, Onyango, & Bolton, 2009; Emusu et al., 2009).

Thus, the rationale for the study was to compensate for the gaps in literature and to contribute to the knowledge base regarding the integration of two contemporary human rights issues, GBV in the context of armed conflict and forced displacement. An additional component of the rationale is that the type of research proposed has the potential to involve the community in Olilim directly in improving their lives as related to GBV. I conducted a community-based participatory research (CBPR) project in Uganda with the Olilim community. The CBPR focused on the community's experience and assessment of GBV with the aim to enact social change. The broad research questions proposed in this study were:

1. How does the internally-displaced Olilim community experience and conceptualize GBV?
2. How does armed conflict impact GBV?
3. What community-informed prevention and/or intervention strategies for GBV might emerge from the data?

Definition of Terms

There is a substantially long list of abbreviations and acronyms used in this study. Therefore, these abbreviations and acronyms have been included in Appendix C. Terms such as internally displaced persons and gender-based violence have already been defined in the text above.

CHAPTER II

LITERATURE REVIEW

The review of the literature begins with a general overview of the historical context of the study. Following this, the conceptual framework within which the gist of the information is organized related to gender-based violence (GBV) with internally displaced persons (IDPs) in Uganda will be discussed. The remaining sections examine societal, community, relational, and individual variables as they pertain to the proposed project. The review closes with an integrative summary and objectives for the study.

Historical Context

Three demons entered Uganda in the 1840s. The Turks escorted the demons who were, as it turns out, a group of Italian priests participating in expeditions along the Nile. The priests were the first Europeans whom the Ugandan people had seen, and their word for European meant evil spirit (Rice, 2009). Indeed, the Ugandan people feared that the demons would abduct and cannibalize their children. At this time, a British explorer named John Hanning Speke, looking for the source of the Nile, stumbled upon Kampala. He discovered a sophisticated society ruled by a monarch called kabaka (not capitalized; Rice, 2009). Speke returned to Britain, and when he relayed his experiences of this kingdom to others, more Protestant and Catholic missionaries followed and raced to convert people from Islam and indigenous beliefs to their respective religions (Rice, 2009).

By 1891, a British captain named Lugard arrived in Uganda and forged a deal with King Ntare of Ankole under the guise of friendship (Rice, 2009). King Ntare of Ankole verbally relinquished the rights of country ownership to Lugard and the British Empire. Lugard became the first British administrator of Uganda, marking the completion of Britain's colonization of Uganda. When Lugard and King Ntare of Ankole made their agreement, the country was virtually on the brink of a civil war because of competing religious groups, including the newly-arrived Anglican and Catholic missionaries, as well as the already-established Muslim and indigenous populations (Rice, 2009).

Captain Lugard identified an ethnic pastoralist group called Bahima whom he quickly recognized as a ruling class (Rice, 2009). Lugard simultaneously dismissed an agriculturalist ethnic group called Bairu. Based primarily on physical features, Lugard and other British colonialists conjectured that Bahima descended from Ethiopia's Hamitic race and had conquered the agriculturalists. Some hierarchy had previously existed between Bahima and Bairu, but Bahima's social control over Bairu was weak. Prior to colonization, Ugandans' ethnic and tribal identities were much more fluid and their strongest identification was with their extended families and clans, not tribes (Rice, 2009). More than 50 languages were and still are spoken in Uganda. British colonizers rigidified people's ethnic and religious classifications, however, by applying their conceptualizations of tribes and favoring certain groups over others. By the conclusion of British rule, ethnicity and religion primarily determined Ugandans' political affiliations.

The constructed tribal and ethnic divisions ripened Uganda for the decades of civil war that followed their independence from the British (Rice, 2009). Recently, a Ugandan journalist explained, "Ugandan history is told through different lenses... Which tribe are you from? Which religion are you? Which region are you from? What regime are you affiliated with, and is it still in power? That last one is the most important" (Rice, 2009, p. 134).

Since its independence from Britain in 1962, Uganda has endured many civil wars. In fact, in the two decades following independence from colonial rule, approximately 40 successful military coups plundered the African continent (Rice, 2009). Meredith (2005) explained that in 1961, towards the end of British colonial rule, the British army had promoted only two Ugandan officers, one of whom was named Idi Amin. The British favored Amin because of his impressive physique and ability to box. Amin had received no education growing up, however, and he made little progress in the special education courses that were offered to him. Meredith suggested that Amin may have had some learning disabilities and was barely literate. Amin, too, showed a propensity for violence. After Uganda gained independence from Britain, Obote, the new Prime Minister, continued promoting Amin until he was included in Obote's inner circle as a military commander. In 1966, Obote established a one-party state and wrote a new constitution that awarded himself with immense power. At this time, Obote began murdering those who politically opposed him and became increasingly suspicious of

Amin. Both men began to surround themselves with loyal supporters who were mostly those with shared ethnic and religious backgrounds (Meredith, 2005).

In 1971, Amin led a successful, and largely unchallenged, coup against Obote's regime. According to Meredith (2005), Amin was continually fearful that Obote would counter-attack, so he murdered anyone suspected of supporting Obote, killing an estimated 250,000-300,000 people during his rule (Meredith, 2005; Rice, 2009). In 1979, Amin recklessly ordered his army to invade, loot, and plunder Northern Tanzania. Tanzania responded by invading Uganda and ousting Amin. Most of Amin's army fled their barracks, leaving behind their weapons (Meredith, 2005). Not long after, the Matheniko subtribe of the Karamojong wandered into the barracks, acquiring tens of thousands of AK-47s (Jabs, 2007).

Obote regained the position of power in 1980 until, in 1986, the rebel leader Yoweri Museveni of the National Resistance Army (NRA) overthrew Obote's regime and stabilized the nation. Like the rulers before him, Museveni established a no-party system and justified the implementation of this system with the argument that Ugandans were excessively divided between ethnic, regional and religious loyalties, and they were unable to address real issues because of these divisions (Rice, 2009).

Although Museveni did establish increased security in Uganda, several civil wars transpired after he proclaimed himself the national leader. The Internal Displacement Monitoring Centre (IDMC) and Norwegian Refugee Council (NRC; IDMC & NRC, 2010) sketched a rough chronology of the civil strife that followed the initiation of

Museveni's reign. From the outset, in 1986, remnants of Obote's overthrown army reconvened to form the Uganda People's Democratic Army and attacked the NRA. Just one year later, a woman named Alice Lakwena, a self-proclaimed Acholi priestess recruited young, mostly uneducated children to fight in an army she called the Holy Spirit Movement (HSM). Lakwena maintained she was infused by the holy ghost and the government forces were possessed by the devil. Lakwena often placed the children in the front lines where they only had stones (blessed by Lakwena) to defend themselves (Abel & Richters, 2009). Lakwena was defeated in 1988. She fled to neighboring Kenya, but many of her recruits reconvened under the rule of her nephew Joseph Kony (IDMC & NRC, 2010).

Lord's Resistance Army

In 1989, Kony's rebels launched an attack against civilians and burned schools in Northern Uganda (IDMC & NRC, 2010). In 1991, Kony's rebels escalated their violence towards civilians, committing atrocities, such as cutting off civilians' lips, ears, hands, and breasts. They specifically targeted Acholi citizens because Kony believed that the spirits told him to punish the Acholi for their failure to support his cause (IDMC & NRC, 2010). In 1993, Kony's rebels re-emerged from Sudan under the new name of the Lord's Resistance Army (LRA), were heavily armed, and attacked the NRA. Over the next several years, violence continued to escalate. The LRA attacked hundreds of civilians, planted landmines, invaded civilian villages, and used the villages as a cover and resource supply. The NRA responded by bombing and shelling the villages. In 1995,

Museveni created a new constitution and the NRA was renamed the Uganda People's Defense Force (UPDF), which it continues to be called today. Also in 1995, the LRA executed their first large-scale abduction of children to serve in the army. The LRA later became infamous for its abduction of more than 25,000 children to its ranks (IRC & NRC, 2010; Verdeli et al., 2008).

Mass displacement had already begun, but in 1996, the government began to forcefully move people into camps in order to protect them. Most of the fighting between the LRA and UPDF occurred in Northern Uganda, in Gulu, Kitgum, and Pader Districts (Roberts et al., 2009), so the government erected its first IDP camp in Gulu District (IDMC & NRC, 2010). On October 2, 2002, the UPDF issued a radio transmission giving civilians 48 hours to evacuate their homes and move into camps (IDMC & NRC, 2010). After 48 hours, the UPDF violently attacked the villages, assuming that anyone left behind was collaborating with the LRA. Eventually, up to two million people were forcefully relocated (Roberts et al., 2009). However, the UPDF failed to protect the IDPs in the camps and even perpetrated many of the atrocities, including murder and the large-scale sexual assault of women and girls (Mukwana & Ridderbos, 2010).

Although the LRA and UPDF agreed upon a tentative ceasefire in 2006, the two-decade conflict was labeled one of the deadliest humanitarian emergencies in the world (Verdeli et al., 2008). Almost 80% of the IDPs surveyed in Gulu, Kitgum, and Pader Districts witnessed some form of torture: 40% witnessed murder, 63% had a family member abducted, and 58% lost at least one family member to violence (Verdeli et al.,

2008). In another study, almost 58% of the surveyed IDP population in Northern Uganda had experienced eight or more traumatic events, including, but not limited to, being beaten and tortured, sexually assaulted, and abducted (Roberts, Ocaika, Browne, Oyok, & Sondorp, 2008). Given these prevalence rates, it is not surprising that 93% of the respondents expressed not feeling safe in the IDP camps (Roberts et al., 2008).

Katakwi District and Forced Displacement

Karamojong. While much of the conflict between the LRA and UPDF occurred in Northern Uganda, Katakwi District (located in Northeastern Uganda) experienced a different type of ongoing conflict, which received much less international and national attention (IDMC & NRC, 2010). For centuries, nomadic, pastoralist tribes called Pokot (in Kenya), Turkana (in Kenya and Sudan), and Karamojong (in Uganda) have subsisted by raising and living off cattle in otherwise inhospitable environments. The Karamoja Region in Uganda (containing Kotido, Morot, and Nakapiripirit Districts), for instance, has a short and unpredictable rainfall and experiences a dry season from October to March (Katakwi Urafiki Foundation [KAUFO], 2003). The harsh environmental conditions necessitate movement. Herdsmen travel to temporary settlements that are often closer to water, and in doing so, cross over into neighboring group territory where they compete for resources (KAUFO, 2003). Cattle have provided these groups with a significant portion of resources necessary for survival (Jabs, 2007). Their diet consists mainly of the cattle's meat, milk, and blood, supplemented minimally with agricultural produce (KAUFO, 2003).

In addition to being a primary source of survival, cattle also carry important social implications for the Karamoja in Uganda (Jabs, 2007; KAUF0, 2003). For example, the amount of cattle a family owns determines social status. Moreover, cattle are transferred from grooms' families to brides' families for bride prices.

The pastoralist tribes are comprised of subtribes. For instance, the Karamoja tribe contains several clans or subtribes: Matheniko, Dodoth, Ik Tepeth, Bokora, and Jie, to name a few (IDMC & NRC, 2010). Historically, if disease or famine decimated a subtribe's cattle, that subtribe would conduct a ritualized cattle raid on a neighboring subtribe (Jabs, 2007). The men from the two tribes involved in the raid would engage in either hand-to-hand combat or combat with spears. In recent decades, however, the tribes have acquired AK-47s, which they have used to carry out the raids. Understandably, the acquisition of AK-47s has significantly increased mortality rates during raids and led to social instability between and amongst these groups (Jabs, 2007).

The Karamojong, however, suspect the conflict between the pastoralist sub-groups or clans may be more complex than raiding because of cattle decimation (IDMC & NRC, 2010). There are several Karamojong conjectures for how the conflict between their subtribes originated and is perpetuated (KAUF0, 2003). One explanation is the Bokora subtribe was envious of the Jie subtribe and raided them. In doing so, the Bakora subtribe killed a woman and a child and the Jie subtribe raided the Bokora out of revenge. Another, more external, explanation is that the Kenyan Turkana acquired weapons first and raided the Karamojong. A third explanation for the conflict is that British colonialists

implemented boundaries, which heightened territorialism. The colonially-imposed boundaries restricted the pastoralists' movement and interaction with neighboring territories, which further restricted the Karamojong's resources and development (KAUFO, 2003). Many Matheniko believe that the raiding erupted following a top elder's curse (IDMC & NRC, 2010). Although the explanations are varied, most concur that the acquisition of weapons escalated the conflict.

When the Matheniko subtribe of the Karamojong stumbled upon the thousands of AK-47s left behind by Amin's ousted army in 1979, they used these weapons to attack surrounding subtribes (e.g., Bokora and Jie) and became extremely wealthy very quickly through cattle-raiding (Jabs, 2007). One outcome of Matheniko's newly-acquired wealth was an inflated bride price. Before the 1970's, the typical bride price was 20 to 30 cows. After Matheniko acquired weapons, the bride price rose to 100 to 150 cattle. Currently, the bride price remains around 60 to 100 cattle. Karamojong community members listed bride price as one of four primary incentives to conduct cattle raids. The remaining three reasons were status, poverty, and revenge (Jabs, 2007). Other Karamojong subtribes quickly realized the benefit of obtaining AK-47s and acquired their own. For the last three decades, the Karamojong communities have initiated and suffered from extreme conflict, death, and destruction (Jabs, 2007). Only recently has the Ugandan government enforced a disarmament program, which has reduced violence and increased stability (D. Atebo, personal communication, September 17, 2011).

The internal Karamojong conflict spilled over into Katakwi District, beginning in the 1940s. The Iteso ethnic group is the primary ethnic group that resides in Katakwi (KAUFO, 2003). There are several possible reasons why the Karamojong extended their conflict to Katakwi: for example, drought, existence of cattle in Katakwi, government inciting and propaganda, resistance towards Iteso's implemented land boundaries, and unemployment, especially of youth (KAUFO, 2003). From 1986-1990, the cattle raids perpetrated by the Karamojong towards civilians based in Katakwi intensified and, coupled with a local rebellion, displaced almost 200,000 people, many of whom were forced to relocate by the government into protected camps (IDMC & NRC, 2010). According to IDMC and NRC (2010), in 2005, 74 Karamojong-induced camps with 176,911 residents existed in Katakwi. To worsen matters, the LRA invaded Teso region in 2003, mass murdering, raping, looting, burning homes of civilians, and abducting children (IDMC & NRC, 2010). The LRA's invasion displaced approximately 250,000 more civilians. It is difficult to ascertain how many IDPs still reside in camps in Katakwi. A UNHCR IDP population chart indicates that in 2010, approximately 4,200 IDPs still resided in camps in Katakwi (IDMC & NRC, 2010). One of these camps, Olilim Parish, was the site of the proposed study.

Summary

Since its independence from Britain, Uganda has endured decades of armed conflict and civil unrest. In Northern Uganda, the LRA rebels have instigated ongoing conflict with the UPDF. The LRA and the UPDF have both murdered and violently

attacked civilians, although many civilians have been forcefully relocated into protected IDP camps. In the Northeast, Karamojong warriors have perpetrated ongoing conflict between their subtribes and against neighboring ethnic groups like the Iteso. In this conflict, too, many civilians have been displaced, murdered, and violently attacked. The community under study has been mostly affected by the latter conflict. Having reviewed this critical historical context, what follows is a discussion of the conceptual framework that will be utilized to organize the remaining literature. The framework has been chosen as it explicitly allows for consideration of sociocultural context.

Conceptual Framework

Culture

There are diverse perspectives about the appropriate way to define culture. The first and dominant view is that culture is a fixed entity, and it is comprised of a community's traditional beliefs and practices (Atlani & Rousseau, 2000). The collective versus individualistic conceptualization of culture might fall under this perspective, for instance. The American Psychological Association's (APA) definition of culture might also be indicative of the fixed cultural perspective. APA defined culture as follows: "Culture has been described as the embodiment of a worldview through learned and transmitted beliefs, values, and practices, including religious and spiritual traditions" (Fernandez, 2006, p. 251). In the fixed perspective and in an international context, the local belief system has often traditionally been viewed as an obstacle to overcome in order to implement a Western model of care.

The second view of culture, which is beginning to emerge in some anthropological circles, is that culture is flexible (Atlani & Rousseau, 2000; Tankink & Richters, 2007). People are constantly negotiating their identities in relation to their environmental surroundings. In different contexts, people renegotiate meaning surrounding their experiences. Hence, GBV is influenced by one's culture, a dynamic and shifting phenomenon, making it a moving target for an imposed Western system of research and psychological practice.

Atlani and Rousseau (2000) offered an insightful example of how the meaning of an experience of GBV (i.e., rape) can alter depending on the environmental context. They interviewed several Vietnamese "boat people" who fled from the Communist dictatorship. Before leaving Vietnam, a raped woman was considered a spoiled belonging of her husband, father, or son. However, before embarking on their journey, people knew that there was a high probability that pirates would sexually assault women on their journey overseas. Therefore, the meaning of rape was renegotiated so that the women were encouraged to acquiesce for the benefit of the larger group. Devastatingly, however, on their journey, the pirates often forced the community members to participate in the assault by forcing them to choose women and girls for the pirates to sexually assault. When the refugees arrived in the refugee camps, the meaning was renegotiated again, this time within a Buddhist framework. The newly-constructed conceptualization was that the raped women were paying atonement for past misdeeds of their own (in a former life) or of their ancestors. The pirates were not guilty and the community members were not

guilty. It was the women who were guilty and were consequently discouraged from speaking about their assaults; because in doing so, they would be revealing past shameful deeds (Atlani & Rousseau, 2000). Thus, the cultural narrative surrounding the meaning attributed to sexual assault shifted to preserve the community structure despite its victims.

Tankink and Richters (2007) also advocated for a contextually-shifting cultural narrative in their study with sexually-assaulted Sudanese refugee women who had relocated to The Netherlands. They examined the Sudanese master cultural narrative and how this relates to women keeping silent about sexual assault; such silence is a primary coping mechanism within the Sudanese community. They defined the master cultural narrative as all cultural discourse, which directs individual narratives.

Every cultural group creates its own cultural discourse which is built up from cultural assumptions, the tracks of its collective past, cultural notions of femininity, sexuality, gender identity and roles, discursive and symbolic formations and practices, and ideas of how to deal with order and chaos. (Tankink & Richters, 2007, p. 198)

Tankink and Richters believed that the women might be more likely to talk about being sexually assaulted in refugee camps with an outsider, thinking that talking may encourage the implementation of protective mechanisms. However, after having relocated and settled in a peaceful place, women may be less likely to talk about their assault because the threat of being socially ostracized is too great. The practical implication of this

finding is that Sudanese refugee women may be more willing to engage with a Western treatment approach (e.g., psychotherapy) around their sexual assault in a refugee camp than they might be after they have relocated and are attempting to rebuild their lives.

I also conceptualize culture as a dynamic process. The Olilim community's understanding and experience of GBV may be impacted by their displacement status and constantly renegotiated as cultural roles shift and are redefined.

Forced Migration

Most of the better known models designed to provide a heuristic for those who experience forced migration were constructed for refugees and immigrants: for example, the psychosocial stress model (Lazarus & Folkman, 1984), Berry's Acculturation Model (Berry, 2006), and the Resource-Based Model of Migrant Adaptation (Ryan, Dooley, & Benson, 2008). The aforementioned models were designed for those who transgressed the borders of their home country to relocate to a host country. Hence, while some of the concepts from these models could potentially be applied to the IDP experience, most have significant limitations. A medically-based model is applicable to IDPs; however, it carries its own limitations, which will be elaborated further (Ryan et al., 2008).

A significant portion of theoretical models utilized to understand the experiences of refugees have been medically-based (Ryan et al., 2008). Medically-based researchers often focus on pathology, predominantly posttraumatic stress disorder (PTSD). From this perspective, forced relocatees are framed as being sick persons because of the high occurrence of both PTSD and depression. Theorists of a trauma-based medical model make

many assumptions. Perhaps erroneously, researchers often focus the investigation on the pre-migratory experience, assuming that the trauma of being displaced is more psychically demanding than are the numerous difficulties faced after relocating (Ryan et al., 2008). For instance, Tempany (2009) concluded that, although high rates of depression and PTSD were found in the Sudanese refugee population, the Sudanese were more concerned with other more immediate stressors than the trauma. Likewise, Ugandan refugees cited poverty as their biggest concern rather than the experiencing of symptoms consistent with depression or PTSD (Whelan & Blogg, 2007). Hence, while a medical conceptualization of PTSD is certainly relevant in some contexts, there is some question about how well this conceptualization fits with refugees' and IDPs' conceptualization of their experiences.

Additional criticisms of the medical approach come from the field of anthropology. Some anthropologists have avowed that medical disorders belong to a Western diagnostic system, which is imposed on victims in non-Western cultures. This imposition is equated to cultural colonialism (Drozdek, 2007; Summerfield; 1999). There are numerous ways in which culture might influence the conceptualization and presentation of psychological disorders. To start, culture influences how the self is conceptualized (e.g., individually or collectively, holistically or dichotomously, intuitively or scientifically). Culture also affects what is defined as traumatic, how a traumatic event is experienced, the course of symptoms, outcome, ways of coping, help-seeking behaviors, adaptations, suffering, values that direct decision-making following the event, expectations around support and

wellness, and the therapeutic relationship (Breslau, 2004; Drozdek, 2007; Rechtman, 2000; Von Peter, 2008).

Lazarus and Folkman (1984) developed another model that is often employed to understand refugees' experiences; they called this model the psychosocial stress model. This model emphasizes psychological and social resources. In contrast to the medical model, it does not pathologize distress. Rather, distress is conceptualized as a normal reaction to traumatic events. The psychosocial stress model is the foundation for Berry's Acculturation Model, which asserts that individuals' psychological states are shaped by their by ability to integrate into the host country's dominant culture (Berry, 2006). Since Berry's model focuses almost exclusively on mental health following relocation to a host country, it has little relevance for conceptualizing GBV in an IDP community.

Ryan et al. (2008) designed a Resource-Based Model of Migrant Adaptation. This model focuses on refugees' access to resources in four primary areas: personal, material, social, and cultural. Personal resources include physical or psychological resources. Material resources include, for example, money or property. Social resources are interpersonal relationships. Finally, cultural resources are assets, such as language skills and education levels. These resource areas are applied to each stage in the migratory process: pre-migration, migration, and post-migration. The environment can produce stress through overtaxing or placing strain on persons' resource pools; by placing aversive demands on persons' resource pools, such as discrimination, violence, or poor health; or

there may be demand insufficiency, where individuals are blocked from utilizing their resources (e.g., because of childcare responsibilities; Ryan et al., 2008).

Each of the previously-mentioned models has its limitations, especially as they are applied to IDPs. The medical model (American Psychiatric Association, 2000) pathologizes experience and often does not account for cultural variables, resilience, and positive posttraumatic growth (Breslau, 2004; Drozdek, 2007; Rechtman, 2000; Von Peter, 2008). The medical model is highly individualistic, as it emphasizes individual psychological distress. Similarly, the psychosocial stress model (Lazarus & Folkman, 1984) may focus too exclusively on the individual. For instance, if IDPs have difficulty adjusting, then it is because they does not possess the psychological resources to do so. The psychosocial stress model ignores important structural privileges and barriers, which also affect IDPs' migration and temporary resident experiences. Berry's Acculturation Model (Berry, 2006) overemphasizes relocation and intercultural contact. While conceptualizing IDPs' experiences from a resource-based perspective demonstrates increased relevancy because the IDP community in Olilim has access to few material resources, the Resource-Based Model (Ryan et al., 2008) is not broad enough to encompass the complex and intertwined dynamics that are involved with armed conflict, displacement, and GBV.

The Social Ecological Model

In 1977, Bronfenbrenner created a social ecological model for the conceptualization of human development. Essentially, Bronfenbrenner ascertained that humans develop in a

social context, and he developed the ecological framework as a heuristic to draw attention to the importance of the social environment on individuals' behaviors. His model places the individual at the center of nested circles, akin to layers in an onion, each circle representing a level in the environment. Bronfenbrenner called these layers the microsystem, mesosystem, exosystem, and macrosystem. The microsystem is the interpersonal dynamics of one's home, school, or work. The mesosystem is where two or more microsystems interact (e.g., home and school). The exosystem is where indirect influences such as one's neighborhood or community occur. Finally, the macrosystem is the arena where the dominant social norms arise: for example, patriarchal values. All of these systems work dynamically and interactively to shape individuals' moral and relational perceptions and vice-versa (Bronfenbrenner, 1977; Cooke, Heppner, & O'Brien, 2002).

Others have adapted Bronfenbrenner's model specifically to conceptualize violence (Heise, 1998; Krauss, 2006). The World Health Organization (WHO), for instance, advocated for the use of an ecological model to understand almost all forms of interpersonal violence and violence prevention (Krug, Mercy, Dahlberg, & Zwi, 2002). WHO's model includes four social levels termed individual, relationship (microsystem), community (exosystem), and societal (macrosystem). The Centers for Disease Control and Prevention (CDC) likewise promoted the use of an ecological model and implemented WHO's adaptation (CDC, 2009). Both WHO (2002) and the CDC (2009) encourage a conceptualization of violence as a public health problem. Heise (1998) has

been one of the few authors thus far to apply the ecological framework to violence against women. She, too, employed a four-tiered model that included levels representing the individual, microsystem, exosystem, and macrosystem. Heise examined both local and cross-cultural literature to explore predicting variables related to the perpetrators and victims of violence against women. Like the WHO and the CDC, Heise removed the mesosystem from her conceptualization of violence against women. The removal of the mesosystem seems to be of little consequence since researchers can continue to conceptualize interactions between the home and school, for example, by looking at interactions between the microsystem (which include influences from familial relationships) and the exosystem (which contain school influences).

Because the proposed project was a community-based project, applying an individualistic model seems restrictive and inappropriate. Hence, like Bronfenbrenner (1977), Heise (1998), the WHO (Krauss, 2006; Krug et al., 2002), and the CDC (2009), I employed a socioecological model to organize the remainder of the literature and to conceptualize the study design. The literature is divided into four tiers, and while most authors discuss the layers beginning with the individual (e.g., Heise, 1998; Krug et al., 2002; CDC, 2009) and work their way out, I have chosen to reverse this in my own work and begin by reviewing societal factors, community variables, relational variables, and conclude the review of literature with individual variables as they relate to GBV in Olilim. I present the research in this order because the outer layer represents underlying factors that contribute to increased risk for GBV, and it seems important to flesh out the

underlying factors before discussing variables that are more specific to Olilim itself and the families and individuals who inhabit it. Heise commented on the difficulty of situating each variable within a single dimension because the model, ideally, is a dynamic one. I concur and acknowledge the opportunity for negotiating how information is positioned within the ecological framework.

Summary

Culture is often viewed as either fixed or dynamic. Dynamic perspectives of culture, which I support, acknowledge that meaning shifts, depending on context. To compensate for the limitations of several well-known models for migration, for example, the psychosocial stress model (Lazarus & Folkman, 1984), Berry's Acculturation Model (Berry, 2006), the Resource-Based Model of Migrant Adaptation (Ryan et al., 2008), and the medically-based model (Ryan et al., 2008), I employed the social ecological model (Bronfenbrenner, 1977; CDC, 2009; Heise, 1998, Krauss, 2006; Krug et al., 2002) to the remainder of the literature as well as to the study's design.

Gender-Based Violence: Societal Level

The societal level corresponds to Bronfenbrenner's macrosystem (1977). Often informal and implicit general cultural prototypes constitute this layer of socialization. The societal level includes "economic, social, educational, legal, and political" (Bronfenbrenner, 1977, p. 515) cultural systems. In terms of GBV in Olilim, societal level considerations include poverty, gender roles, and the legal framework.

Poverty

The United Nations Development Programme (UNDP) publishes an annual global human development report, on which Uganda consistently ranks in the lower quartile (2011; 2010; 2009). Sub-Saharan Africa represents the poorest nations in the world, and the most afflicted people in this region, as well as globally, are the rural poor. For example, UNDP's 2011 report examined three primary environmental deprivations: access to cooking fuel, sanitation, and access to clean drinking water. In Sub-Saharan Africa, almost 99% of the poor people reported experiencing at least one environmental deprivation, and almost one-third experienced all three. Over 98% of poor residents had a lack of access to cooking fuel, 86% had inadequate sanitation, and almost 20% had no access to clean drinking water. In 2011, Uganda ranked 161 out of 187 countries on UNDP's human development index and was categorized as a low-developed nation (UNDP). Uganda's poverty level, especially its severity in rural areas, greatly influences the dynamics around GBV in Olilim, which will be discussed further in the proceeding layers of the ecological model.

Gender Roles and GBV

There are several socially-constructed rules about gender that influence GBV. Prior to the feminist movement, most considered GBV a private problem (Russo & Pirlott, 2006). Now, however, many authors maintain that family violence cannot be understood without considering gender, power dynamics, and sexism (e.g., Heise, 1998; Russo & Pirlott, 2006; UNHCR, 1995; Yllo, 2005). Indeed, the very definition of GBV is

any violence that occurs as a result of gendered power inequities (Torres, 2002). Yllo (2005), for instance, proposed that violence is due to male domination and control in families and that violence is a result of gender inequality. Russo and Pirlott (2006) argued that "... the cultural discourse that justifies gender differences in social and economic status, objectifies women, and sexualizes violence needs to be incorporated in the analysis of the dynamics of gender-based violence" (p. 179). Gender role dynamics that relate to GBV include who holds power in familial relationships; whether or not masculinity is defined by dominance and aggression; if a culture endorses hypermasculinity; the extent to which women are perceived as being the property of men; and the cultural endorsement of physically punishing women (Heise, 1998). In the African Platform for Action adopted by the Fifth Regional Conference on Women, Dakar, it stated, "A culture can [thus] be a force of liberation or oppression. Male-dominated ideologies in Africa have tended to use culture to justify oppressive gender relations" (Human Rights Watch, 2003, p. 33). Social control protects men's status and relegates women to a subordinated social position (Russo & Pirlott, 2006).

In the same report that gauged human development, UNDP (2011) included a newly-developed index called the Gender Inequality Index (GII). The two primary variables that UNDP utilized to construct the GII were reproductive choice and participation in decision-making. Sub-Saharan Africa included the nations with the highest gender inequality. In fact, UNDP discovered a relationship between poverty and gender inequality: namely, the countries with the lowest development indexes exhibited

the highest rates of gender inequality. Out of 145 countries ranked on the GII, Uganda placed 116.

Legal Framework

Protection of internally displaced persons. In addition to gender roles, the legal framework also influences the Olilim community members' experiences. In 2008, UNHCR created an IDP Policy Framework and Implementation Strategy (2008c) as well as a *Handbook for the Protection of Internally Displaced Persons* (2008a). Four years prior, the UN published *Guiding Principles on Internal Displacement*. In the latter document, the UN developed 30 human rights principles related specifically to IDPs. For example, the first principle states:

Internally displaced persons shall enjoy, in full equality, the same rights and freedoms under international and domestic law as do other persons in their country. They shall not be discriminated against in the enjoyment of any rights and freedoms on the ground that they are internally displaced. (UN, 2004, p. 2)

Other principles require that IDPs are protected by their national governments, have the right to move freely, and the rights are not applied discriminatorily for any reason (UN, 2004). The principles put forth in the guidelines have shaped programming and advocacy and are used as a tool to legitimize IDPs rights (Diagne & Entwisle, 2010). For example, in the Democratic Republic of Congo, the guiding principles were used with GBV victims to encourage the victims to assert rights for justice (Diagne & Entwisle, 2010).

In 2004, the Ugandan government adopted a national policy for IDPs to protect IDP rights during displacement and prohibit arbitrary displacement (Diagne & Entwisle, 2010). UNHCR trains police and other officials with these principles in conjunction with Ugandan national policy. Other countries and international bodies can exert pressure on the Ugandan government to adhere to the principles promoting IDP human rights. For instance, in 2006, Ugandan IDPs were not allowed to leave their camps, which violates the 14th principle, calling for freedom of movement. The international community placed political pressure on Uganda, and the Ugandan government responded by lifting its restrictions (Diagne & Entwisle, 2010). Hypothetically, the international community could exert pressure on Uganda to protect IDP women and girls from GBV, using UN's guiding principles and Ugandan national policy as ammunition. Thus, IDP policy has the potential to be protective.

Protection (and lack thereof) of girls and women. Uganda has ratified several international human rights treaties that prohibit violence against women:

The African Charter on Human and People's Rights, the UN International Covenant on Civil and Political Rights, the UN Convention against Torture and other Cruel, Inhuman, and Degrading Treatment or Punishment, the UN Convention on the Rights of the Child and the UN Convention on the Elimination of all Forms of Discrimination against Women [CEDAW]. (Amnesty International, 2007, p. 5)

CEDAW, especially, prohibits GBV, states that GBV is an outcome of unequal gender rights, and calls for nations to consider equal gender rights as a human rights issue. However, CEDAW contains an optional protocol that allows women whose rights have been violated to seek redress, and Uganda has failed to ratify this portion of the protocol. Similarly, the African Charter on Human and People's Rights contains a protocol on the rights of women in Africa, which Uganda has also not yet ratified (Amnesty International, 2007). A member of the Ugandan parliament noted, "Uganda rushes to ratify international conventions to look good but when it comes to domesticating them it drags its feet" (Human Rights Watch, 2003, p. 43).

Still, in 1988, Museveni established the Ministry of Gender, Labour and Social Development to integrate women's concerns into the development process (Human Rights Watch, 2003). The 1995 Constitution of Uganda incorporated the principles of CEDAW, called for gender equality in all sectors, and included affirmative action measures to balance gender inequalities (TPO Uganda, 2010). The Penal Code Act illegalized rape, which was defined as "... the unlawful carnal knowledge of a woman or girl without her consent or with her consent, if the consent was obtained by force, threats or intimidation" (Amnesty International, 2007, p. 8). The Penal Code Act additionally prohibited engaging in sexual intercourse with a person under 18 years old, carrying a maximum penalty of death. Defilement, too, engaging in any sexual act with someone under the age of 18, was outlawed in the Penal Code (TPO Uganda, 2010), carrying a maximum sentence of life imprisonment (Amnesty International, 2007). In 1998, the

Land Act was written to decentralize land ownership and grant more property rights for women, but it did not grant equal ownership rights. In 2003, the act was amended to give women some right to occupy the land. (Amnesty International, 2007; Human Rights Watch, 2003; TPO Uganda, 2010). Monumentally, the Ugandan government passed the Domestic Violence Act in 2010 (Domestic Violence Act). The Domestic Violence Act forbade domestic violence (DV), which it defined as any act of a perpetrator, which "... harms, injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the victim or tends to do so and includes causing physical abuse, sexual abuse, emotional, verbal and psychological abuse and economic abuse..."(p. 4). The Domestic Violence Act charged police officials to assist victims and ensure victims receive a medical examination and treatment, if they file a complaint.

Despite the government's attempts at protecting girls and women through legal avenues, significant gaps permeate the legal framework. The Penal Code Act, for instance, does not recognize marital rape as a criminal act. The traditional understanding is that when women and girls consent to marry, they are simultaneously consenting to sexual intercourse (Amnesty International, 2007). Marital rape is a contentious issue in the Ugandan legal sphere. Policy members report concern about the continuation of the family over the rights of individuals (Human Rights Watch, 2003).

Marriage and divorce laws also discriminate against women. For instance, under the Divorce Act, men are more easily able to terminate a marriage than women. Men can claim adultery, but women cannot use adultery solely as a means to justify divorce

(Human Rights Watch, 2003). Men, unlike women, can also file for divorce based on numerous other factors, including "... infidelity, infertility, adultery, witchcraft, or insubordination" (Human Rights Watch, 2003, p. 44). Women also have no legal claim to their children. Children belong to fathers and fathers' families after women finish breast-feeding (Amnesty International, 2007; Human Rights Watch, 2003). Hence, even if women do file for divorce, they are likely to lose custody rights of their children in the process.

Although the Land Act was intended to give more property rights to women, it did not include a provision for spousal co-ownership of land (Amnesty International, 2007; Human Rights Watch, 2003; TPO Uganda, 2010). Women not having the right to own land is problematic because "...women who are separated, divorced, or abandoned generally lose all their rights to their land, their children, and their house. No law protects them... yet, a significant portion of women falls within this category" (Human Rights Watch, 2003, p. 46). Efforts to grant more property rights to women were stalled at the highest levels and influenced by cultural values. For instance, the Minister of Justice and Constitutional Affairs stated, "Why should I inherit from a man if I can't inherit from my father? I would not want African marriages to turn the European way where love is turned into property acquisition" (Human Rights Watch, 2003, p. 47) Currently, approximately 7% of Ugandan women own land, although they perform about 70% of agricultural labor (Human Rights Watch, 2003). In a global overview of violence against

women, Comas-Diaz and Jansen (1995) argued that violence against women is connected to larger oppressive and sexist practices. They said:

Women are also victims of public policies and traditions that deny them education, health care, living wages, and fail to protect them from physical, economic, and sexual violence, putting them at risk for domestic violence, incest, rape, and female slavery. (p. 316)

Summary

Several societal-level variables impact GBV. For instance, Uganda is a nation with low development and high rates of poverty. Moreover, Uganda has high rates of gender inequality as is evidenced by lack of decision-making power. Finally, the national legal framework for IDPs and women and girls have the potential of being protective factors, limiting GBV. However, major gaps exist in the legal structure, including discriminatory marriage, inheritance, and property laws.

Gender-Based Violence: Community Level

The circle of socialization that lies nested within the societal level is the community level, or exosystem (Bronfenbrenner, 1977; Heise, 1998). The community level consists of local social institutions. Bronfenbrenner (1977) offered several examples of community level variables:

The nature and requirements of the parents' work, characteristics of the neighborhood, health and welfare services, government agencies, the relations between school and community, informal social networks, transportation systems,

law enforcement practices, shopping facilities, means of communication, patterns of recreation and social life, fragmentation of the extended family, the separation of residential and business areas, the breakdown of social networks, [and] the disappearance of neighborhoods. (p. 526)

Heise (1998) covered several community level social factors that increase risk for GBV. Some of these variables include poverty; unemployment; social isolation; women leaving the protection of their family; alcohol abuse in the community; the extent to which community members will intervene, and if GBV is viewed as public or private; and having sexually aggressive peers. Specific to Olilim, and to be discussed in detail shortly, community variables include the intersection of gender, armed conflict, and displacement. Other variables are community structural challenges, consisting of the legal system, healthcare, education; and poverty, bride price, and early marriage. Community protective structures comprise an additional component. Finally, there exists potential for interventions implemented at the community level.

Intersection of Gender, Armed Conflict, and Internal Displacement

One of the more obvious defining characteristics of Olilim is that it contains a community of internally-displaced Ugandan citizens who reside in an insecure region with ongoing armed conflict. People have varied experiences in armed conflict because of socially-determined gender roles (El Jack, 2003; Torres, 2002). While experiences and outcomes vary due to gender orientation, both men and women are negatively impacted by armed conflict (El Jack, 2003). Importantly, armed conflict and displacement are not

extraneous environmental conditions that induce GBV. Rather, armed conflict and displacement exacerbate GBV that already existed prior to the conflict because of power inequities reinforced by societal-level messages about gender roles (El Jack, 2003; Torres, 2002).

Girls and women. Researchers and organizations consistently maintain that girls and women are at increased risk during times of war and violent conflict, constructing them as a vulnerable population (e.g., Sossou, 2006; UNHCR, 2008b). The UNHCR (2008b) stated that the reason girls and women face increased risk during conflict is because of their sex and societal positioning. Others have also asserted that systemic barriers, such as patriarchy, place girls and women at risk because of the devaluing of their gender (e.g., Berman, Irias Giron, & Marroquin, 2009).

Girls and women have not always been constructed as a vulnerable population and received the attention they do today. Throughout history, GBV has been conceived as an inevitable outcome of war (Torres, 2002). It was not until the 1980s that international attention focused on women's disadvantaged experiences throughout the forced migration process (Torres, 2002). Two major conferences that helped integrate women into the international human rights discourse were the Decade for Women Conference in Nairobi held in 1985 and the World Conference on Women in Beijing held in 1995 (Torres, 2002). Because rape is often utilized as a deliberate strategy in conflict, it now qualifies as a war crime -- most recently highlighted in the conflicts in Rwanda and former Republic of Yugoslavia. In the Rwandan genocide alone, estimates indicate that men

sexually assaulted anywhere from 250,000 to 500,000 women (Torres, 2002). Because of the prevalence of sexual assault against women in the context of war, most established international bodies, such as UNHCR, WHO, and International Federation for Red Cross and Red Crescent Societies, have incorporated gender into their policy on forced migration (Torres, 2002). However, there is some concern that the incorporation of women into policy has only been performed on a superficial level (El Jack, 2003; Torres, 2002).

Prior to conflict, women are already disadvantaged: they are more likely to be impoverished, have less access to healthcare, be less educated, be less mobile, have diminished access to and control over resources that sustain households, and have less ability to participate in decision-making regarding relocation (El Jack, 2003; Orach et al., 2009; Torres, 2002; UNHCR, 2008b; UNHCR, 2008c). Women's gendered roles position them as victims, non-aggressors, and as needing protection (El Jack, 2003). In fact, women are more likely to be victims of GBV (Torres, 2002). For instance, almost 73% of IDPs surveyed in Northern Uganda believed that GBV commonly-occurred in the IDP camps (Orach et al., 2009). Moreover, rates of DV increase during and following conflict (UNHCR, 2008b; UNHCR 2008c). Furthermore, militarization increases sexual violence, and sexual violence places women at increased risk of contracting sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV; El Jack, 2003).

In the context of armed conflict, women endure a substantial amount of sexual assault and torture. Berman et al. (2009) equated women's bodies to another battleground

upon which war is waged. Several authors explained that rape is used as a weapon to demoralize and humiliate opponents (e.g., Comas-Diaz & Jansen, 1995; El Jack, 2003; Roe, 1992; UNHCR, 1995). In addition to dehumanization, Roe (1992) suggested that another mechanism, permission, also facilitates the act of rape during wartime. Military officials not only permit, but also endorse rape as a means of dehumanization. For example, soldiers in El Salvador were trained to chant, "We rape women. We shoot babies. Soldiers never die" (Roe, 1992, p. 96). In the Sudan conflict, Hagan and Rymond-Richmond (2008) determined that women were specifically targeted by governmental forces and militias, such as the Janjaweed. Many women were raped and abducted. A perpetrator is quoted as follows: "We will take your women and make them ours. We will change the race" (Hagan & Rymond-Richmond, 2008, p. 889). During Uganda's conflict with the LRA, male soldiers committed many gender-based atrocities, including sexual slavery, forced marriage, sterilization, gang rape, cutting open pregnant women's abdomens, and burning women's bodies with melted plastic (Liebling & Kiziri-Mayengo, 2002).

In addition to soldiers sexually assaulting women civilians, there is also increased trafficking of girls and women, forced prostitution, sexual mutilation, reproductive problems, and marginalization from society (El Jack, 2003). When sexual assault occurs in front of a community or family members, as it often does, instead of believing that the community has failed women, women may then be construed as unworthy of protection

(El Jack, 2003). Particularly vulnerable women include widows or other single women because men, neighbors, and relatives may grab their property (Torres, 2002).

It is important to remain mindful that women are not homogenous, and the effects of displacement are complex (Torres, 2002). Because displacement involves complete societal upheaval, there is a potential for familial roles to shift when resettlement occurs. This process can place additional strain on the familial structure (Comas-Diaz & Jansen, 1995; Deacon & Sullivan, 2009). However, it should be noted that women sometimes benefit from the new familial structure because they are afforded more agency (Roe, 1992). If there is an international organizational presence in the displaced community, for instance, women may procure jobs with these organizations (Hewamanne, 2009). For example, IDP women in Sri Lanka who worked for international organizations gained increased decision-making power in their households. The same women also reported having more access to reproductive healthcare and contraception, and they reported enjoying their enhanced ability to control birth spacing (Hewamanne, 2009).

Increasing focus on gender. Recently, some have called for a more comprehensive focus regarding gender (Cockburn, 2004; El Jack, 2003; Torres, 2002). In the last two decades, gender was equated with women and girls, and men and boys were virtually omitted from its conceptualization. Gender relations, however, are dynamic interactions. GBV, especially, is an indicator of how power is played out between men and women (Cockburn, 2004; El Jack, 2003). A gendered analysis of GBV within an IDP community, then, "... allows us to identify the nature of existing power relations

between men and women in a particular society and to understand how conflict and its aftermath affect these relations" (El Jack, 2003, p. 7). Importantly, a gendered analysis also helps identify how people who do not conform to gender roles are marginalized.

Boys and men. Perhaps because the insight to include men and boys in the conceptualization of armed conflict and GBV is a recent one, there is a dearth of research in this area. Men are often the aggressors against other men and women, but not always. Boys and men, too, are victims of sexual assault (El Jack, 2003). Boys and men are more likely to be forcibly conscripted by rebels and government forces and forced to kill others. Men might also be forced to rape others, sometimes even their own family members (Torres, 2002). Additionally, men are more likely to contract sexually transmitted infections (STIs) during armed conflict (Torres, 2002).

Gender constructivists and feminists assert that male violence is primarily based on and perpetuated by masculine expectations (El Jack, 2003; Katz, 2006; Torres, 2002). Men are pressured to be masculine heroes and the connection between armed conflict, militarization, and masculinity is considerable (El Jack, 2003). Because men are constructed as protectors in addition to aggressors, men may experience guilt and anger in situations where they are unable to protect others. Men who perceive themselves as having failed at the masculine roles of protecting others or providing for others may vent their frustrations by assaulting women and children (El Jack, 2003; Roe, 1992). Similarly, if women gain economic power through the relocation process, men could feel emasculated and attempt to gain that back through violence against women, domination,

and control (Roe, 1992). According to the UNHCR (2008b), domestic violence rates do increase partly as a result of the stress of resettlement. Men may find it harder to cope with displacement as new roles are established and their masculine privileges lost (Torres, 2002).

Initiation of conflict also has a gendered component. Armed conflict is most often initiated by those desiring to control economic resources (e.g., oil, metals, diamonds, drugs; El Jack, 2003). Men are more likely to initiate conflict, for those who do not have power or resources (i.e., women and girls) often do not initiate conflict. El Jack (2003) argued that men are not inherently violent, but that wars are instigated by those in power, and men are often the ones in power. The men Karamojong cattle raiders, for instance, are recognized for their bravery and wealth, which reinforces their raiding behaviors (KAUFO, 2003).

Ugandan IDPs and GBV

GBV occurs in many forms in Ugandan IDP camps (Amnesty International, 2007; Human Rights Watch, 2003; Liebling & Kiziri-Mayengo, 2002; TPO Uganda et al., 2011) In Katakwi District within which Olilim is located, residents reported many forms of GBV (TPO Uganda et al., 2011). LRA rebels have abducted women and girls and used them as sex slaves (TPO Uganda et al., 2011). Both the LRA rebels and the Karamojong warriors have sexually assaulted women during their raids. The ASTU force, UPDF soldiers, teachers, relatives, and neighbors have sexually assaulted women and girls in Katakwi IDP camps (Amnesty International, 2007; TPO Uganda et al., 2011). Girls are

forced to marry early for bride price, and women describe having little sexual autonomy. However, according to TPO Uganda et al. (2011), community residents reported most GBV acts (inclusive of DV) as taking place in the home (approximately 67%). In Amnesty International's (2007) research with GBV in Northern Uganda, the authors similarly reported that most of the women they interviewed were attacked by people who were close to them, like spouses and neighbors.

Community Structural Challenges

Legal system. There are several structural challenges evident in the legal system that prohibit girls and women from obtaining justice for GBV crimes and fail to deter perpetrators from committing them. To start, many government officials (e.g., military), in addition to family and community members, perpetrate GBV (Amnesty International, 2007). A 17-year-old girl who was raped by a UPDF soldier lamented, "The rape ordeal has left me devastated. My body system is totally destroyed as a result of the ordeal. I conceived as a result of the rape and worse, on medical examination about four months later, I tested HIV positive" (Amnesty International, 2007, pp. 9-10). In Katakwi, respondents identified the ASTU force as the primary perpetrators of rape and defilement, and teachers as the second (TPO Uganda et al., 2011). Police are hesitant to investigate cases with government officials, especially soldiers, for fear of retaliation (TPO Uganda et al., 2011).

The Ugandan government instituted Local Councils (LCs) in 1989 to handle civil suits (TPO Uganda et al., 2011). The LCs exist at the village (LC1), parish (LC2), and

subcounty (LC3) levels, and are a mix of "political, administrative, legislative, and judicial functions" (Human Rights Watch, 2003; TPO Uganda et al., 2011, p. 48). The LC officials are politically elected, so they must meet the demands of their constituency. The LCs are often the first avenue for people seeking justice in abuse cases because they decide whether to settle the matter locally or refer the matter to the police.

Although the LC officials are required to apply the law, they may not have had sufficient training to do so. Ugandan national IDP policy outlines several protective measures for IDPs. However, there is a significant breach between the national and local governments, and the local governments are not properly equipped to execute policy (Mukwana & Ridderbos, 2010). For instance, although LCs are supposed to handle civil suits only, many are not aware of their professional boundaries and often decide criminal cases (Human Rights Watch, 2003; TPO Uganda et al, 2011). Under *The Domestic Violence Act, 2010*, under the LCs jurisdiction, they may:

... make any of the following orders for the victim or against the perpetrator: caution; apology to the victim; counseling; community services; a fine not exceeding twenty-five currency points [approximately 500,000 Ugandan Shillings or US \$250]; compensation; reconciliation; declaration; restitution; attachment and sale; or any other order provided for under the LC Courts Act, 2006. (p. 9)

The Domestic Violence Act further elucidates that if the perpetrator is a repeat offender or the LC official thinks that the perpetrator will inflict harm again, the LC official must

refer the matter to the police. If a child is involved, the LC official must submit a written order to the Probation and Social Welfare Officer (The Domestic Violence Act).

The LCs mostly operate within their homes. Hence, the court proceedings are typically held outside because of spatial constraints, which leads to a lack of privacy and confidentiality for GBV victims (TPO Uganda et al., 2011). Focus group participants in TPO Uganda et al.'s (2011) study shared examples where fathers collaborated with LC leaders to settle defilement cases for financial compensation and even forced girls into early marriages. In cases in which LC officers decided in favor of a woman, they were openly challenged by community members (TPO Uganda et al., 2011).

Cultural beliefs about gender roles influence how LCs decide cases. A woman who sought assistance from an LC official because of DV was told by the official, "You are a woman, go back home, respect your husband" (Human Rights Watch, 2003, p. 57). Residents have reported that LC members participate in marriages of young girls to older men, and one official sold his own fifth-grade daughter for marriage one day after celebrating a national day dedicated to children's well-being (Avocats Sans Frontieres, 2010).

After the LCs, the police are supposed to be victims' second contact within the justice system (Amnesty International, 2007). However, police are poorly paid and resources are scarce. There is a lack of police officers and the distance between police stations is too far, making it difficult for many rural citizens to access the police stations (Amnesty International, 2007). The police are required to document GBV on a form

called the PF3 form, but many police stations do not even carry this form. The police who do have the PF3 forms available charge the complainants an illegal photocopying fee (Amnesty International, 2007; Human Rights Watch, 2003). Police also demand money from victims to arrest and transport suspects, which includes money for the police to eat lunch. The bribe price ranges from 4000 Ugandan shillings (US \$3) to almost 60,000 Uganda Shillings (US \$35). Amnesty International (2007) offered several examples of respondents who were asked to pay a bribe. For example, a father whose neighbor raped his 5-year-old daughter attempted to have the suspect arrested and reported being unable to pay the illegal fees. Another man whose daughter was also raped did pay the police, but then the police came back to him and told him that the suspect had escaped, so he had to pay again for the police to re-arrest the suspect. A woman whose daughter was raped reported that she paid the illegal fees, but the police released the suspect because "he was mentally disturbed and violent" (Amnesty International, 1007, p. 19). Women who report DV must somehow acquire the funds to pay the illegal police fees for the police to arrest their husbands, which is difficult both because of poverty and because men are more likely to control the financial resources (Human Rights Watch, 2003).

As is the case with LCs, there are cultural barriers inherent in the police system as well. For instance, police still report viewing GBV as a private matter and hesitate to become involved (TPO Uganda et al., 2011). Moreover, in cases of DV, police blame women for the violence (Human Rights Watch, 2003). Although the Uganda Police Force (UPF) is required to have a Child and Family Protection Unit (CFPU) led by a woman

officer who has received specific training related to child and family protection laws, access to the CFPU is limited because it is located at central police stations, which are often a significant distance from villages (TPO Uganda et al., 2011).

Healthcare. Healthcare services are another local structure that determine post-assault care that girls and women receive following incidents of GBV. In an assessment of reproductive health services in Ugandan refugee camps, Whelan and Blogg (2007) found that GBV services were the least developed aspect of reproductive health services and that participants refrained from using health services because of "... perceptions of poor quality service, poor access, [and] attitudes and behaviors of health workers..." (p. 381). However, the biggest barrier to accessing healthcare was poverty. Henttonen, Watts, Roberts, Kaducu, and Borchert (2008) examined eight health facilities located in an IDP area in Northern Uganda. Henttonen et al. evaluated the hospitals according to the Inter Agency Standing Committee's (IASC) GBV prevention guidelines. The interviewees reported that the most common assaults were "... sexual abuse of girls aged under 18, sexual harassment, intimate partner violence [and] early or forced marriage..." (p. 114). Of the eight hospitals, only one had a protocol in place for treating sexual assault survivors. Most of the hospitals did have a minimum of one staff member who had been trained in GBV interventions, but the trained staff members did not feel capable of counseling survivors, only identifying them. Additional areas of concern were that the hospitals had no consent forms nor could they provide confidentiality. Henttonen et al. concluded that healthcare services for IDP victims of GBV were woefully inadequate,

and they surmised that the Ugandan government does not have sufficient resources, financial and human, to address the needs of GBV victims.

Another study conducted with IDPs in Northern Uganda examined participants' perceptions of GBV, their access to health services, and their knowledge of human rights (Orach et al., 2009). IDP participants and other key informants suggested that the health facilities were understaffed, the personnel were rude, and there were lengthy waiting times before examination. The primary barriers that women faced in accessing healthcare, however, were poverty and lack of decision-making power in the household, a good example of how societal-level variables intersect with community-level variables to influence girls' and women's experiences of GBV (Orach et al., 2009).

An NGO-facilitated inquiry in Katakwi supported the findings of the aforementioned research projects as being applicable to communities in Katakwi (TPO Uganda et al., 2011). They, too, concluded that health centers were understaffed and asserted that the employees were under-qualified. For example, many health centers employed nursing assistants. The health centers significantly lacked resources. One center had no latrines, for instance. Most centers do not even have mattresses and women are left to give birth on the floor. To compound these structural problems, traveling in Katakwi is still insecure because of ongoing cattle raids (TPO Uganda et al., 2011).

If GBV victims wish to go to court, the victims need to be examined by a government medical officer. There are only eight government medical officers in all of Northern Uganda (Amnesty International, 2007). Victims have to wait for periods of days

or even weeks to see the medical officer. A mother of a 10-year-old girl who was raped explained:

On reporting the incident, the police told me not to bathe the girl until medical examination was done by a government doctor in Gulu town which was far away (about 20 miles). After some help from an international NGO in transporting my daughter and assisting us [to] obtain the PF3 form, she was only examined by a doctor on the third day after the incident. It must have been so painful for the little child..." (Amnesty International, 2007, p. 23)

In the above-stated example, an international NGO assisted the woman and her daughter. Without the NGO's assistance, the two would have had to obtain the PF3 form on their own and walk the 20 miles to see the doctor, which would have constructed significant barriers to seeking medical assistance and legal redress. Even if victims are able to see a medical officer, the officer charges a fee for an examination, and victims often cannot afford this fee. Medical officers are hesitant to testify in courts, if the case goes to trial. The courts, too, have overwhelming caseloads (Amnesty International, 2007). Perhaps for many of these reasons, in 2007, no reported rape cases went to trial (Amnesty International, 2007).

Education. In 1996, primary education became universal in Uganda. Yet, caregivers are still required to cover the costs associated with materials, uniforms, and meals. In 2000, the female adult literacy rate for Uganda was 57%, while the literacy rate for men was 78% (Human Rights Watch, 2003). Similar to the legal and healthcare

systems, schools in Katakwi lack resources, both financial and human (TPO Uganda et al., 2011). Instability created by the cattle raids impacts school attendance and number of available teachers.

When girls reach puberty, and sometimes even before, problems surface. Girls' families may have no money for menstruation pads and boys harass girls at school when they are menstruating (TPO Uganda et al., 2011). The education system discriminates against girls who are forced to abandon their education early if they become pregnant, even if the pregnancy was by force. Moreover, teachers and male students sexually harass girls. One girl shared this about her experience in school:

The teacher tricked me into going to his office. When I reached there, he started pinching me; then later he became bold and asked for sex. This happened in 2006.

There was another teacher who used to do the same but he died in 2007. He was rumoured HIV/AIDS positive. (TPO Uganda et al., 2011, p. 44)

Given these structural barriers, it is not surprising that approximately 80% of those who have never attended school are women (TPO Uganda et al., 2011).

Poverty, bride price, and early marriages. Several authors link poverty, bride price, and early marriage as being connected to one another and to GBV (e.g., Abel & Richters, 2009; Avocats Sans Frontieres, 2010; Human Rights Watch, 2003; Jabs, 2007; Thiara & Hague, 2009; TPO Uganda et al., 2011). Bride price is the cultural tradition of the groom's family paying the bride's family to marry the bride. In rural areas of Uganda, grooms' families often pay with cattle. Thiara and Hague (2009) interviewed 257 men,

women, and young people in Eastern Uganda about bride price, poverty, and DV. The participants identified several positive social outcomes of bride price: for example, it bonds people together, stabilizes marriages and the community, spreads wealth, is a symbol of appreciation, promotes women's status and sense of worthiness, and lends legitimacy to marriages. Participants also identified several negative outcomes of bride price, including that it makes marriage unequal, commodifies human relationships, feeds into abuse, deprives girls of education, strips children from their mothers if the mothers leave, renders women worthless until purchased, promotes landlessness and homelessness for women, encourages men to borrow substantially, and prompts men to feel inferior if they cannot pay a bride price (Thiara & Hague, 2009). Of the participants in the study who identified as victims of DV, 99% thought that bride price was a contributing factor to their abuse (Thiara & Hague, 2009). The participants explained that because the groom pays a bride price, he feels that he owns the woman: thus, he can punish her however he desires. There is substantial social pressure placed on women to remain in marriages, because if they leave their husbands, their families are expected to repay the bride price. Poor families force their young girls to marry early for bride price, and girls are forced to quit their education and become pregnant at young ages (Thiara & Hague, 2009). Older men who are HIV-positive may be able to pay bride price, which further places young girls at risk (Thiara & Hague, 2009). In another study, 62% of participants listed bride price as a reason for DV, and corroborated that men view women as property because of bride price and assume complete control over them (Human

Rights Watch, 2003). Marriage is viewed as a business arrangement. Abel and Richters (2009) aptly noted that women, too, participate in this system for status and for wanting to improve the financial situation of their families.

In Katakwi, families force girls to marry as young as 13 years old when they reach puberty (TPO Uganda et al., 2011). A young girl from Katakwi delineated her sister's story:

Parents do not bother once they see your breasts; they just chase you into marriage. Even if they were given one cow, it is enough for them to force me into marriage. They feel that is enough. The money is used for drinking, they do not educate girls, and they need dowry. My sister got married when she was 15, now she has 2 children, the first child died when giving birth because she could not stand all the pain. It is yesterday when she got a second child. She was in P.6 [6th grade], in 2006 when she was forced into marriage. (TPO Uganda et al., 2011, p. 32)

If a man rapes a young girl and she becomes pregnant, the perpetrator is often fined some animals, which he pays to the girl's family (TPO Uganda et al., 2011). The perpetrator is expected to financially care for the girl until she delivers. When she delivers, the man can decide whether or not he wants to marry her and he then pays bride price. Families benefit from this arrangement and pressure their daughters to marry the perpetrators (TPO Uganda et al., 2011). Even if girls do not become pregnant as a result of rape, perpetrators often make financial offers to girls' parents, especially to fathers. If a father

accepts the financial gift, perpetrators may view this as permission to continue having sexual relations with the victim (TPO Uganda et al., 2011)

Children are trafficked from Katakwi District for many reasons, including early marriage, sexual exploitation, tending cattle, domestic labor, and human sacrifice (Avocats Sans Frontieres, 2010). Factors that contribute to trafficking are poverty, ignorance about trafficking, insecurity, patriarchy, and families desiring bride wealth. Children from poor families and in IDP camps were identified as particularly vulnerable to being trafficked (Avocats Sans Frontieres, 2010). Children were reportedly being sold openly at cattle markets in Katakwi (Avocats Sans Frontieres, 2010).

Community Protective Structures

Clearly, there are many complex and intertwined variables that diminish the capacity of local structures to protect against GBV and place girls and women at risk. However, there are also protective structures (Roe, 1992; TPO Uganda et al., 2011). Sometimes, having IDP status helps gain the attention of local and international nongovernmental organizations (NGOs; Roe, 1992). NGOs have the capacity to implement empowerment and awareness programs. In Katakwi, several protective structures were identified: the family, mothers, and legal prohibition of GBV (TPO Uganda et al., 2011). TPO Uganda et al. (2011) identified families as the first line of defense after abuse. Extended families, too, are consistently involved when GBV occurs. Clans and clan leaders often mediate disputes between husbands and wives. However, disciplining children and women with beating is a cultural practice of the Iteso and

reflects power relations in families. Patriarchal ideals prohibit families from fully realizing their potential to be protective (TPO Uganda et al., 2011). Within the family, mothers were identified as being supportive, able to keep secrets, and generally helpful following GBV. However, women have little power in the family. For instance, one mother tried to stop the early marriage of one of her daughters. The father beat her and questioned, "You mean you did not want my daughter to get married so that I get dowry?" (TPO Uganda et al., 2011, p. 52). Legal prohibitions could be protective, but because of gaps in the local structures, they often are not.

Interventions

Many authors have recommended that GBV interventions be located at the community level, and entire communities be involved (e.g., El Jack, 2003; Hynes & Lopes Cardozo, 2000; Liebling & Kiziri-Mayengo, 2002; Michau, 2005; Orach et al., 2009). El Jack (2003) stated that even humanitarian agencies are hesitant to address GBV, and in their hesitation, implicitly endorse GBV as a private matter. NGOs, if not careful, can promote patriarchy depending on how they assist the community members: for example, if they employ mostly men or compensate men at higher rates than women. According to El Jack, community interventions should integrate gender, which

... is a strategy for making the concerns and experiences of women as well as men an integral part of design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, so that women and men benefit equally and inequality is not perpetuated. (p. 33)

Community interventions should address how power and resources are divided in the household, religious and cultural gender roles, women's participation in the public sphere, access to education, and access to economic opportunities (El Jack, 2003). GBV is lowest in cultures where interpersonal violence is strongly sanctioned, there is equality in decision-making, and community support for the victims is available (Orach et al., 2009).

Summary

People have varied experiences of armed conflict and displacement based on their gender. Girls and women are constructed as victims and non-aggressors, and they bear the majority of GBV crimes. Boys and men are contrastingly portrayed as aggressors and protectors of others. Boys and men are more likely to perpetrate GBV, be forcibly conscripted, and forced to kill and assault others. Local institutions, such as the legal system, healthcare, education, and marriage lack resources, are unable to meet GBV victims' needs, and ineffective at deterring perpetrators from committing GBV crimes. Moreover, the aforementioned institutions are permeated by societal-level beliefs about gender roles, so the systems reinforce women's and girls' subjugated positions. Some protective factors, such as the family, mothers, and legal prohibitions, exist, but they too are constrained by patriarchal values. Finally, it is recommended that GBV interventions be designed and implemented at the community level.

Gender-Based Violence: Relational Level

Nested within the community level is the relational level, or microsystem (Bronfenbrenner, 1977; Heise, 1998). Bronfenbrenner (1977) described the microsystem

as "... the complex of relations between the developing person and environment in an immediate setting containing that person" (p. 514). As persons interact with their environment, they take on social roles, the meaning of which is infused by the societal and community levels: for example, husband, wife, employee, daughter, or son. Regarding GBV, relational-level variables include how families are structured, particularly who has decision-making authority and economic control. The more decision-making authority and economic control that men have in a culture, the higher the rates of violence towards women (Heise, 1998). Also, if boys are raised in patriarchal families, they are more likely to commit GBV later in life. Other relational variables that influence GBV are divorce restrictions, marital conflict, and sexual jealousy (Heise, 1998). What follows is a discussion of decision-making ability, attitudes towards DV, and attitudes regarding the right to refuse sexual intercourse in Ugandan households.

With funding from the U.S., U.K., UN, and Japan, the Ugandan Bureau of Statistics (UBOS) and Macrointernational Inc. (2007) conducted an extensive national survey called the *Uganda Demographic and Health Survey (UDHS)* in 2006. The UDHS surveyed 8,531 women and 2,503 men and calculated a host of variables, including demographics, educational attainment and literacy, fertility, family planning, malaria, and HIV, to name just a few. Of significance, the UDHS included several items that assessed variables relating to women's empowerment and ability to make decisions. For instance, the UDHS asked both women and men aged 15-49 years about employment, earnings, and who controls those earnings. Nationally, the survey found that 91.8% women and

99.7% of men reported being employed. However, when examining the method of payment, only 19% of women reported being paid with cash, 17% reported being paid with in-kind only, 33% reported being paid with both cash and in-kind, and 30% of women participants were not paid at all for their work. Comparatively, 33% of employed men were compensated with cash, 10% with in-kind payment, 43% with cash and in-kind, and 13% not paid at all. Of the women participants who were paid cash for their work, approximately 50% reported that they were the ones who were decided how their earnings were used; 13% reported that their husband made those decisions; and 31% indicated that both the husband and the wife decided how to use the earnings. In the Northern and Eastern regions of Uganda, the percentage of women who indicated that it was they who mostly decided how to spend their earnings declined to approximately 30% (UBOS & Macro International Inc., 2007).

The UDHS (UBOS & Macro International Inc., 2007) also explored decision-making as it applied to other areas of life, including decisions about healthcare, major household purchases, purchases of daily household needs, visits to family and relatives, and how many children to have. Regarding making decisions about one's own healthcare, 21% of women participants reported that they mostly made that decision, 39% reported that their husbands mostly made that decision, and 39% reported joint decision-making. Only 15% of women respondents reported being able to solely make decisions about major household purchases, and only 3% of men respondents indicated that women primarily make this decision in their family. Women had more autonomy about

purchasing daily household needs: 35% responded that they primarily decide about daily purchases. Women were able to decide on their own when they want to visit their families or relatives: about 20% responded that that is primarily their choice. Regarding deciding on number of children to have, male participants reported the following about who primarily makes that decision: mainly husband= 47%, mainly wife= 5%, and husband and wife jointly= 45% (UBOS & Macro International Inc., 2007).

In addition to examining decision-making trends, the UDHS (UBOS & Macro International Inc., 2007) polled to elucidate attitudes towards domestic violence against women or, as the survey termed it, wife beating. The survey asked women and men if they believed the husband is justified in hitting or beating his wife if she does the following: burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sexual intercourse with him. Seventy percent of women participants agreed that men were justified in beating their wives for at least one of these reasons (burns the food= 23%, argues with him= 40%, goes out without telling him= 52%, neglects the children= 56%, and refuses to have sexual intercourse with him= 31%). In the Northern and Eastern regions, the percentages increased to 74% and 83%, respectively. Women who resided in rural areas, held less education, and were not compensated for their work were more likely to justify wife beating. Interestingly, only 59% of men respondents agreed that a husband is justified for beating his wife for one of the above-stated reasons. Hence, women were more likely to justify wife beating than men. Similar to women respondents, men who resided in rural areas, held less education,

and were not compensated with cash for their work were more likely to justify wife beating. Overall, the survey indicates that domestic violence against women is normalized as an accepted component in married, heterosexual relationships. The authors of the UDHS (2007) commented that this "is not surprising because traditional norms teach women to accept, tolerate, and even rationalize battery" (p. 250).

Fernandez (2006) cautioned that worldview and cultural perceptions of domestic violence (DV) are important to consider when assessing DV and developing interventions. For instance, as is indicated by the UDHS (UBOS & Macro International Inc., 2007) survey, sometimes violence within the family is not defined as violence by women and their respective cultures. Gender roles and definitions of marriage influence how DV is perceived.

Because women's ability to control their sexuality impacts their level of empowerment as well as their ability to control birth spacing and refrain from contracting HIV and other sexually transmitted diseases (STDs), the UDHS (UBOS & Macro International Inc., 2007) also asked participants whether or not women were justified in refusing sexual intercourse to their husbands based on three reasons: she knows her husband has an STD, she knows her husband has intercourse with other women, or she is tired or not in the mood. Most women agreed with at least one of the reasons (husband has an STD= 80%, husband has intercourse with other women= 74%, is tired or not in the mood= 80%), but only 60% agreed that all of the reasons were justification in refusing sexual intercourse. Men responded similarly, demonstrating slightly higher percentages

than women (husband has an STD= 87%, husband has intercourse with other women= 75%, is tired or not in the mood= 86%). Approximately 64% of men agreed that all of the reasons justified women in refusing sexual intercourse. However, if a woman does refuse sexual intercourse with her husband, 43% of male respondents reported that it is acceptable to get angry and reprimand the women, 15% said it was okay to refuse her financial support, 7% said it was okay to force the woman to have sex, and 15% agreed that the man could then have sex with other women (UBOS & Macro International Inc., 2007). That being said, the chief of psychiatry at a Ugandan hospital reported the following: "The control of sexual relations is with men. The determination of marriage rests with the father and brothers. Relations in the family are under the husband. Who the women sleep with is all under the control of men" (Human Rights Watch, 2003, p. 22).

Summary

The relational level includes how power is shared (or not) in a family. Decision-making ability is one indicator of how power is distributed in a household. The UBOS and Macro International Inc. (2007) conducted a national survey called the UDHS, which assessed decision-making. According to this survey, men primarily make decisions about women's healthcare, how their earnings are spent, major household purchases, and number of children they have. Seven out of 10 women endorsed that wife beating was justified in certain circumstances. Although most women agreed that they had the right to refuse to have sexual intercourse in certain situations, over 40% of men endorsed their

right to become angry at women and reprimand them if they do refuse to have sexual intercourse.

Gender-Based Violence: Individual Level

The final ecological level, located at the center of the model, is the individual (Bronfenbrenner, 1977; Heise, 1998). Heise (1998) indicated that, at the individual level, women are more likely to be victims of GBV and men are more likely to perpetrate GBV if they have witnessed violence between their caregivers when young. Heise also stressed that men are more likely to perpetrate GBV if they hold misogynist attitudes towards women. Specific to the community under study, other individual-level variables are alcohol consumption, HIV status, psychological outcomes, and coping strategies.

Alcohol Consumption

IDPs in several different countries have linked alcohol use to GBV (Ezard et al., 2011). Because unemployment is so high in IDP communities, men may feel that they have failed to meet their gender role expectation of provider and drink alcohol to pass the time (Ezard et al., 2011). A Ugandan IDP stated, "Men have nothing to do now, many even choose not to work in the fields, they have too much time on their hands. Their other responsibilities have been eliminated by camp life and they have become idle" (Ezard et al., 2011, p. 7). Other Ugandan IDPs identified the following problems related to alcohol abuse: "... unsafe sex, health problems... dependence, and interpersonal and gender-based violence" (Ezard et al., 2011, p. 7). Roberts, Ocaika, Browne, Oyok, and Sondorp (2011) surveyed 1,206 IDPs in Northern Uganda about their alcohol use. Of

those surveyed, they found that 32.4% of men and 7.1% of women met the criteria for alcohol disorder. Furthermore, being male, over the age of 50, and exposed to more than 12 traumatic events increased the likelihood of developing alcohol disorder seven times more than women, four times more than those under 50, and two times more than those who had experienced fewer traumatic events, respectively. However, in Roberts et al.'s study, displacement status did not correlate with alcohol abuse. The UNHCR (1995) listed alcohol and drug use as one of the more common causes of sexual violence. In my initial trip to Uganda, NGO personnel consistently mentioned alcohol use and abuse as contributors to GBV (e.g., D. Atebo, personal communication, January 14, 2012).

HIV Status

On the African continent, HIV was first discovered in Uganda in 1982. Decades of civil war promulgated the disease and, by 2001, 2.2 million people had been infected and almost one million people had died (Human Rights Watch, 2003). In 2009, the number of people identified as HIV-positive in Uganda was 1.2 million. At that time, the number of women aged 15 and up living with HIV was 610,000, which is approximately 51% of the total number of persons living with HIV (UNAIDS, 2010). In Northern Uganda, 3,051 IDP and non-IDP women were anonymously tested at antenatal clinics (Fabiani et al., 2007). HIV prevalence rates were higher in Northern Uganda than in other areas of the country. However, although Fabiani et al. (2007) expected to find higher HIV prevalence rates in women living in IDP camps, women who resided outside of camps

exhibited higher prevalence rates. Fabiani et al. speculated that the limited mobility in camps may have served as a protective factor against the contraction of HIV.

The relationship between HIV status and GBV is a complicated one. Many Ugandan women perceive DV as normal and sexual intercourse as a marital obligation (Human Rights Watch, 2003). Because of bride price, men view women as their property, and women have limited opportunity to make decisions about sexual autonomy, birth spacing, and contraceptive use. Because women have no legal rights to land, HIV-positive widows are evicted by their in-laws when the husband dies. In fact, widows themselves are inherited by the husbands' brothers, so if women somehow remain HIV-negative and the husbands die, women have a chance of contracting HIV from the husbands' brothers or other relatives (Human Rights Watch, 2003).

In HIV-discordant couples, matters are even more complicated. Men often refuse to wear condoms, even if they test positively for HIV and their wife or wives test negatively (Emusu et al., 2009). A woman in an HIV-discordant couple said, "In HIV/AIDS counseling they told us [the wives] about condoms but he didn't want to use them because he didn't want to leave us alive to remarry" (Human Rights Watch, 2003, p. 24). Many women reported that the rates of forced sex without condoms increased after men discovered they were HIV-positive, even if men had previously used condoms (Emusu et al., 2009; Human Rights Watch, 2003). A health worker remarked, "Men don't want to die alone" (Human Rights Watch, 2003, p. 31). Women also reported rates of DV increased after discovering their discordant state. A woman said of her husband:

He feels very bad knowing that he is HIV-positive and I am not. I think his intention was to make sure that I get the disease; so he could then say that I infected him. The sexual abuse took place under sadistic intentions, and also under the influence of alcohol. I think he also thought that doing all that he was doing would stop me from having extramarital sexual affairs. (Emusu et al., p. 1367)

This woman's statement elucidates the complex nature of HIV status and GBV. She mentioned the couple's discordant status, her husband's desire to blame her, drinking alcohol, and her husband's concern about extramarital affairs.

In HIV-discordant couples where women are positive and men are negative, women reported being afraid to tell their husbands about their status because men batter, sometimes kill, and accuse HIV-positive women of having sexual relations outside of the marriage (Human Rights Watch, 2003). Because of a lack of custody rights to their children, land, and belongings, women greatly fear that their husbands will evict them. Sometimes they are more fearful of being evicted than they are of being beaten. A woman delineated:

I wouldn't dare [be tested] because if I was HIV-positive he would say I brought the virus into the home... Many have been chased and beaten. I was scared of being thrown out. Beating, someone can beat you and he forgives you. I was scared of being thrown out. (Human Rights Watch, 2003, p. 38)

Physical and Psychological Outcomes

Armed conflict and forced relocation. There are a host of psychological outcomes related to forced relocation. However, since the forced relocation process often consists of several traumatic experiences and general hardship, it is difficult to connect psychological outcomes to specific events. Porter and Haslam (2005) examined pre-displacement and post-displacement factors associated with mental health of refugees and IDPs. The researchers concluded that post-displacement conditions were associated with mental health outcomes. Perhaps for that reason, it was found that IDPs had worse outcomes than externally displaced refugees. In their study, women displayed worse mental health outcomes than men and rurally-displaced persons fared worse than urban-displaced persons. In a study with IDPs in Northern Uganda, 60% of the participants met the criteria for posttraumatic stress disorder (PTSD) and 78% met the criteria for depression (Roberts et al., 2008). In this study, too, women demonstrated increased levels of mental distress: they were two times more likely than men to meet the criteria for PTSD and four times more likely to meet the criteria for depression.

Displaced women have reported a sense of helplessness due to war, that war has changed their lives forever, but that they have eventually adjusted to a new normal (Berman et al., 2009). Roe (1992) listed a range of psychological responses that displaced women in the context of war exhibit: "... psychosomatic illnesses, depression, grief, attitudes lacking futurity, sleep disorders, lethargy, nervousness, and tremulousness, the complete symptomatology of clinical PTSD, as well as other psychiatric complaints" (p.

93). In their research with Somali and Oromo women, Robertson et al. (2006) discovered that the single variable that placed women at risk was whether they had more than seven children. Those who did had "... higher torture and trauma counts and higher PCL [Psychopathy Checklist] scores.... [and] were also more likely to be living without a spouse, illiterate, have less education, be unable to read or write in English or have a job" (p. 581). Robertson et al. argued that women civilians are the ones who often suffer the most during times of war because of rape and torture. In addition, the mother's mental health status has a predictive relationship to her children's mental health status. Beswick (2001) claimed that girls in refugee camps exhibit more depressive symptoms than boys.

There is also the potential for positive changes following traumatic experiences, such as forced relocation (Baker, Kelly, Calhoun, Cann, & Tedeschi, 2008; Tedeschi & Calhoun, 2004; Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010). Tedeschi and Calhoun have pioneered the research in positive changes following traumatic experiences, which they have labeled as posttraumatic growth. Posttraumatic growth occurs not as a result of the trauma itself, but from one's assumptions about life being altered as a result of the trauma. Growth has both a cognitive and an affective quality to it. There are five domains on the Posttraumatic Growth Inventory that characterize posttraumatic growth: "greater appreciation of life and changed sense of priorities; warmer, more intimate relationships with others; a greater sense of personal strength; recognition of new possibilities or paths for one's life; and spiritual development" (Tedeschi & Calhoun, 2004, p. 6). Importantly for a discussion on psychological

outcomes, Baker et al. (2008) determined that posttraumatic growth and depreciation can co-occur in a single domain, demonstrating the complexity of posttraumatic outcomes. In a meta-analysis on gender differences in posttraumatic growth, Vishnevsky et al. (2010) found that women self-report more posttraumatic growth than men, and that increased age correlated with greater likelihood to exhibit posttraumatic growth.

Physical and psychological outcomes of GBV. There are many potential physical and psychological outcomes that could result from GBV. The UNHCR (1995) listed several possible consequences of sexual violence, categorizing the outcomes as physical, psychological, or social. Physical ramifications could include "HIV infection, sexually transmitted diseases, mutilated genitalia, pregnancy, miscarriage of an existing fetus, abortion, menstrual disorder, severe abdominal pain and self-mutilation as a result of psychological trauma" (UNHCR, 1995, p. 7). In addition to the physical outcomes, sexually-assaulted women,

may feel paralyzed by terror, experience physical and emotional pain, intense self-disgust, powerlessness, worthlessness, apathy, denial and an inability to function in their daily lives, ... experience deep depression, suicide, illegal termination of pregnancy, endangering their lives, or abandonment of their babies. (UNHCR, 1995, p. 8)

Social consequences could be familial and societal rejection, as well as limited educational and employment opportunities (UNHCR, 1995).

TPO Uganda et al. (2011) estimated that, in Uganda, deaths and disabilities due to GBV equal the maternal mortality rate: around 435 deaths per 100,000 women. Ugandan women victims of GBV described having psychological reactions, like stress and feeling mentally tortured, following GBV. These women also experienced physical pain, feelings of helplessness, suicidal thoughts, and feeling humiliated (Emusu et al., 2009). Liebling and Kiziri-Mayengo (2002) examined the psychological effects of GBV in a conflict-affected area of Uganda. The researchers found that 95.5% endorsed having intrusive thoughts, 65.4% had flashbacks, 88.7% had recurrent nightmares, 98.3% had difficulty concentrating, 84.4% experienced irritability, and 67.7% had had outbursts of anger. Akello, Reis, and Richters (2010) performed a study with children aged 9 to 16 years old who were affected by the war in Northern Uganda. The authors found that sexual violence, especially rape, correlated with the greatest amounts of physical or psychological distress, which has also been found in other studies (e.g., Roberts et al., 2008).

A cross-cultural perspective. Cultural values and worldview influence how people experience and conceptualize psychological distress. Three studies conducted with IDP Ugandan children elucidated several culturally-bound categorizations of mental distress (Akello et al., 2010; Betancourt, Spielman, Onyango, & Bolton, 2009; Verdeli et al., 2008). In Betancourt et al.'s (2009) study, the children identified several local syndromes: two tam, kumu, par, kwo maraco, and ma iwor. Two tam has features of dysthymia and anxiety. For example, someone with two tam might cry continuously,

think one's self is of no use, and constantly worry. Kumu has symptoms that are similar to exacerbated grief, major depressive disorder (MDD), and anxiety: for instance, cries alone, does not sleep at night, and has pain in the heart. Par is characterized primarily by having many worries, but also includes symptoms that look like dysthymia, MDD, and antisocial behavior (e.g., does not trust others and insults friends; Betancourt et al., 2009). Verdeli et al. (2008) surmised that par had symptoms similar to MDD only. Participants described ma iwor with several anxiety-like symptoms similar to generalized anxiety disorder (GAD) and PTSD (e.g., fast heart rate and thinks they are being chased by other people). Participants said that children who lead a bad lifestyle have kwo maraco; the symptoms of kwo manaco look similar to oppositional defiant disorder or conduct disorder. For instance, someone with kwo maraco might use bad language, be deceitful, be disobedient, or use drugs (Betancourt et al., 2009). The children in Akello et al.'s (2010) study similarly identified having psychological distress: sadness, deep emotional pain, and deep painful thoughts. The children additionally perceived crying, headaches, sleeplessness, stomachaches, and bodily pain as indicative of psychological distress. Hence, many children reported using tranquilizers to numb the pain that was expressed somatically (Akello et al., 2010).

Spirit possession is an important element of Ugandan culture and relates to mental health (Abel & Richters, 2009; Akello et al., 2010; Betancourt et al., 2009; Van Duijl, Nijenhuis, Komproe, Gernaat, & de Jong, 2010; Verdeli et al., 2008). With Ugandan women, Van Duijl et al. (2010) found that spirit possession correlated with a “forced

separation from a loved one or child” (p. 384). The authors gave an example of a woman whose father took her son away from her because the father was a different religious denomination. Spirit-possessed persons attributed the spirit possession to sociocultural events rather than traumatic experiences, although the spirit-possessed persons did experience significantly more traumatizing events than those who were not spirit-possessed. Spirit possession was often accompanied by an inability to move or speak (Van Duijl et al., 2010). Other war-affected Ugandan citizens spoke about cen or revengeful spirits (Akello et al., 2010; Betancourt et al., 2009). Having cen means being haunted by the spirits that one has killed. Symptoms of cen include both visual and auditory hallucinations as well as extreme aggressiveness. Verdeli et al. (2008) concluded that cen seemed similar to having a post-traumatic stress reaction.

Coping Strategies

Studies conducted in Uganda highlight silence as an integral coping strategy (Abel & Richters, 2009; Akello et al., 2010). Abel and Richters (2009) found that the women in their study were able to give detailed descriptions of the abuses of others, but became vague when they spoke about their own abuses. Silence became especially relevant in the context of women experiencing physical or sexual violence. When asked directly about violence, women often used the pronoun we and spoke indirectly: "Ah, they can beat, they can beat and even kill you! During the night it was very bad. It was really disturbing our lives" (Able & Richters, 2009, p. 344). Children in Akello et al.'s (2010) study indicated that talking about individual distress could create collective distress. The

children communicated that it is preferable to be silent to avoid contaminating others and viewed contaminating others with experiences of psychological distress as selfish. The children revealed social pressure to be strong, and that was especially true for boys (Akello et al., 2010).

Using silence as a coping strategy is not unique to Ugandans. Ugandans' neighbors, the Sudanese, have also relied on silence as a coping strategy. Schweitzer, Melville, Steel, and Lacherez (2006) found that approximately 13% of Sudanese refugees met the criteria for PTSD, most of the sample re-experienced the event, and 71% talked about avoidance. However, the avoidance symptoms were construed as coping strategies within the Sudanese culture, and indeed, correlated with less psychological distress. Copping, Shakespeare-Finch, and Paton's (2010) study revealed that Sudanese refugees shared their experiences with friends and Sudanese community members, but only as a means to alleviate acute forms of distress (e.g., re-experiencing). Tempany (2009) stated that Sudanese refugee youth in the U.S. exhibited resilience through mechanisms such as suppression and distraction, among others. Tankink and Richters' (2007) work with sexually assaulted Sudanese women illuminated how cultural norms serve as the gatekeeper for what is acceptable to speak about with respect to war. For instance, the Sudanese master cultural narrative prohibits discourse related to sexual assault and this discourse directs women's individual narratives. In fact, they discovered that an important coping strategy is to remain silent about the assault. A participant named Ajak explained:

I need to keep my experience secret because people would definitely look at me differently and they wouldn't take me seriously any more. People would talk and gossip and they might even laugh at me. I am afraid people wouldn't believe me if I told the truth and they would say I had made it up to cover up a secret sexual affair. (Tankink & Richters, , 2007, p. 197)

The sexually assaulted women in Tankink and Richters' study feared that gossip about their sexual assault would produce a social death and ostracize them from their community, which is why they preferred to remain silent about their assault. Hence, some types of trauma are acknowledged and incorporated into the collective memory of the forced relocation (e.g., losing a family member) and some are not (e.g., being sexually assaulted). Sexually assaulted women are left to find meaning about their assault on their own. Abel and Richters (2009) likewise discovered that Ugandan women's suffering was invisible and cautioned about the importance of attending to women's silence, because much is said by silence.

Summary

Many variables exist at the individual level, especially as they relate to GBV. First, alcohol consumption increases rates of GBV. If either a man or woman in a relationship is HIV-positive, this too increases the likelihood of men perpetrating GBV against women. GBV victims could exhibit a range of physical and psychological outcomes. In Uganda, outcomes could include locally-constructed syndromes: for example, two tam,

kumu, par, kwo maraco, and ma iwor, and spirit possession. Finally, Ugandans regularly employ silence as a coping strategy.

Overall Summary and Research Questions

Since colonialism, Uganda has suffered many civil wars. Rebel groups and government soldiers have committed uncountable human rights abuses against Ugandan civilians. In an attempt to protect civilians, the Ugandan government mandated that civilians evacuate their homes and relocate to IDP camps. In Northeastern Uganda, another kind of conflict has been transpiring. The Karamojong have conducted frequent and violent cattle raids amongst their own ethnic groups and against the Iteso ethnic group in Teso subregion. Because of the Karamojong conflict, many civilians have been forcefully relocated into camps or settlements as well. Across Uganda, almost two million IDPs were moved into camps or settlements (IDMC & NRC, 2010; Jabs, 2007; KAUFUO, 2003; Meredith, 2005; Mukwana & Ridderbos, 2010; Rice, 2009; Roberts et al., 2008; Verdeli et al., 2008).

Bronfenbrenner's (1977) ecological framework serves as a heuristic for conceptualizing the study and its related literature (see Figure 1). The societal level included cultural variables, such as poverty, gender roles, and the national legal framework. Components, such as the intersection of gender, armed conflict, and displacement; forms of GBV; community structural gaps; community protective structures; and interventions, comprised the community level. Relational considerations were decision-making power, attitudes towards DV, and beliefs about ability to refuse

sexual intercourse. Finally, individual factors encompassed alcohol consumption, HIV status, and physical and psychological outcomes. The variables discussed in each ecological level are dynamic and mutually influence one another. For instance, being HIV-positive might negatively impact couples' relationships and hinder women's ability to negotiate contraceptive use. Patriarchal values that promote the view of women as property could further exacerbate couples' problems, especially if women try to establish sexual autonomy. Poverty adds further stress to the familial structure and impacts the family members' ability to obtain necessary healthcare and legal redress if GBV does occur. Residing in an IDP camp with ongoing conflict makes traveling to healthcare centers risky, and decreases the likelihood that women and men are able to treat illnesses like HIV, increasing their chances of illness and death, and reducing their ability to be productive members of the community. The relationships between the variables located at each level are numerous and there exist several possible ways of combining them.

Societal:

- Poverty
- Gender Roles
- National Legal Framework

Community:

- Intersection of Gender, Armed Conflict, and Displacement
- Forms of GBV
- Community Structural Gaps
- Community Protective Structures
- Interventions

Relationship:

- Decision-Making Power
- Attitudes towards DV
- Beliefs about Ability to Refuse Sexual Intercourse

Individual:

- Alcohol Consumption
- HIV Status
- Physical and Psychological Outcomes



Figure 1. Social Ecological Model and Conceptualization of Literature Review Topics

Because of the amount and complexity of the variables related to GBV in Olilim, the research approach and method are best constructed as comprehensively as possible (Israel, Eng, Schulz, & Parker, 2005). To account for the many social variables that interact around GBV, I will continue to employ the ecological framework in the research approach, method, and analysis. Hence, the unit of identity under study is not individualistic, but community-driven to encompass the numerous social variables involved (Becker, Israel, & Allen III, 2005).

The research questions were as follows:

1. How does the internally-displaced Olilim community experience and conceptualize GBV?

2. How does armed conflict impact GBV?

3. What community-informed prevention and/or intervention strategies for GBV might emerge from the data?

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CHAPTER III

METHOD

Approach

Qualitative Inquiry

The goal of the study was to increase knowledge and understanding about gender-based violence (GBV) in Olilim to enact social change. I aimed to describe the community's experiences inductively. Therefore, the most suitable approach to obtaining the data was qualitatively. With this approach, I was better able to give a voice to the participants in the study. Many medically-based quantitative measurements have been designed using Western values, language, and concepts. For example, with the assistance of Sudanese translators, Peltzer (1998) found that the language of many items on the Harvard Trauma Questionnaire had to be altered so that emotions were described somatically. A good example is that anger had to be translated as the stomach being on fire. By working qualitatively, I hoped to move away from the medical model and reduce cross-cultural biases in doing so. In fact, Patton (2002) suggested that qualitative methods are preferable for international work because of the paradigmatic attention to social sensitivity, respect of differences, and desire to understand the participants' perspectives.

What is more, humanitarians and policymakers have been charged with objectifying forcibly-relocated persons "... as nonspeaking subjects when political officials and service agencies speak and provide services on their behalf " (McKinnon, 2008, p. 397).

Objectification also happens in the resettlement process when government officials do not ask about needs and services. Others become the experts about IDPs' lives, distributing goods and services and expecting gratefulness in return. About his work with refugees, McKinnon (2008) explained, "I employ qualitative research methods for this project in direct challenge to the discourses that position refugees as nonspeaking subjects..." (p. 401). Similarly, I have chosen to honor the voices of Olilim community members through qualitative methodology.

Community-Based Participatory Research

Several authors have clarified that Community-Based Participatory Research (CBPR) is not a specific methodological design; rather, it is an approach to research (Israel et al., 2005; Minkler & Wallerstein, 2008). Researchers have employed several terms for participatory approaches: involved research, collaborative research, community-based participatory research, community-based research, action research, participatory action research, participatory research, mutual inquiry, action/science inquiry, cooperative inquiry, critical action research, empowerment evaluation, feminist participatory research, and community-partnered participatory research (Israel et al., 2005; Minkler & Wallerstein, 2008). All of the aforementioned approaches share common principles, which are that the approaches are cooperative, involve co-learning and local community capacity building, are empowering, and balance research and action (Israel et al., 2005; Israel et al., 2008; Minkler & Wallerstein, 2008; Montoya & Kent, 2011). The

approaches were designed to share power and benefit the communities involved through action and information dissemination (Israel et al., 2008).

Germane to this study, researchers designed the CBPR approach to work with diverse cultures. CBPR began with public health researchers who were invested in reducing health disparities evidenced across racial, ethnic, and class divisions (Israel et al., 2005; Minkler & Wallerstein, 2008). CBPR researchers focused on structural inequalities, including "... poverty, racism, minimal public infrastructure, lack of employment opportunities, and neighborhood characteristics" (Minkler & Wallerstein, 2008, p. 11). CBPR rests on two traditions. The first tradition is called the Northern tradition and follows from Kurt Lewin and his attention to social variables and action research. The second tradition, called the Southern tradition, was Marxist-inspired and focused on emancipatory processes in developing nations in Africa and elsewhere. Minkler and Wallerstein (2008) explained that the Southern tradition approaches were "... often developed as a direct counter to the often 'colonizing' nature of the research to which these peoples were subjected" (p. 10). Although CBPR is largely implemented by public health researchers, its emphasis on attending to diversity and promoting social justice align well with tenets promoted in the field of psychology (APA, 2000; 2002; 2003), and in particular with counseling psychology (Chung, 2012). For instance, the current president of The Society of Counseling Psychology wrote the following about the philosophy that guides counseling psychologists: "Our philosophy emphasizes developmental, strength-based, multicultural,

and social justice principles, as well as positive psychology and international perspectives" (p. 1).

Attention to power issues is a central feature of CBPR (Chavez, Duran, Baker, Avila, & Wallerstein, 2008; Israel et al., 2005; Minkler & Wallerstein, 2008; Montoya & Kent, 2011; Wallerstein, Duran, Minkler, & Foley, 2005). Power differentials between academic researchers and community members are often significant; some examples include access to resources, money and financial stability, scientific knowledge, and time (Chavez et al., 2008; Minkler & Wallerstein, 2008). Researchers involved in CBPR projects often have more power, do not suffer from the same life conditions, and have more control over their work and life (Montoya & Kent, 2011).

Practicing from a CBPR perspective compels self-awareness, cultural humility, and cultural safety (Israel et al., 2005). Self-awareness involves reflecting on the strengths and weaknesses of one's self and institution, understanding current and historical power dynamics, listening actively and openly to one's self and others (Wallerstein et al., 2005). CBPR practitioners prefer the term cultural humility over cultural competence because a static state of cultural competence is unattainable. One can never fully know or master another's culture (Israel et al., 2005). Cultural humility involves "... humility and commitment to ongoing self-reflection and self-critique, including identifying and examining one's own patterns of unintentional and intentional racism and classism, addressing existing power imbalances, and establishing and maintaining non-paternalistic partnerships with communities" (Israel et al., 2005, p. 10). Moreover, CBPR researchers

strive to establish cultural safety in research studies. Ideally, participants should feel comfortable expressing their experience of safety to the researcher (Israel et al., 2005). That being said, Chavez et al. (2008) explained that researchers may only be privy to public discourses, and other community discourses could remain hidden. Chavez et al. cautioned that highly-powered dynamics could de-authenticate relationships. For instance, in an attempt to maintain a relationship with a researcher, participants may attempt to anticipate what the researcher wants to hear and tailor their responses accordingly. Additionally, community members may be hesitant to divulge information that they think might fuel researcher or outsider stereotypes. Chavez et al. supposed, "As subordination requires a credible performance of humility and deference, so domination requires a credible performance of mastery and power" (p. 8).

Feminist Inquiry

The study of GBV in Olilim was conducted from a feminist perspective, which "...presumes the importance of gender in human relationships and societal processes and orients the study in that direction" (Patton, 2002, p. 129). I presumed that because of complex gendered systems, women and men have varied experiences. Several focus groups in the proposed study were defined by gender coupled with age. A goal of feminist inquiry is to use knowledge for change, especially change that will contribute to women's well-being and equality (Patton, 2002). In this way, feminist inquiry complements principles established in CBPR.

The Study of GBV in Olilim and the Self of the Researcher

An important piece of qualitative, CBPR, and feminist work is to acknowledge the role of the researcher and make one's biases explicit. From a young age, I remember watching and being touched by advertisements on television that sought donations for impoverished families and children in Africa. The same television programs that increased awareness about the plight of IDPs initiated my interest in the African continent. Much time has elapsed since then, and somewhere along the way, I became a feminist. I also began to travel extensively during my 20s, living in Italy, The Netherlands, and Japan. It was not until I was 28 years old, however, that I achieved my lifelong dream of volunteering in the African country of Senegal. My volunteer work focused on educating rural Senegalese about health issues, mostly malaria. I stayed in Senegal for two months, but I cut my trip short, and returned to the U.S. for several reasons, including an ill grandmother and a romantic attachment. Cutting my trip short caused a great deal of sadness and regret. Often, when my partner and I had an argument following my return to the U.S., I secretly (and unfairly) reprimanded myself for choosing him over Africa. I felt like I had given up so much, and he, well, he reluctantly agreed to relocate from Euless, Texas, to Dallas, Texas. "For you," he reminded me.

Years passed, and I was accepted into the doctoral program in counseling psychology at Texas Woman's University (TWU). During our interviews, Dr. Stabb asked my interviewing group what we would do if we received a \$5 million grant to conduct research. I replied that I would like to go to Africa and do research. Although that grant

never materialized, my desire to conduct research in Africa persisted. While recognizing that Africa is by no means a homogenous place, I have a fondness for its people and its many cultures, and am dedicated to social advocacy efforts directed toward alleviating distress in many African populations. I also have the sense that my work in Africa is not yet complete.

Some years ago, similarly to the rest of the U.S. population, I began to learn about the conflict in Sudan. News segments about Sudanese refugee women who were being sexually assaulted when they were leaving the refugee camp to perform gender-related duties, such as gathering firewood, alerted my feminist-trained attention. Atlani and Rousseau (2000) said there are three primary Western perspectives on sexual assault in the context of war: feminist, medical, and anthropological. They expounded that Westerners always consider sexual assault to be traumatic no matter what the context is or how others perceive their experiences. They reminded the reader that the traumatic framing of sexual assault is a recent construction, beginning in the 19th century. Atlani and Rousseau's assertion resonates with me, for my Western and feminist bias maintains that being sexually-assaulted in the context of war is a common and traumatic occurrence. Since beginning my doctoral program at TWU, I have further researched sexual assault and those who have been forcefully relocated. However, I recognize that even though I perceive sexual assault as traumatic, displaced women may conceptualize this differently, especially in the context of war.

Beginning in January of 2011, I contacted several international organizations that worked with GBV in Africa to determine if I could conduct research in conjunction with the organizations. One of the contacted organizations, Transcultural Psychosocial Organization Uganda (TPO Uganda), had an active GBV program and welcomed the opportunity to collaborate on a research project. Because the GBV programming staff are located in Katakwi, a town without electricity, our communication was limited, so I decided to make an initial trip to Uganda to learn more about the organization and to develop the research project for this study.

In January of 2012, I took my first trip to Uganda. Prior to this trip, the staff at TPO Uganda enacted a last-minute rescheduling request, requiring me to change my flight and invest additional financial resources. The change in plans prompted a substantial researcher crisis. Although I had entertained doubts about my research before, my concerns became more central than peripheral.

My internal dialogue went something like this. "Why do I want to conduct research in Africa? Why not conduct research in the U.S.? There are so many needs in the U.S. as well. Why Africa? Have I romanticized the population and its struggles? After all, I did initially learn about Africa from television. Will this project benefit anyone? I'm such an outsider; how could I possibly help?" Amidst these questions and more, one continually resurfaced: "What's wrong with me?"

As I struggled with these questions, I rebooked my flight, and made the arrangements for my parents to come and help my partner care for our daughter. On

January 7, 2012, I landed in Uganda, and almost instantly, a sense of peacefulness enveloped me. The questions began to fade; some were even answered. I remembered that many people are interested in learning about and working with other cultures and that is generally accepted as being okay. My own educational background came to mind with its emphasis on social sciences, inclusive of anthropology. Perhaps more importantly, I was reminded of the lack of resources in low-developed nations and how I could use my privileged position to benefit other humans in need. I remembered how much my interpersonal interactions in a cross-cultural context teach me about myself and others and about how much I gain from my cross-cultural experiences. It was no wonder why I was interested in pursuing an intercultural research project that combined anthropological and psychological interests.

My power and privileges were in my ever-present awareness. On the flight to Uganda, I thought a great deal about the three demons who traveled to Uganda in the 1840s to convert Ugandans to their way of thinking and how I shared the demons' race. I pondered the colonialists' sentiments, writings, and actions in Uganda; and how I shared their race, too. When a staff member at my hotel who makes approximately \$80 per month asked me how much my plane ticket cost, and when I realized the cost of my plane ticket was equivalent to approximately two years of wages for her, I contemplated the power and privileges associated with my economic status including traveling, attending university, and conducting research. When the translator introduced me to community members in Olilim and he held his hand up and emphasized its position in the sky when he spoke about

my educational level, and their eyes widened and they looked approvingly at me, I deliberated the power and privileges that accompany education. As I left the displaced community to return to a more secure area, I remembered how my many privileges afforded me safety and, for the most part, protected me from conflict to which members of Olilim have been subjected for decades. When I asked what my being White might mean to community members, the GBV coordinator at TPO Uganda replied, " People see hope. They think you are here to help them" (D. Atebo, personal communication, January 13, 2012). Her response wonderfully illustrated the power discrepancy between myself and the community members wherein I am positioned as a beacon of hope and perhaps even rescuer.

Hence, with qualitative, feminist, and CBPR principles in mind, I intended to work collaboratively and strived for cultural humility. I committed to ongoing reflection about my biases, power, and privileges as a researcher; and how these might impact interactions between myself, co-researchers, and participants, all of which I journaled throughout the research process. I also aimed to remain open to feedback about myself and cultural presentation throughout the research process and included methodological tools to facilitate this process, which are discussed in detail in the subsequent section.

Method

Collaborative Partnerships

In the spirit of CBPR, the project was a collaborative one. My primary partnerships were with the staff from TPO Uganda and a community-organized group in

Olilim called the Family Care Group. The Family Care Group is a community-initiated group who came together in 2006 to respond to GBV in Olilim. The group members attributed the prevalence of GBV to camp conditions, such as overcrowding. Initially, the Family Care Group experienced hostile resistance from fellow community members concerning their work towards preventing GBV. Eventually, though, the group partnered with local leaders and received more community support. In 2008, TPO Uganda identified the Family Care Group as a community-based partner and trained the group members on topics related to GBV, HIV, and child protection. The Family Care Group is comprised of 15 members (I. Betty, personal communication, January 11, 2012).

On January 11, 2012, a social worker from TPO Uganda named James and I met with the chairperson and three other members of the Family Care Group to discuss collaborating on the project and what the collaboration would entail. When I asked how the research project could also benefit the group, the members indicated that they would like to integrate questions related to HIV and child protection into the project, since both HIV and child protection are related to GBV. We then spent the afternoon discussing the best way to implement the project with their assistance and designing questions to ask community members. James translated our conversation. The methodology that follows is the outcome of that discussion coupled with readings of the literature and discussions with staff at TPO Uganda.

Instrumentation

The project was a multimethod qualitative project, utilizing focus group discussions (FGDs) and individual interviews with key informants. Researchers implement FGDs to better understand social experiences and collect data in a social context (Kieffer et al., 2005; Patton, 2002). FGDs are interviews that take place with small groups of people on a specific topic. Typically, the participants who constitute the FGDs share similar backgrounds or have personal experiences with the discussed topic (Kieffer et al., 2005; Patton, 2002). The group facilitator is typically referred to as the moderator (Patton, 2002).

There were several benefits to using FGDs for the study. FGDs are a culturally-sensitive method for groups that value collectivity (Kieffer et al., 2005). Through FGDs, participants have the opportunity to share perspectives and life stories in their native language. Moreover, the group dynamic may help balance power between the researcher and the researched because the sharing of stories and opinions may be enhanced with one another and decreased with the moderator (Kieffer et al., 2005). Other benefits of FGDs are that they have the potential of being cost effective, may enhance the quality of data through participant interactions, provide a platform for the expression of diverse perspectives, and the experience of them may be enjoyable (Patton, 2002). Minkler and Wallerstein (2008, p. 33) added:

As people engage in dialogue with each other about their communities and the larger social context, their own internal thought patterns and beliefs about their

social world change; their relationships to each other become strengthened; and ultimately, they enhance their capacities to reflect on their own values and to make new choices.

CBPR projects often utilize FGDs (Montoya & Kent, 2011; Patton, 2002).

Interview guides provide focus to FGDs, while still allowing for flexibility (Kieffer et al., 2005; Patton, 2002). Interview guides allow the researcher and community partners to determine beforehand the major discussion themes (see Appendix D). In this project, I performed the role of FGD moderator and used the interview guide. It is important to note that interview guides provides broad topic areas, and were implemented flexibly, making alterations as needed to respond to new information gained from a previous FGD or to revise topic areas that are confusing to FGD participants (Krueger, 1998). For instance, after facilitating 3 FGDs, I noted that participants were talking minimally about sexual violence. After this time, I began to query specifically for sexual violence in the FGDs. The FGDs each consisted of eight members and proceeded for 60 to 90 minutes (Kieffer et al., 2005; Krueger, 1998; Patton, 2002).

One way to enhance the quality and credibility of a qualitative study is to use different data collection methods as a form of triangulation (Patton, 2002). Triangulation refers to examining a phenomenon from more than one viewpoint. There are four forms of triangulation: method (e.g., qualitative and quantitative), source (different persons or groups), analyst (more than one person performing analysis on the data obtained), and theory (more than one conceptual framework applied to the data; Patton, 2002). In this

investigation, there was extensive source triangulation. In addition to nine FGDs, semi-structured individual interviews were conducted with six key informants both inside and outside of the community to gather additional data to complement the FGDs (Kieffer et al., 2005; Patton, 2002). The semi-structured interviews (see Appendix E) transpired for approximately 30-45 minutes.

Sample

I moderated nine FGDs, consisting of eight to ten members each. The FGDs were grouped according to gender, age, and profession. The nine groups were divided as follows:

1. A gender-combined elder group (over 55 years)
2. A group of adult (aged 18-55) men
3. A group of adult (aged 18-55) women
4. An Anti-Stock Theft Unit group
5. A group of police
6. A group of girls aged 8-12
7. A group of boys aged 8-12
8. A group of girls aged 13-17
9. A group of boys aged 13-17

In the proposal, I aspired to facilitate an additional FGD with the Uganda People's Defense Force (UPDF; i.e., the government army). However, when I arrived in Olilim, the UPDF commanders asked me to provide an official letter stating the purpose of my

research. I worked with staff at TPO Uganda and provided an official letter the next day. The commanders then said that the letter I provided was not sufficient, and I had to provide an official letter from the army headquarters, located about nine hours away by automobile. I consulted with the translator and we concluded that the request for a letter was UPDF's indirect way of saying that army did not wish to participate in the study.

I facilitated individual interviews with the following six key informants: Child and Family Protection Unit police officer, Head Nurse of Olilim Health Center, Nursing Assistant of Olilim Health Center, Head Teacher of Olilim Primary School, Assistant Community Development Officer of Palam Sub County, and Local Council 1 Chairperson.

In total, the sample consisted of 77 participants. Participants' ages ranged from 9 to 80 years old (median= 27 years). Eighteen girls, 16 boys, 16 women and 27 men were interviewed. Participants' ethnicities were Iteso (90.9%), Acholi (5.2%), Langi (2.6%), and Bantu (1.3%). Education levels ranged from zero formal education to having a high school diploma. 42.9% of participants were married or lived with married parents, 37.7% of participants identified as being a single mother or being raised by a single mother, 10.4% of participants identified as being a single father or being raised by a single father, 3.9% of participants lived with their grandmother, 2.6% of participants lived with their uncle, 1.3% of participants lived with their aunt, and 1.3% of participants lived with their grandfather. 25.6% of participants were employed. The remaining 74.4% of participants reported having no work or identified as peasants.

Participant recruitment. The Family Care Group purposively selected Olilim community members to participate in the FGDs (Patton, 2002). I shared with the Family Care Group that the groups should be representative of the community (Kieffer et al., 2005). Hence, FGD participants represented different demographics that exist in Olilim: for example, varied marital statuses, ethnicities, vocations, and people residing in different villages. The Family Care Group organized the days and times for each FGD during my time in Uganda. Olilim residents have responsibilities at different times in the day (e.g., women are often busy preparing food in the morning) of which the Family Care Group is knowledgeable. TPO Uganda staff purposively selected the key informants based on their professions and roles in responding to GBV in the community and established the days and times for these interviews. No more than two FGDs and two individual interviews were conducted each day (Krueger, 1998).

Procedure

In May of 2012, I traveled to Uganda to facilitate the research. I traveled by truck with TPO headquarter staff to Katakwi. In Katakwi, I met with staff from TPO Uganda. I stayed in a guesthouse based in Katakwi for six days. The guesthouse is one of the only places in Katakwi that has a generator, which they turned on for two to three hours each evening to provide electricity. I and the translator traveled by motorbike or truck from Katakwi to Olilim daily to conduct focus group discussions and interviews.

FGDs. For the adult FGDs, I moderated the groups. James, the social worker from TPO Uganda, translated. In the proposal, I suggested that a member of the Family

Care Group would join the FGDs as an observer. However, that turned out to be not feasible because members of the Family Care Group were busy with other duties, including organizing the participants. I asked the translator, as best he was able in addition to his translating duties, to attend to group process dynamics, including silence, dominance, nonverbal behaviors, and other culturally relevant cues that may be misinterpreted or unnoticed by myself because of cross-cultural differences. I also asked the translator to observe my cultural performance and interactions as well, so he could provide me feedback on the way that I was moderating the group and how my language and nonverbal behaviors might have been perceived within their cultural context. The translator provided little feedback regarding my cultural performance, which could be indicative of a power hierarchy or a difference in communication patterns with Africans tending to communicate more indirectly than Westerners (Hofstede, 2001).

Each FGD began with a written consent form. The consent forms were translated into Iteso (see Appendix F). The translator orally reviewed the written consent form with the participants to compensate for variations in reading ability. Once the participants agreed to participate and signed the written consent form, I began the FGD.

Following obtaining informed consent, I began audiotaping the FGD with two cassette recorders. One cassette recorder was placed in the middle of the group as a back-up. I or the translator held the second recorder. I welcomed the participants, briefly introduced the study and myself and asked group members to speak one at a time, and wait for the translator to translate their responses. I explained that the purpose of the FGD

was to have a conversation about GBV in Olilim. The participants were invited to respond to my questions or to the other participants' responses. I then moderated a discussion about GBV in Olilim, using the interview guide to focus the discussion. Throughout the discussion, I reflected back to the FGD what I heard as emerging main points and the FGD members were asked if they wanted to modify those points in any way. Krueger (1998) indicated that providing a brief summary and obtaining participant feedback is crucial. Moreover, obtaining participant feedback about the critical discussion points serves as a form of analyst triangulation, enhancing the quality of the study (Patton, 2002). I then asked the group members demographic questions for the remaining time (see Appendix G). The demographic questions were asked at the end of the FGD, so the participants' responses would not bias the group's interactions (Krueger).

I concluded the FGD by thanking everyone for their participation and giving them contact information for members of the Family Care Group and TPO Uganda to whom they could refer if they were experiencing distress or wished to discuss GBV further. I also gave information about how to contact *Avocats Sans Frontieres*, an organization based in Katakwi that offers free legal assistance for child trafficking and victims of GBV. Each participant received 3,000 Ugandan Shillings (approximately US \$1.50) for her or his participation. I or the translator distributed the compensation. At the conclusion of data collection, I compensated the Family Care Group and the translator 50,000 Ugandan Shillings each (approximately US \$25.00) for their assistance in the project. The Family Care Group expressed a desire to use the funding to formally register their

group with the district, so government agencies and non-profit organizations would have knowledge of the existence of their group and coordinate with them to implement future projects. Compensating the Family Care Group and the translator and training them to participate in research activities constitutes a form of local capacity building, which is a core principle of the CBPR approach (Minkler & Wallerstein, 2008).

Following the FGDs, I and the translator met for approximately 10 to 15 minutes to debrief. The debriefings were additionally audiotaped and transcribed. To debrief, the team used a contact summary form created by Miles and Huberman (1994), which I adapted to include CBPR components, including group dynamics and power relations (see Appendix H; Kieffer et al., 2005; Krueger, 1998).

The youth FGDs were conducted slightly differently. At least one care-taker of each child was asked to accompany the children initially. The translator reviewed the translated written consent forms orally with both parents and children present. After the parents signed the consent form and the children signed the assent form, the parents were asked to leave the FGD. The subsequent process followed that outlined in the adult FGDs.

Individual interviews. The individual interviews began with a written informed consent. Following informed consent, I began audiotaping the interview. The individual interviews lasted 30 to 45 minutes. The translator accompanied the researcher, but whether he translated the interview depended in which language the key informant wished to converse. All key informants wished to converse in English. The key

informants were compensated 3,000 Ugandan Shillings. I and the translator debriefed following each interview, using the contact summary form.

Cross cultural interviewing and considerations. Cross-cultural interviewing adds complexity to the interviewing process (Patton, 2002). There are two important cross-cultural dynamics to consider for the proposed project: the first is language (Christopher, Burhansstipanov, & Knows His Gun-McCormick, 2005) and the second is norms and values (Christopher et al., 2005; Patton, 2002).

Christopher et al. (2005) recommended that interviews transpire in the participants' preferred language, so participants feel more comfortable. Because qualitative data consist of words rather than numbers, the translations need to be as verbatim as is possible (Patton, 2002). Christopher et al. cautioned against using overly mechanistic language to describe the research team members' roles and the goals of the study, as mechanistic language can be distancing and indicative of academic and scientific discourse. Finally, they warned that moderators may be overly quick to redirect FGDs, if moderators sense the participants are straying from the topic. Others (e.g., Chavez et al., 2008) have suggested that moderators determining relevancy could be a cross-cultural misstep and greatly limit the findings. Hence, moderators in cross-cultural contexts especially should allow some flexibility and open the discussion to making space for participants' narratives and stories, for narratives and stories can include valuable information, too (Chavez et al., 2008; Christopher et al., 2005). The aforementioned recommendations were applied to the project.

Norms and values may differ between the researcher and the community. For instance, Patton (2002) gave an example of conducting cross-cultural interviews in Africa. Patton intended to interview a village chief in an individual interview, but the chief invited the entire village to participate and the interview transformed into a community dialogue. I had discussed the possibility of more community members joining the FGDs with the GBV coordinator at TPO Uganda. The GBV coordinator acknowledged that uninvited participation does readily happen, and the way they handled uninvited participation in the past is to make clear that only the invited participants will be compensated and can partake in the refreshments. However, others are welcome to join the discussion (D. Atebo, personal communication, January 13, 2012). During this study, it rarely occurred that additional members desired to join the FGD or interview. During the men's group, an inebriated man joined the FGD, was asked to leave by a Family Care Group member and refused, so we allowed him to sit with the group, participate, and receive compensation. Additionally, at the Olilim Health Center, I initially began the interview with the Nursing Assistant but then the Head Nurse joined the conversation. The Head Nurse was also compensated. Despite the complexities in cross-cultural interviewing, Patton stressed that cross-cultural interviewing is still highly preferable over the use of questionnaires.

Data Analysis

Data analysis was ongoing and commenced at the onset of the research phase (Krueger, 1998). The debriefings served as a form of analyst triangulation, increasing the

strength and credibility of the study (Patton, 2002). During the evenings, I reviewed any notes taken during the day. If any questions arose about the content or the meaning of the notes, I was able to follow-up with the translator the next day. For instance, the children spoke about suicide, but the adults did not. I initiated a conversation with the translator about possible explanations for the differences in content. I also reviewed the contact summary forms and revised the interview guides or semi-structured interview forms for subsequent FGDs or individual interviews. Some questions seemed difficult to understand and needed adjusting. The translator and I worked together to create questions that were more accessible to the FGD members. For instance, I asked about the impact of GBV and changed the wording to ask about some effects of GBV. Additionally, after two FGDs, I noted the importance of querying specifically to obtain information about how the Karamojong raids and HIV affect GBV, since the FGD members were not explicitly covering these topics in their discussions. Early analysis of the FGDs and interviews can increase the depth of the study, for the researcher can follow-up on emerging ideas and theories (Krueger, 1998). During the evening review process, I documented any impressions that emerged regarding the data (Krueger, 1998). After leaving Katakwi and returning to the capital city Kampala, I wrote a brief document outlining my initial impressions (see Appendix I) to submit to TPO Uganda, so they could request funding for GBV programming. The program manager over all programming stressed the urgency to complete a summary document as soon as possible, so he could continue to employ people with whom I had collaborated. I found out later that the translator and social worker with

whom I closely worked lost employment for several months after my trip because TPO Uganda did not have adequate funding. Upon return from Uganda, I transcribed the audiotaped FGDs and individual interviews verbatim, which is time intensive, but provides for a more rigorous analysis (Krueger, 1998). A research team assistant transcribed the debriefings. Additionally, a friend who has lived in several different countries and currently is employed as a cross-cultural trainer and consultant interviewed me for one hour and fifteen minutes about my experiences during the research trip. We recorded the interview, and the research assistant transcribed the interview verbatim. I employed my friend's interview with me to strengthen my discussion of self woven throughout this project as well as remember poignant experiences during the data collection phase. The remaining data analytic techniques will be discussed entwined with the results.

CHAPTER IV

ANALYSIS AND RESULTS

As is typical in qualitative work, ongoing data analysis merges with the results (Patton, 2002). Hence, some analytical tools will be presented with results to reflect this synthesis. In his book, *Analyzing and Reporting Focus Group Results*, Krueger (1998) advocated that "perhaps the most useful strategy in qualitative analysis is finding patterns, making comparisons, and contrasting one set of data with another" (p. 17). To find patterns, make comparisons, and contrast data, the focus group discussions and individual interview transcripts were coded largely following the grounded theory method of data analysis (Charmaz, 2006; Strauss & Corbin, 1990). Open coding was used to extract categories and sub-categories of meaning units, remaining close to the transcribed data. To open code the data, I read the transcripts line by line, determining where a complete idea began and ended. The complete idea became a meaning unit and was assigned a code, which were researcher-generated tags that reflected interview content closely (Miles & Huberman, 1994; Strauss & Corbin, 1990). Ninety-one open codes were generated (see Appendix J). Open codes were then examined for clusters of related meanings, which is called axial coding. The open codes and related quotations were then transferred into a spreadsheet organized by 16 axial codes (see Appendix K). The spreadsheet included columns indicating the grounded theory code, the title of the focus group discussion (FGD) or key

informant interview, the main idea of the quotation, and the direct quotation. Moving up the ladder of abstraction, axial codes thus formed the basis for broader, overall themes. The process of determining broader themes is called selective coding (Strauss & Corbin, 1990). To determine overall themes, I examined chunks of narrative and determined which open codes paired with one another and with axial codes. Overall themes have been narratively outlined and supported with quotations following an analysis of individual FGDs and interviews.

Once grounded theory coding was established, I created a separate spreadsheet for each FGD and key informant interview. I first conducted within-group analyses of the FGDs and then between-group analyses of the FGDs (Miles & Huberman, 1994). In other words, each FGD was coded in its entirety, as I looked for open and selective codes that arose specifically from that group. Once this type of analysis was conducted for each of the nine groups, only then were the groups compared to each other for points of convergence and divergence. The results were contrasted with individual interview analyses, which were coded using the grounded theory method and then compared and contrasted with other interviews. In the between-group analyses, I searched for commonalities, differences, and exceptions. The list of codes was shared with the translator, who provided feedback on their thematic and cross-cultural validity as an ongoing source of analyst triangulation (Patton, 2002), thereby enhancing the credibility and trustworthiness of the analysis.

Not only the participants' words, but the patterns of communication were noted and coded, if applicable. For the FGDs, I additionally attended to the context of the participants'

statements; the internal consistency of groups; the frequency, intensity, and extensiveness of the comments; the specificity of responses (e.g., if narratives are expressed in the first or third person); what was not said in the groups; and group processes (see Appendix L; Krueger, 1998). However, because most FGDs were translated, it was difficult to determine the relevance of some of the aforementioned analytic areas. For instance, intensity of comments (e.g., intonation) was difficult to determine in a cross-cultural context and thus was determined less by intonation and more by extensiveness and frequency of comments. A more detailed discussion of the limitations of the FGD analyses in a cross-cultural context involving translation will follow in the discussion.

Individual Focus Group Discussions (FGDs) and Interviews

For FGDs, Krueger (1998) explained that analysis will not occur at the same level for all of the FGD questions or prompts. He recommended focusing more fixedly on central questions that elucidate the purpose of the study. In order to address the first research question regarding how persons in the internally-displaced Olilim community experience and conceptualize gender-based violence (GBV), I focused on determining the Olilim community's conceptualization of contributing variables, forms, and outcomes of GBV. For each FGD and individual interview, I created a table with frequencies of each of the aforementioned areas and then created a conceptual diagram to demonstrate how the participants conceptualized and narrated the relationships between the variables.

Contributing Variables to Gender-Based Violence (GBV)

Contributing variables are variables that the participants determined were causally related to the occurrence of GBV. Miles and Huberman (1994) noted that causality can be determined several ways in qualitative work, including: "strength of association..., consistency..., specificity..., temporality..., biological gradient..., plausibility..., coherence..., experiment..., [and] analogy..." (p. 146). In order to code narrative as a contributing variable, I most commonly relied on the strength of the association (how often variables were paired with GBV), specificity (i.e., I asked directly about causes of GBV and coded the participants' responses as a contributing variable), and temporality (contributing variables were exhibited before GBV). On the tables, I additionally noted whether the contributing variables were direct, paired, or direct and paired. Direct contributing variables were causal variables that the participants indicated led directly to GBV. For example, the head teacher spoke about alcohol as a direct contributing variable to domestic, physical violence. He observed, "There is fighting normally when the man is drunk, he comes and beats the woman." More commonly, however, participants' narratives indicating causality included the pairing of two or more variables, which I termed paired contributing variables. One of the key informants offered the following:

Like if the woman lost a husband and now the relatives of that of the husband you find that when their son dies, what happens later is they will run the woman to leave. And before that, you'll find that there are some things they were possessing as a family. So, you find that if the woman does not leave, you find

that because of being a woman, she doesn't have power and she's beaten and chased away from the land. Those are the things that are really so common there. The key informant's quotation illustrates several variables that were commonly paired by the participants: being widowed, patriarchy (i.e., the woman does not have power), and having little to no land ownership rights. Together, these variables led to the occurrence of land-grabbing, a form of GBV. Some contributing variables were discussed as both direct and as paired variables and were classified accordingly.

Forms of Gender-Based Violence (GBV)

Forms of GBV were coded based on how participants discussed examples of GBV. Specificity and temporality also determined how I coded a meaning unit with a form of GBV. Regarding specificity, I asked participants which types or forms of GBV exist in Olilim. The participants' responses were coded as forms of GBV. Additionally, forms of GBV temporally followed contributing variables. In coding forms, I remained close to the participants' narratives. For instance, participants occasionally referred to adult women participating in sex work as a form of GBV. While I might not necessarily categorize sex work as GBV, participants in this study did. Therefore, I categorized sex work as a form of sexual violence to stay consistent with participants' worldviews.

Outcomes of Gender-Based Violence (GBV)

Outcomes, or effects, of GBV are akin to dependent variables. The participants' narratives often followed a temporal and linear pathway, beginning with contributing variables, forms, and then concluding with outcomes (Miles & Huberman, 1994).

Additionally, I queried specifically for effects of GBV and coded participants' responses to my query as effects. While contributing variables were often paired with one another (not necessarily in a linear order) and collectively led to an occurrence of GBV, outcomes were linearly and causally expressed as a chain of events or as one outcome leading to the next. For example, an elder discussed the following outcomes of GBV:

Violence has caused high drop out of school children because if there's nothing to be given to a child at home- you find that the child remains at home now. He or she does not go to school because there's nothing the parent can give him as support like school fees or uniform or any scholastic material, so a child now drops out of school.

In the previous example, the causal pathway begins with violence and concludes with youth dropping out of school. Mediating variables, however, between violence and youth dropping out of school are poverty and the youth not being supported, respectively.

Conceptual Diagrams

On the conceptual diagrams, contributing variables were denoted with an oval (see Figure 2). Direct contributing variables were construed with solid-lined arrows. Paired contributing variables were represented with hyphen-lined (dashed) arrows. Some variables were used in more than one pairing. To demonstrate the beginning of a pairing, arrows beginning with a diamond were used. Variables that were used in different relationships were marked with two ovals.

The conceptual diagrams reflect the causal relationships of outcomes with the use of a solid-lined arrow (see Figure 2). Moreover, outcomes are represented by rectangles. Outcomes that were both final (the conclusion of a causal pathway) and mediating were represented by two rectangles. Some FGDs and key informants listed some outcomes also as contributing variables. Those outcomes were denoted by enclosing the outcome with both a rectangle and an oval. Finally, a line ending with an oval rather than an arrow demonstrates the conclusion of a causal pathway. The frequency tables refer to outcomes as either single (i.e., GBV causes a singular outcome), mediated (an outcome is situated in a causal chain wherein more than one outcome is cited), or single and mediated.

Symbol	Definition	Symbol	Definition
	Contributing variables		Outcomes
	Initiating and paired contributing variables		Final and mediating outcomes
	Causality		Outcomes that are also listed as contributing variables
	Paired contributing variables.		The conclusion of the stream of outcomes.
	The beginning of a contributing variable pairing		Gender-based violence

Figure 2. Conceptual Diagram Legend

Boys Aged 9 to 12 Years Old Focus Group Discussion (FGD)

The FGD including nine boys aged 9 to 12 years old will be referred to by their age or as younger boys throughout the results and discussion. The FGD occurred in a classroom in which the younger boys sat at tables, facing the translator and me. During the FGD, the boys spoke quietly and often with their heads down, looking at the ground. The translator noted he "read fear in them," which the translator thought could be

attributed to their parents being nearby, although not in the same room. The younger boys FGD was our first FGD with children, so we made an effort to put more distance between the parents and the children for the remaining children's FGDs.

Boys aged 9 to 12 years old spoke of the following direct contributing variables to GBV: poor family relations, alcohol, the victim denies the perpetrator something, and discipline (see Table 1). The young boys offered the following paired contributing variable relationships: (1) alcohol with the victim challenging the perpetrator; (2) alcohol with the victim denying the perpetrator something; and (3) alcohol with the perpetrator blaming the victim for something (see Figure 2). The frequency with which the younger boys spoke about the father consuming alcohol paired with the victim (usually referred to as mother) denying the father something as examples of variables leading to GBV is notable and stands apart from other groups. The young boys additionally discussed intervening when they saw GBV occurring between their mother and father. Intervening was a variable that was specific to children. Also similar to other groups of children, contrasting to adult FGDs and interviews, the young boys did not mention poverty as a contributing variable. The boys also spoke extensively about the Karamajong raids, not necessarily connecting it to GBV, but they did have much to say about the raids. In our debriefing, the translator and I discussed the extensiveness with which the young boys talked about the Karamajong raids. The translator explained:

In our culture, we are told as young men that the Karamajong are our enemies and that thing is instilled in you when you are still a very young man. So, you look at

the other ones as enemies and also look at us as enemies. So now, once anything is mentioned about Karamajong because you told by parents from childhood so you know that Karamajong are thieves, they come steal, they come robbing, they come killing, they come beating- all that. So, it is in your mind. That's why you see the way everyone talk about the Karamajong so well.

Boys aged 9 to 12 years spoke about the following singular outcomes of GBV: death, boys behaviorally respond to GBV, and poverty. The boys discussed other effects as streams of outcomes, which are as follows: (1) psychological effects lead to boys behaviorally responding in some fashion; (2) separation leads to psychological effects; and (3) physical effects lead to youth not being supported. The boys spoke at length about effects of GBV, especially about physical and psychological effects. Regarding psychological effects, the young boys spoke about suicide, which was not mentioned by adults. The translator said this about their inclusion of suicide in one of our debriefing meetings: "Yeah, suicide is common, but I think the women tried to hide it out, but the young men were able to mention it out and it's a very common thing."

Table 1

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Boys Aged 9 to 12 Years Focus Group Discussion

Contributing Variables	Forms	Outcomes
Alcohol (7)***	Physical violence (4)	Psychological Effects (7)**
Poor family relations (4)*	Quarreling (2)	Participants behaviorally respond (3)***
Victim denies perpetrator something (4)***	Witchcraft (1)	Participants separate from family (2)**
Victim challenges perpetrator (1)**	Infidelity (1)	Poverty (2)*
Discipline (1)*	Verbal abuse (1)	Physical effects (1)**
Perpetrator blames victim (1)**		Youth not supported (1)**
		Death (1)*

* Direct contributing variable and single outcome.

** Paired contributing variable and mediated outcome.

*** Direct and paired contributing variable and direct and mediated outcome.

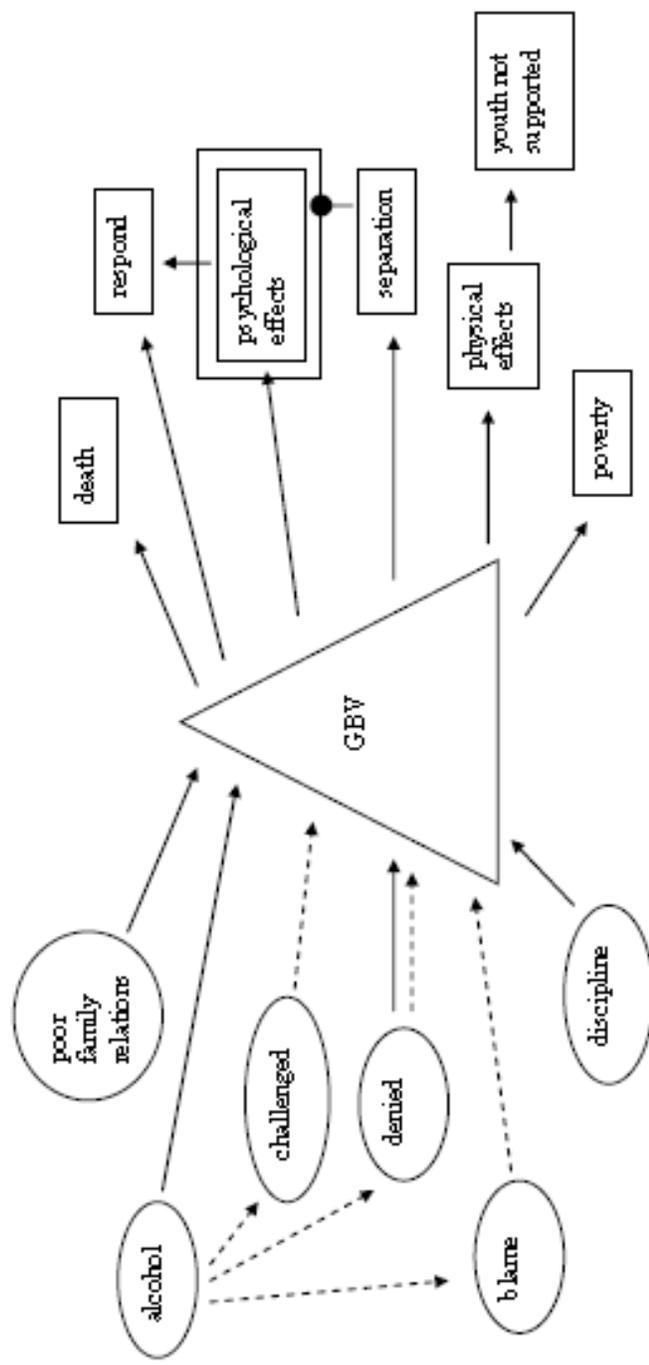


Figure 3 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Boys Aged 9-12 Years Focus Group Discussion (FGD)

Girls Aged 9 to 12 Years Focus Group Discussion (FGD)

The FGD including eight girls aged 9 to 12 years will be referred to by their age group or as younger girls. During the FGD, the younger girls sat on the ground in front of the translator and me who sat in chairs. The younger girls were soft-spoken and the translator sometimes called on girls who were quieter to talk.

The girls aged 9 to 12 years old only named one direct contributing variable to GBV: alcohol (see Table 2). The young girls offered the following variable relationships, however: (1) alcohol, patriarchy, and the victim challenging the perpetrator; (2) alcohol with the victim denying the perpetrator something; and (3) patriarchy with the victim requesting something from the perpetrator (see Figure 4). Girls spoke unusually frequently about power differentials as contributing variables to GBV. The girls did not discuss poverty or the raids as contributing variables, although those contributing variables were frequently discussed by adult FGDs and interviews. Poverty as a contributing variable, however, was rarely mentioned by children. The younger girls' contributing variables conceptual diagram looks similarly to the younger boys' conceptual diagram in that they both spoke mostly about alcohol and its combination with other variables as primary contributors to GBV.

The girls spoke about the following singular outcomes of GBV: stealing, behaviorally responding to GBV, psychological effects, witchcraft, separation, and poor family relations. The girls discussed other effects as a stream of outcomes, which are as

follows: (1) GBV causes psychological effects, which leads to the girls behaviorally responding; and (2) GBV causes witchcraft, which causes death. The young girls did not define witchcraft. However, the Assistant Community Development Officer of Palam Sub County (PDO) explained that witchcraft might involve poisoning. The young girls spoke frequently about psychological effects. They did not mention physical effects of violence, although many other FGDs and interviews did.

Table 2

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Girls Aged 9 to 12 Years Focus Group Discussion

Contributing Variables	Forms	Outcomes
Alcohol (6)***	Physical violence (6)	Psychological effects (7)***
Perpetrator is challenged (3)**	Quarreling (3)	Participants behaviorally respond (4)***
Patriarchy (2)**	Murder (1)	Witchcraft (3)***
Perpetrator denied something (1)**	Early marriage (1)	Death (2)***
Victim requests something from perpetrator (1)**	Verbal abuse (1)	Separation (2)*
		Poor family relations (1)*

* Direct contributing variable or single outcome.

** Paired contributing variable or mediated outcome.

*** Direct and paired contributing variable or direct and mediated outcome

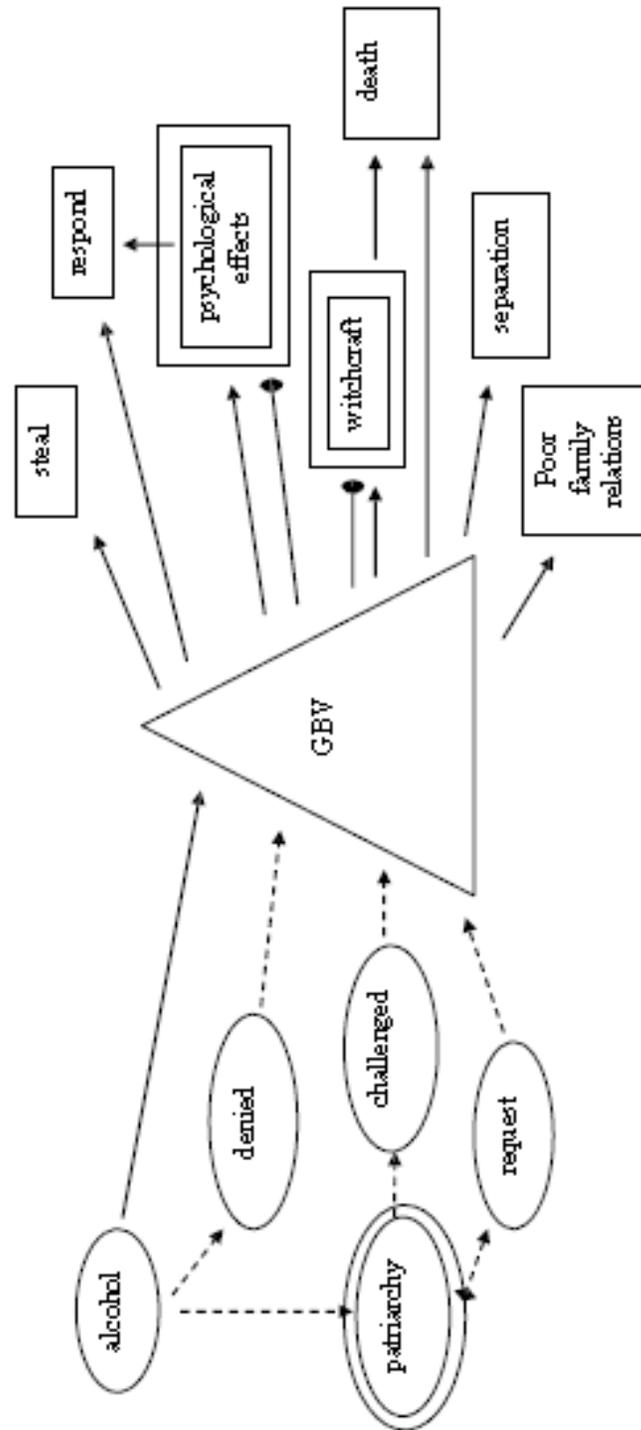


Figure 4. Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Girls Aged 9 to 12 Years Focus Group Discussion (FGD)

Boys Aged 13 to 17 Years Focus Group Discussion (FGD)

The FGD consisting of seven 13-to-17-year-old boys will be referred to throughout the results and discussion by their age group, as older boys, or as teenage boys. During the FGD, the teenage boys sat on the ground in front of the translator and me who sat in chairs. All teenage boys seemed to participate almost equally and were less soft-spoken than the younger FGDs of boys and girls.

Teenage boys spoke of the following direct contributing variables to GBV: infidelity, alcohol, drug use, youth not being supported, and Karamoja raids (see Table 3 and Figure 5). The teenage boys offered the following paired variable relationships: (1) alcohol with the victim challenging the perpetrator; (2) alcohol with the victim denying the perpetrator something; (3) alcohol with patriarchy; and (4) being HIV-positive with blaming the victim. Teenage boys spoke frequently about alcohol and also had much discussion around sexual violence when queried specifically about sexual violence. They spoke frequently about girl children as survivors, especially of sexual violence. Teenage boys did not talk about poverty or patriarchy as contributing variables, similarly to young boys and groups, which contrasts with adult FGDs and interviews. Also similar to young boys and girls, the teenage boys spoke frequently about alcohol as a contributing variable to GBV and combined alcohol with a discussion on similar other variables like the perpetrator being challenged, denied, and a power differential.

The teenage boys spoke about the following singular outcomes of GBV: poor family relations and death. The teenage boys discussed other effects as a stream of

outcomes, which are as follows: (1) GBV leads to youth not being supported, which leads to youth dropping out of school; (2) GBV causes poor family relations, which leads to youth not being supported, which leads to youth dropping out of school; (3) GBV causes youth not to be supported, which leads to poor family relations between a youth and his or her parents; (4) GBV causes poor family relations, which causes poverty, which leads to youth not being supported; (5) GBV causes poor family relations, which causes poverty; and (6) boys behaviorally respond by intervening, which leads to their death. Teenage boys dedicated a significant portion of their discussion on outcomes to poor family relations. For example, one teenage boy explained, "It [GBV] will bring misunderstandings between children and their parents." Perhaps because they dedicated so much discussion to poor family relations, they did not discuss the three most frequently discussed outcomes of GBV: psychological effects, separation, and physical effects. Boys also spoke frequently about youth not being supported, more than the younger children did.

Table 3

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Boys Aged 13 to 17 Years Focus Group Discussion

Contributing Variables	Forms	Outcomes
Alcohol (6)***	Sexual violence (8)	Poor family relations (5)***
Infidelity (3)*	Physical violence (7)	Youth not supported (4)**
Karamoja raids (2)**	Quarreling (3)	Drop out of school (2)**
Victim denies perpetrator something (2)**	Land grabbing (1)	Poverty (2)**
HIV (1)**		Death (2)***
Perpetrator blames victim (1)**		Boys behaviorally respond (1)**
Patriarchy (1)**		
Victim challenges perpetrator (1)**		
Youth not supported (1)*		
Drug use (1)*		

* Direct contributing variable or single outcome.

** Paired contributing variable or paired outcome.

*** Direct and paired contributing variable or direct and paired outcome.

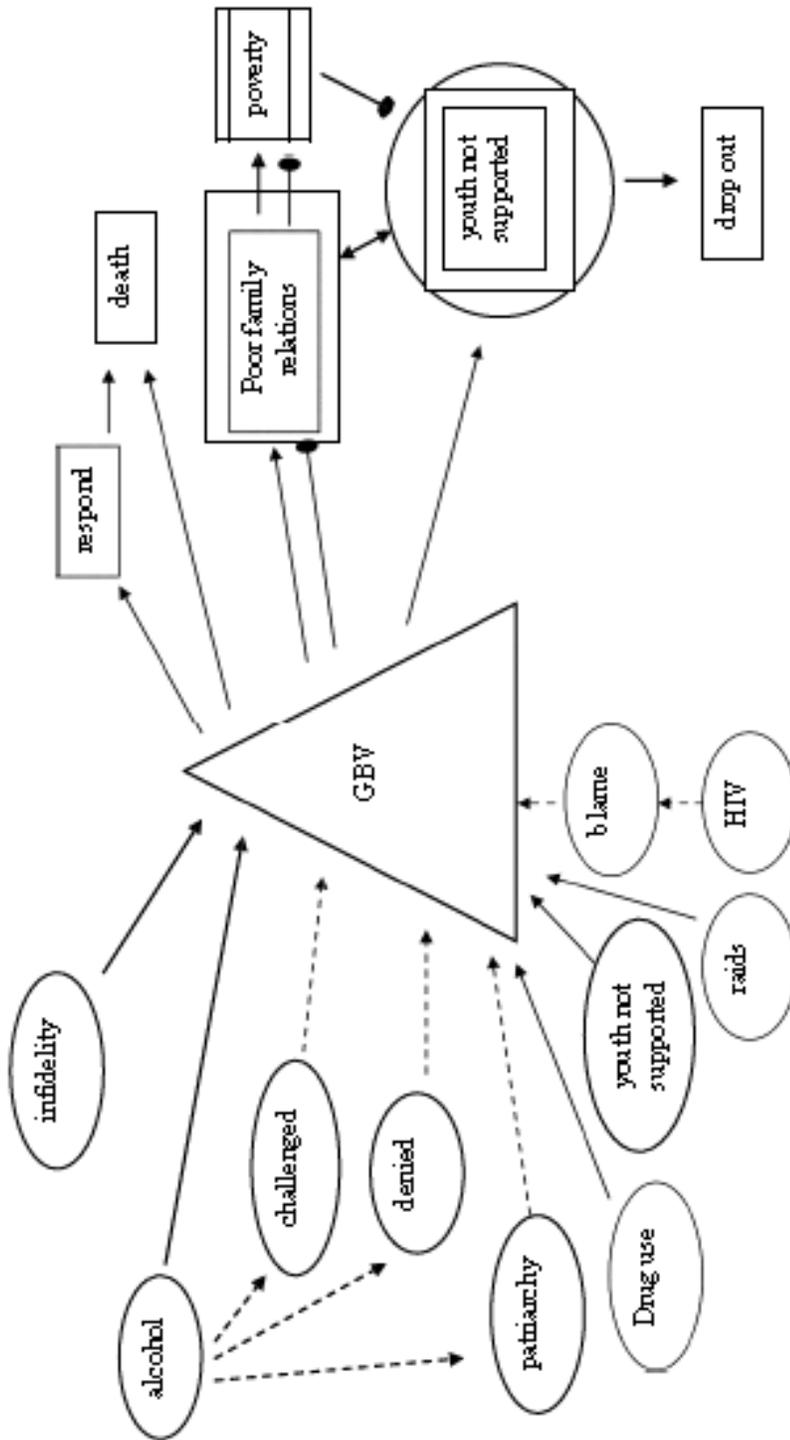


Figure 5. Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Boys Aged 13 to 17 Year Focus Group Discussion (FGD)

Girls Aged 13 to 17 Years Focus Group Discussion (FGD)

The FGD consisting of ten 13-to-17-year-old girls will be referred to throughout the results and discussion by their age group, as older girls, or as teenage girls. During the FGD, the girls sat on the ground in front of the translator and me who sat in chairs. Some teenage girls participated more than others. Most teenage girls were soft-spoken.

The girls aged 13 to 17 years old spoke of the following direct contributing variables to GBV: violence in the home, alcohol, power differential, the victim challenges the perpetrator, the victim requests something from the perpetrator, the perpetrator blames the victim, polygamy, and youth not being supported (see Table 4 and Figure 6). The teenage girls offered the following paired contributing variable relationships: (1) alcohol with poor family relations; (2) alcohol with the victim denying the perpetrator something; (3) being widowed with no property rights; (4) Karamoja raids, death, and children drop out of school; and (5) Karamoja raids, death, poverty, and children drop out of school. Teenage girls spoke more frequently about contributing variables than other FGDs of children did. Also contrasting with the other children's FGDs, teenage girls spoke most frequently about youth not being supported as a contributing variable. Teenage girls spoke frequently about early marriage as a form of GBV. In fact, most FGDs or key informant interviews mentioned early marriage once. Teenage girls mentioned early marriage 12 times, perhaps since they constitute the age when early marriage might occur. Teenage girls also spoke more frequently than other groups or interviews about economic violence as a form of GBV. Teenage girls

mentioned poverty as a contributing variable only once and did not discuss patriarchy as a contributing variable.

Girls aged 13 to 17 years old had less to say about the effects of GBV than about contributing variables and forms. The teenage girls spoke about the following singular effects of GBV: psychological effects and separation. The girls discussed other effects as a stream of outcomes, which is as follows: GBV causes physical effects (e.g., impregnation, sexually transmitted diseases, and HIV), which leads to psychological effects (e.g., worry and over-thinking). In general, teenage girls seemed to frequently consider leaving or separating from the family if GBV was occurring, more so than the other children, perhaps because early marriage is a tangible option for them. They also seemed to be very aware of physical effects of GBV like impregnation, STDs, and HIV. Only the police spoke about physical effects of GBV as frequently as teenage girls did.

Table 4

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Girls Aged 13 to 17 Years Focus Group Discussion

Contributing Variables	Forms	Outcomes
Youth not supported (4)*	Early marriage (12)	Girls contemplate separating from family (5)*
Raids (3)**	Economic violence (6)	Physical effects (5)**
Alcohol (3)***	Physical violence (5)	Psychological effects (3)***
Victim challenges perpetrator (2)*	Sexual violence (4)	
Perpetrator blames victim (2)*	Quarreling (4)	
Death (1)**	Poor family relations (1)	
Poverty (1)**	Land grabbing (1)	
Drop out of school (1)**		
Violence in home (1)*		
Polygamy (1)*		
No property rights (1)**		
Widowed (1)**		
Poor family relations (1)**		
Victim denies perpetrator something (1)		
Power differential (1)*		
Victim requests something from perpetrator (1)*		

* Direct contributing variable or single outcome.

** Paired contributing variable or paired outcome.

*** Direct and paired contributing variable or direct and paired outcome

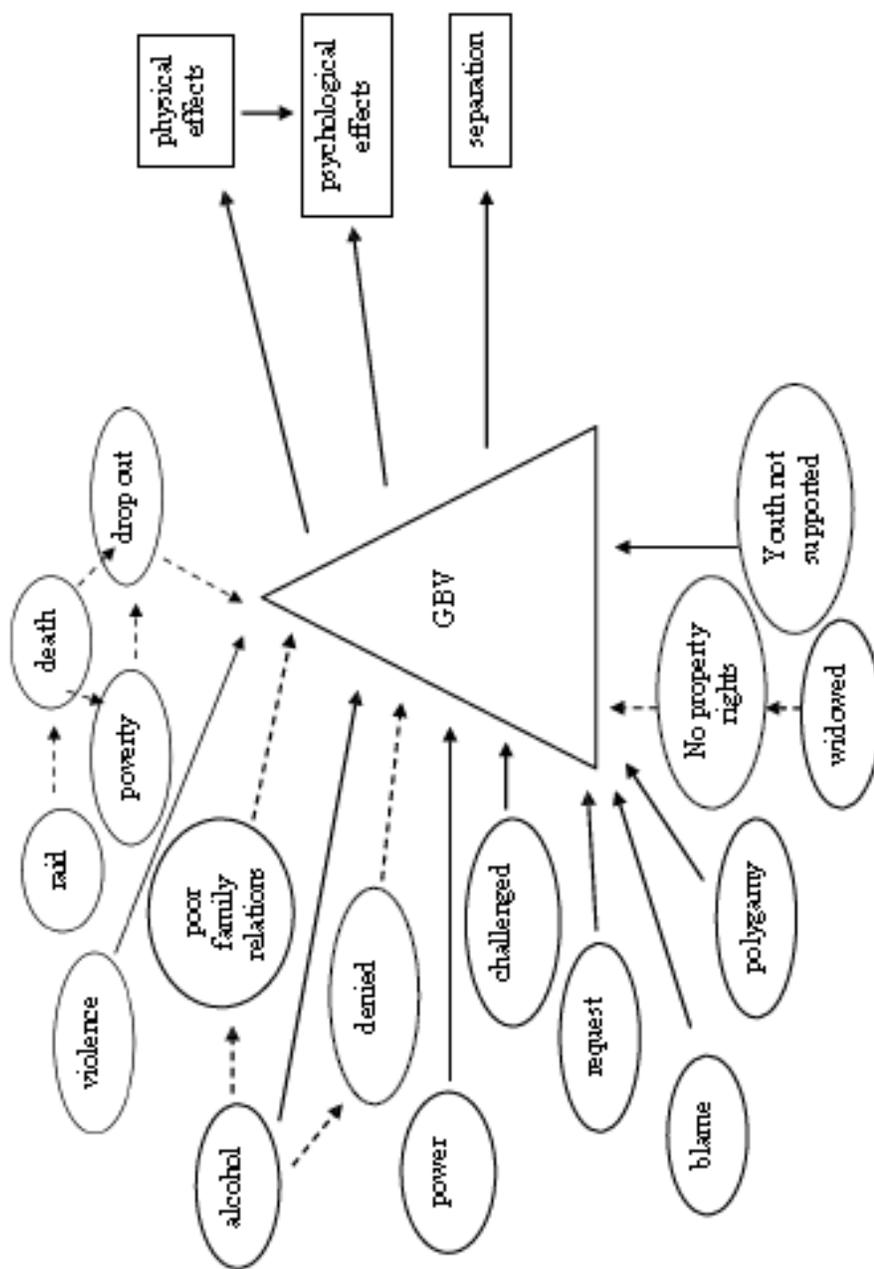


Figure 6 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Girls Aged 13 to 17 Years Focus Group Discussion (FGD)

Women Focus Group Discussion (FGD)

The FGD consisting of eight 18-to-55-year-old women was lengthier than other FGDs. The women sat on a tarp on the ground and most had children with them. Most women shared during the discussion, although some were more vocal than others.

Women offered more personal narratives than other groups. The women pleaded for financial support for approximately the last 20 minutes of the FGD. Women spoke frequently about contributing variables and forms of GBV and spent less time discussing effects of GBV. In fact, forms of GBV emerged much more frequently than in other groups possibly due to the women offering more personal narratives and examples of GBV.

The women spoke of the following direct contributing variables to GBV: early marriage, the dowry system, alcohol, poor family relations, the victim requests something from the perpetrator, Karamoja raids, poverty, the victim reveals an HIV-positive status to the perpetrator, the perpetrator blames the victim, and youth not being supported (see Table 5 and Figure 7). The women offered the following paired contributing variable relationships: (1) early marriage with the dowry system; (2) HIV, poor coping skills, and alcohol; (3) alcohol with the victim denies the perpetrator something; (4) poor family relations with the victim requests something from the perpetrator; (5) Karamoja raids with poverty; (6) being widowed with patriarchy; (7) no property rights, being widowed, and patriarchy; and (8) victim reveals a positive HIV status with the perpetrator blames the victim. Although most groups spoke about the victim challenging the perpetrator as a

contributing variable to GBV, the women did not discuss challenging. They did, however, frequently discuss alcohol (similarly to other groups), the perpetrator blaming the victim, and revealing an HIV-positive status. The latter two examples were unique to the women's FGD. Often, the women paired revealing an HIV-positive status with the perpetrator blaming the victim.

The women spoke about the following singular effects of GBV: blame and death. The women discussed other effects as a stream of outcomes, which are as follows: (1) GBV causes family separation, which carries psychological effects; and (2) GBV causes separation, which leads to mothers leaving children with the fathers, which leads to psychological effects, which leads to reunification. The women, in contrast with most other groups, did not discuss physical effects of GBV. The women uniquely discussed the mother leaving the children and partner reunification as effects. The women also uniquely discussed blame as an outcome of GBV. Hence, they conceptualized blame both as a contributing variable and an outcome.

Table 5

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Women Focus Group Discussion

Contributing Variables	Forms	Outcomes
Victim reveals positive HIV status to perpetrator (4)***	Physical violence (11)	Psychological effects (4)**
Perpetrator blames victim (4)***	Quarreling (9)	Separation (3)**
Alcohol (4)***	Sexual violence (9)	Mother leaves children (1)**
Youth not supported (3)*	Economic violence (4)	Blame (1)*
Victim requests something from perpetrator (3)***	Failure to reveal HIV status (3)	Reunification (1)**
Victim denies perpetrator something (2)**	Heavy labor (2)	
Being widowed (2)**	Murder (1)	
Poor family relations (2)***	Land-grabbing (1)	
Karamoja raids (2)***	Abduction (1)	
Poverty (2)***		
Patriarchy (2)**		
HIV (1)**		
Poor coping mechanism (1)**		
Early marriage (1)***		
Dowry system (1)***		
No property rights (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or paired outcome.

*** Direct and paired contributing variable or direct and paired outcome.

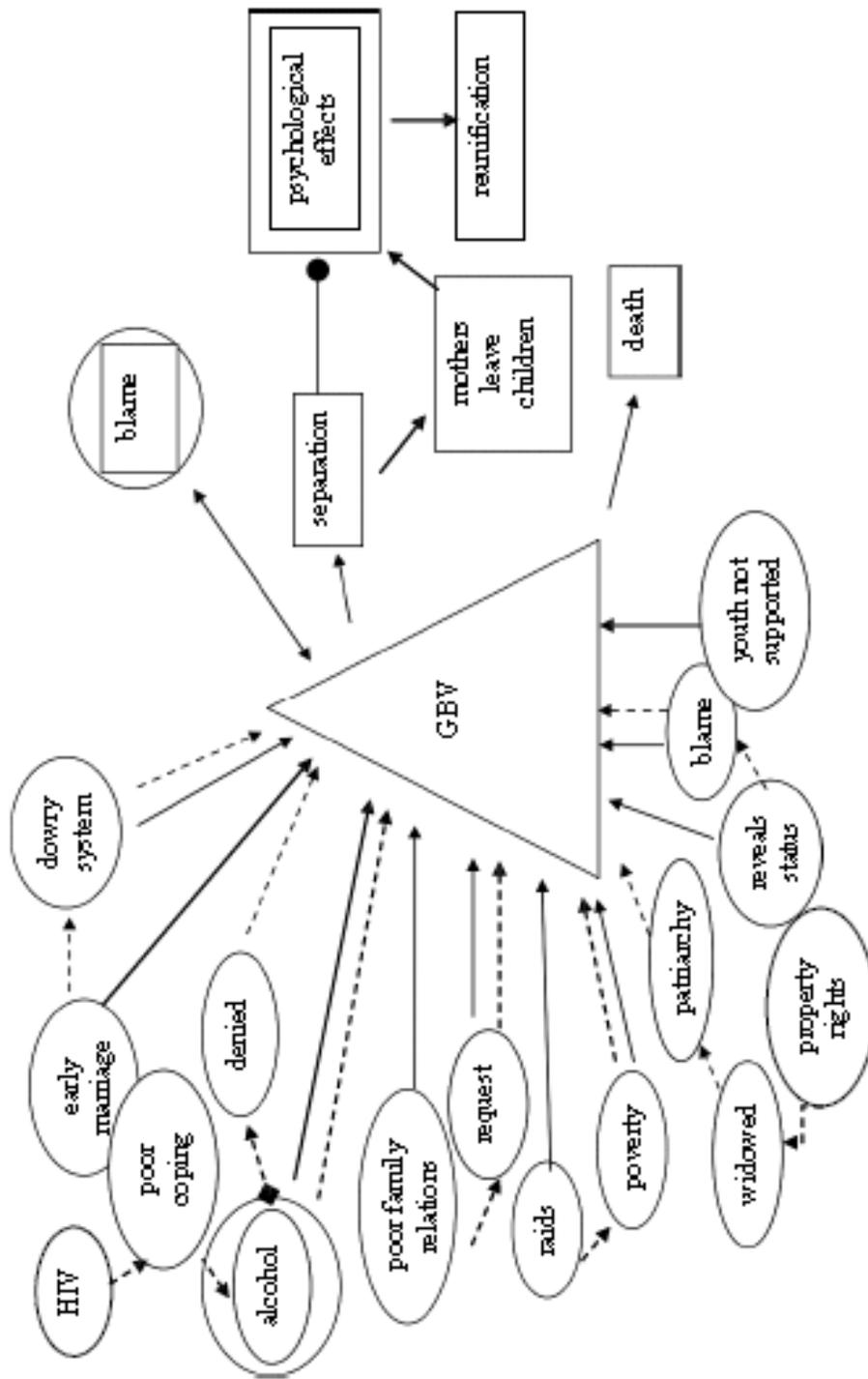


Figure 7. Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram. Women Focus Group Discussion (FGD)

Men Focus Group Discussion (FGD)

The FGD consisting of eight 18-to-55-year-old men were noticeably better dressed than the members of the other FGDs. For example, the men wore shoes, their clothes fit better, and their clothes were less worn and tattered. In contrast with the FGDs consisting of women and children, the men did not sit on the ground. They all sat on a log facing me and the translator who were seated in chairs. An uninvited, inebriated man joined the group. A Family Care Group member attempted to dismiss him and he pushed her away. We decided to allow him to join the discussion. He had high fluency in English, and often spoke directly to me whereas others spoke through the translator in Ateso. The inebriated man was the only participant who made random comments or spoke over others or out of turn. The men had the most discussion around contributing variables (more than any other group or interview). Regarding forms of GBV, men uniquely frequently spoke about young girls being victims of rape. Men also recurrently discussed who the perpetrators and survivors of GBV are.

The men FGD revealed the direct contributing variables to GBV as being the following: Karamoja raids, alcohol, poor family relations, patriarchy, when the victim denies the perpetrator something, rumor mongering, and power differentials (see Table 6 and Figure 8). The men offered the following paired contributing variable relationships: (1) Karamoja raids, resources stolen, poverty, sex work, and the victim challenges the perpetrator's masculinity; (2) Karamoja raids, husband is murdered, and wife is widowed; (3) Karamoja raids, internally displaced persons (IDP) camp conditions, sex work, and

contraction of HIV; (4) alcohol with the victim challenges the perpetrator; (5) infidelity with the victim challenges the perpetrator; (6) poor family relations, patriarchy, and the dowry system; and (7) the victim denies the perpetrator something with patriarchy. Hence, the men paired the Karamajong raids with several other variables, the complexity of which is demonstrated on their conceptual diagram. Consistent with other adult FGDs but not with children FGDs, the men spoke frequently about poverty as a contributing variable. They also spoke more frequently than other FGDs and interviewees about patriarchy and the victim challenging the perpetrator. The men uniquely discussed victims challenging perpetrators' masculinity and women's rumor mongering as contributing variables to GBV.

The men spoke about single outcomes of GBV as death, poor family relations, more violence, children not having a future, poverty, and physical effects. Men discussed the following streams of outcomes: (1) death leads to youth not being supported which leads to children dropping out of school; and (2) separation leads to youth not being supported which leads to children dropping out of school. Men did not discuss any psychological effects of GBV, even though psychological effects were the most recurrently discussed effect by other FGDs and interviewees. They did, however, frequently discuss death as an outcome of GBV, more than other FGDs.

Table 6

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Men Focus Group Discussion

Contributing Variables	Forms	Outcomes
Alcohol (5)***	Sexual violence (5)	Death (4)***
Patriarchy (4)**	Physical violence (4)	Separation (3)**
Victim challenges perpetrator (4)**	Abuse of rights (3)	Youth not supported (2)**
Karamoja raids (4)***	Poor family relations (3)	Poor family relations (2)*
Poverty (4)**	Economic violence (3)	Physical effects (2)*
Poor family relations (3)***	Psychological violence (1)	Children have no future (1)*
Sex work (2)**		Poverty (1)*
Victim denies perpetrator something (2)***		Drop out of school (1)**
Resources stolen (1)**		Violence (1)*
Rumor mongering (1)*		
Dowry system (1)**		
Masculine role challenged (1)**		
IDP camp conditions (1)**		
Power differential (1)*		
Infidelity (1)**		
HIV (1)**		
Husband murdered (1)**		
Being widowed (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or paired outcome.

*** Direct and paired contributing variable or direct and paired outcome.

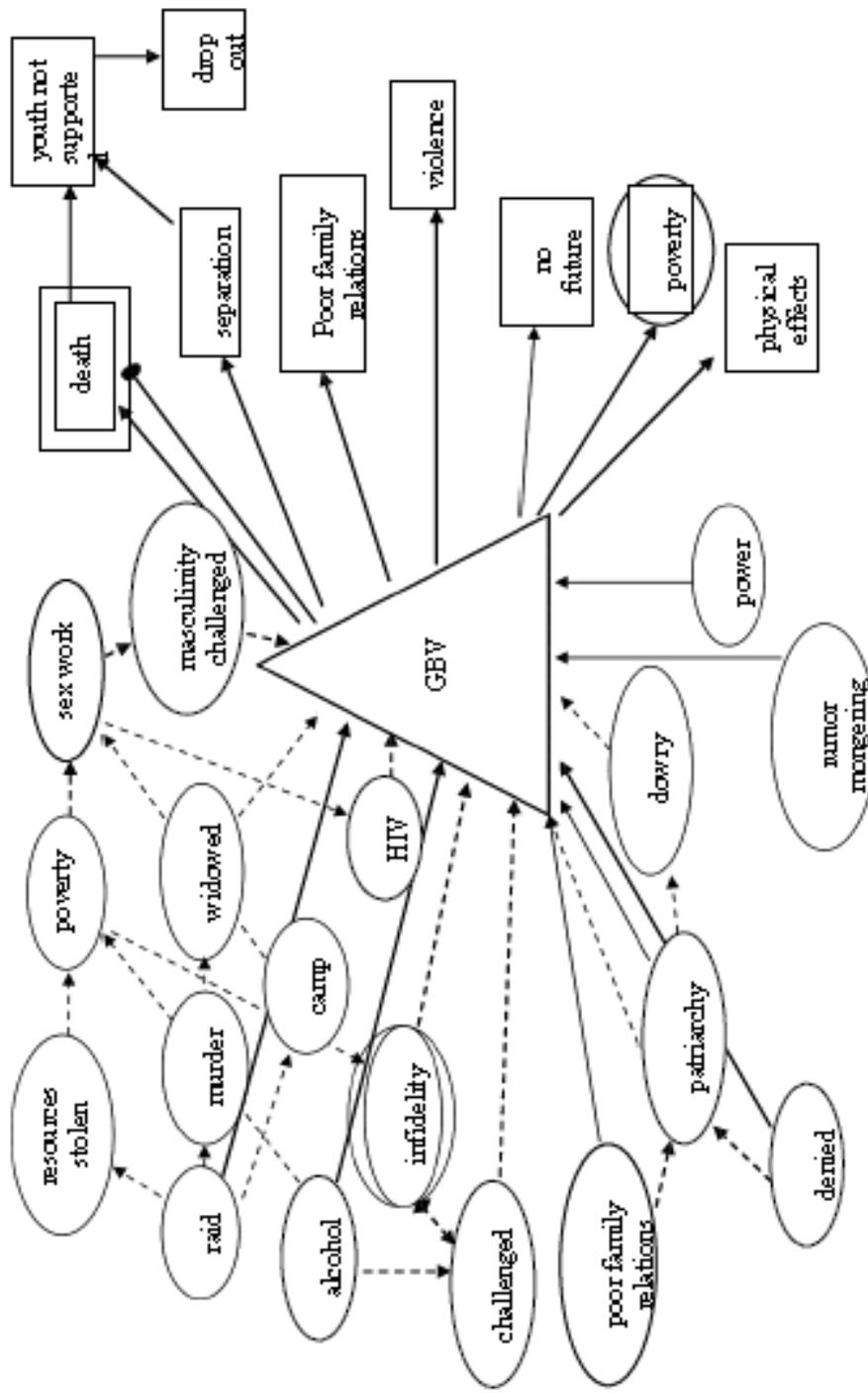


Figure 8 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Men Focus Group Discussion (FGD)

Elders Focus Group Discussion (FGD)

The elders FGD consisted of nine men ($n = 4$) and women ($n = 5$) aged 55 and over. Men sat on a log while women sat on the ground with young children. All participants seemed to become tired as the FGD progressed. In fact, a couple of elders fell asleep during the FGD. The group seemed re-energized, however, when they spoke about their needs towards the end of the FGD. One woman and one man tended to dominate the conversation, although the translator worked to include others. At the end of the group, the elders called me their savior. One woman raised her hands in the air like she was praising me. When the elders called me their savior and the woman raised her hands in the air, I had difficulty holding eye contact and felt uncomfortable with this privileged positioning. Some elders had difficulty grasping the questions or topics and would discuss other things that seemed unrelated to GBV (e.g., requesting material goods like a hoe). They also recurrently spoke about violence more generally between members of the community and connected that violence to poverty. The elders emphasized youth as perpetrators and the physical strength of youth in comparison to their own lack of physical strength. The elders seemed to have had experience being physically overpowered by youth.

The elders spoke of the following direct contributing variables to GBV: poverty, the victim challenging the perpetrator, alcohol, IDP camp conditions, insecurity, the victim denying the perpetrator something, poor family relations, and the victim revealing a positive HIV status to the perpetrator (see Table 7 and Figure 9). The elders offered the

following paired contributing variable relationships: (1) alcohol with the victim challenges the perpetrator; and (2) community variables (e.g., flooding) with poverty. The elders discussed community variables like IDP camp conditions, insecurity, and flooding as contributing variables, which were seldom discussed by other groups.

In contrast with most other groups, the elders focused more fixedly on the outcomes of GBV than they did on contributing variables. The elders spoke about the following singular effects of GBV: separation, poverty, and physical effects. The elders discussed other effects as a stream of outcomes, which are as follows: (1) GBV leads to poor family relations, which leads to poverty; (2) GBV causes poverty, poor family relations, separation, and the youth not being supported; (3) GBV causes physical effects (e.g., impregnation), which cause children to drop out of school; (4) GBV causes poverty, youth not being supported, and then youth dropping out of school; (5) GBV causes death, which leads to youth not being supported; (6) GBV causes separation, physical effects (e.g., HIV), death, and youth not being supported; (7) GBV leaves widows, which causes poverty, youth not being supported, and youth experiencing psychological effects because of lack of support. The elders frequently discussed poverty as both a contributing variable and outcome to GBV. The elders also commonly spoke about youth not being supported as an outcome connected to several other outcomes of GBV. The elders' conceptual diagram illustrates how complexly the elders conceptualized outcomes.

Table 7

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Elders Focus Group Discussion

Contributing Variables	Forms	Outcomes
Poverty (5)***	Physical violence (9)	Poverty (5)***
Victim challenges perpetrator (3)***	Quarreling (4)	Youth not supported (5)**
Alcohol (3)***	Sexual violence (1)	Physical effects (3)***
IDP camp conditions (1)*	Land-grabbing (1)	Separation (3)***
Insecurity (1)*		Drop out of school (2)**
Community factors (1)**		Poor family relations (2)**
Victim denies perpetrator something (1)*		Death (2)**
Poor family relations (1)*		Widowed (1)**
Victim reveals positive HIV status (1)*		Psychological effects (1)**

* Direct contributing variable and single outcome.

** Paired contributing variable and mediated outcome.

*** Direct and paired contributing variable and direct and mediated outcome.

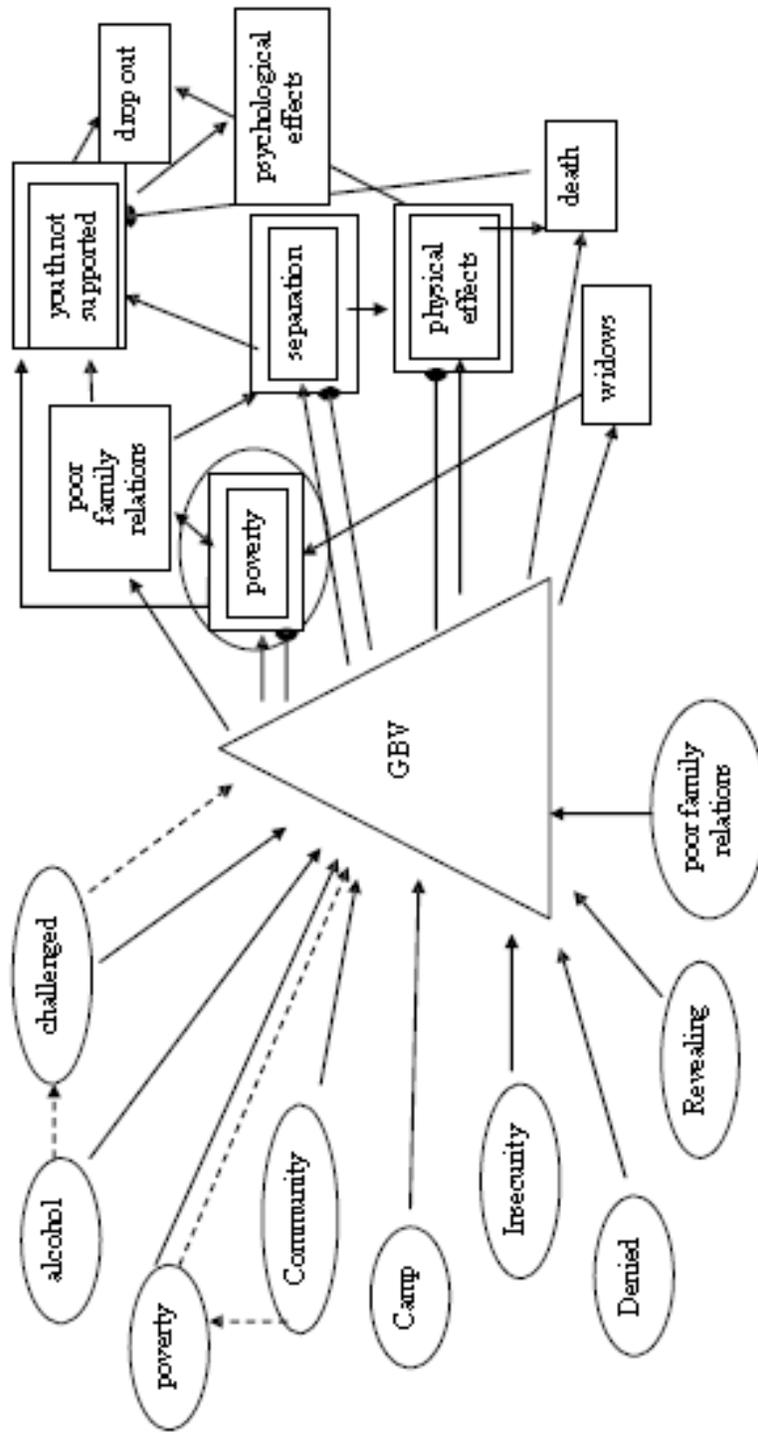


Figure 2. Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Elders Focus Group Discussion (FGD)

Police Focus Group Discussion (FGD)

The FGD of police consisted of two police officers and a policewoman titled the Child and Family Protection Officer (CFPO). They preferred I facilitate the interview in English. However, the translator joined us when we struggled to communicate with one another. The police seemed less forthcoming with information than other groups and interviews. For instance, their comments were often brief. The CFPO spoke minimally.

The police spoke of the following direct contributing variables to GBV: poverty, alcohol, and patriarchy (see Table 8 and Figure 10). The police offered the following paired contributing variable relationships: (1) unemployment, poverty, and the victim denying the perpetrator something; (2) power, poverty, and youth not being supported; (3) alcohol with the victim denies the perpetrator something; (4) Karamoja raids, resources are stolen, and family experiences increased poverty; (5) Karamoja raids with increased poverty; (6) Karamoja raids, increased poverty, and a psychological reaction; (7) being HIV-positive and the dowry system (e.g., an HIV-positive father rapes his daughter so others cannot benefit from her dowry after his death); (8) being HIV-positive and IDP camp conditions (e.g., concentration of people); (9) HIV, patriarchy, and the dowry system; and (10) being HIV-positive with alcohol. The police exhibited more paired variable relationships than many other groups. Poverty, alcohol, Karamajong raids, and HIV were commonly paired variables.

The police spoke about the following singular effects of GBV: death, separation, and physical effects. The police discussed other effects as a stream of outcomes, which

are as follows: (1) GBV causes separation of families, which leads to youth not being supported; (2) GBV causes poverty, which has a psychological effect (e.g., over-thinking), which has a physical effect (e.g., losing weight); (3) GBV causes poverty, which leads to physical effects (e.g., not having enough food to eat and losing weight), which causes psychological effects (e.g., difficulty thinking positively). The police most frequently discussed physical effects of GBV.

Table 8

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Police Focus Group Discussion

Contributing Variables	Forms	Outcomes
Alcohol (5)***	Physical violence (6)	Physical effects (5)***
HIV (5)**	Sexual violence (5)	Psychological effects (2)**
Poverty (4)***	Land grabbing (3)	Poverty (2)**
Karamoja raids (4)**	Quarreling (2)	Separation (2)***
Patriarchy (2)***	Murder (2)	Death (1)*
Dowry (2)**	Psychological violence (1)	Youth not supported (1)**
Victim denies perpetrator something (2)**		
Youth not supported (1)**		
IDP camp conditions (1)**		
Psychological reaction (1)**		
Power differential (1)**		
Unemployment (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or paired outcome.

*** Direct and paired contributing variable or direct and paired outcome.

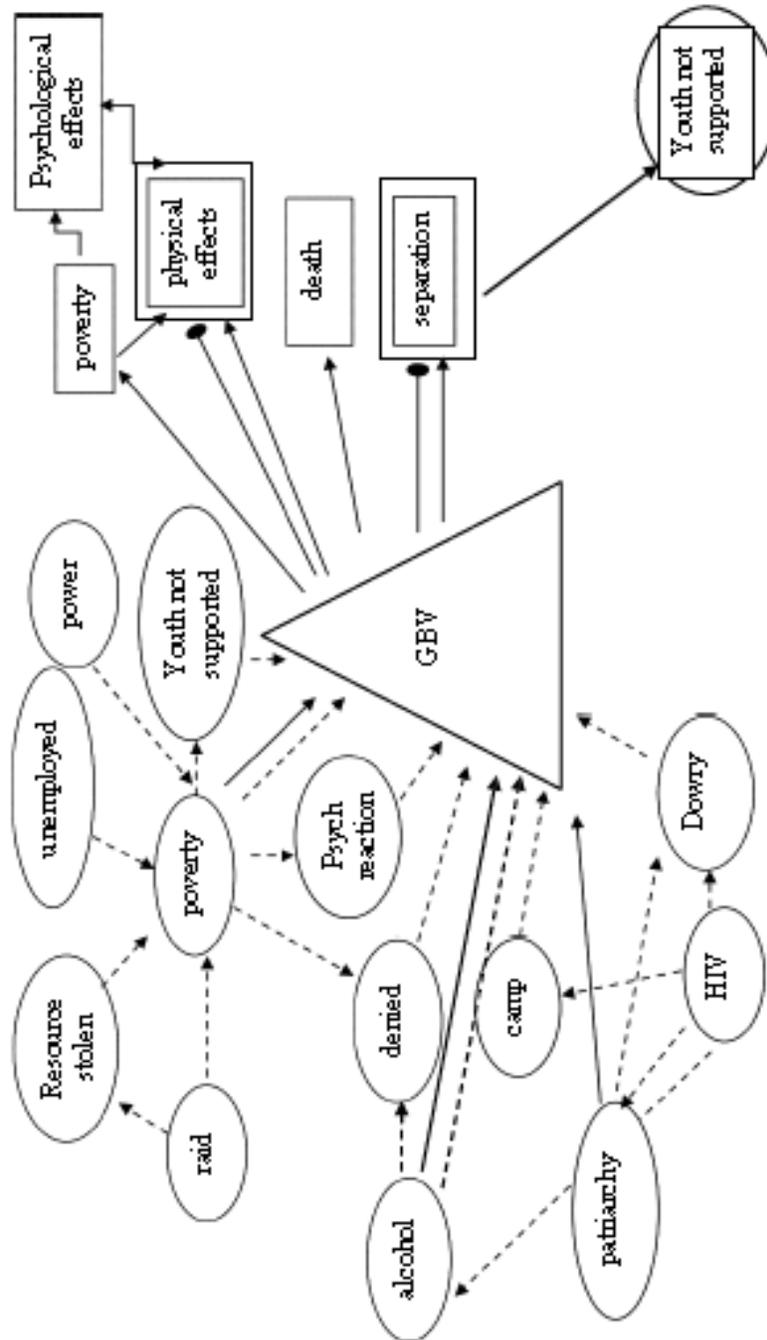


Figure 10 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Police Focus Group Discussion (FGD)

Anti-Stock Theft Unit (ASTU) Focus Group Discussion (FGD)

The ASTU FGD transpired in a hut, which was a small, enclosed area. Nine men participated in the ASTU FGD. I was highly aware of space in this small area and how space was being occupied. The two officers, for instance, were exceptionally tall and widely built. One officer sat with his legs wide open, seeming to occupy a good deal of personal space. I, the translator, and the officers sat on chairs. Other ASTU members sat on logs or on the ground. Usually, the officers replied first to questions and the other ASTU members followed. Responses from the officers were brief. Five to six ASTU members dominated the discussion. Responses from two or three members in particular were quite extensive, including several examples from the community. Following the FGD, several men were huddled and talking in hushed tones. The translator turned to me and said, "They caught a Karamojong. There was a raid last night at the corner we passed." The ASTU FGD discussion focused largely on causes of GBV, strategies for prevention and response, and effects. The ASTU offered fewer comments than other FGDs on forms of GBV.

The ASTU spoke of the following direct contributing variables to GBV: poverty, alcohol, poor family relations, being widowed, rumor mongering, personality variables, the victim challenges the perpetrator, and age of perpetrator (see Table 9 and Figure 11). The ASTU offered the following paired contributing variable relationships: (1) patriarchy with poverty; (2) alcohol, the victim denies the perpetrator something, and the perpetrator blames the victim; (3) poverty with the victim requests something from the perpetrator;

(4) conception problems with clan pressure; and (5) patriarchy with the dowry system. The ASTU offered several contributing variables that only one FGD member discussed once. Many of the variables were conceptualized as directly contributing to GBV. Alcohol and poverty were the two most commonly paired variables. The ASTU also uniquely discussed some individual factors, such as perpetrators' age (i.e., perpetrators are more likely to be young) and personality variables. In conjunction with only one other group or interview, they discussed rumor mongering (by women) and conception problems as contributing variables.

The ASTU spoke about the following singular outcomes of GBV: poverty, physical effects, youth are not supported, psychological effects, social stigmatization, and more violence. The ASTU discussed other effects as a stream of outcomes, which are as follows: (1) GBV causes poor family relations, which leads to poverty; (2) GBV leads to sex work, which leads to physical effects (e.g., contraction and spreading of HIV); and (3) GBV causes the separation of couples, which leads to the mother leaving the children with the father, which leads to youth not being supported. The ASTU most frequently discussed physical effects of GBV (e.g., HIV) and poverty. Differing from other FGDs and interviewees, the ASTU discussed social stigmatization, sex work, and more violence as outcomes. Regarding social stigmatization, for instance, one ASTU member noted:

Then it is also stigma when somebody's known in the community that one is always being battered by her husband- so she feels the stigma when she's in the community. She doesn't feel respect. Really everybody knows she's being

battered and she's staying in the home full of violence and she's still enduring the same situation.

Table 9
Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Anti-Stock Theft Unit (ASTU) Focus Group Discussion

Contributing Variables	Forms	Outcomes
Poverty (4)***	Physical violence (3)	Physical effects (4)***
Alcohol (3)***	Sexual violence (2)	Poverty (4)***
Patriarchy (2)**	Early marriage (1)	Psychological effects (3)*
Poor family relations (2)*		Youth not supported (3)***
Widow status (1)*		Poor family relations (2)**
Victim denies perpetrator something (1)**		Stigma (1)*
Dowry system (1)**		Separation (1)*
Conception problems (1)**		Sex Work (1)**
Clan pressure (1)**		Violence (1)*
Rumor mongering (1)*		
Age (1)*		
Personality (1)*		
Victim challenges perpetrator (1)*		
Victim requests something (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or mediated outcome.

*** Direct and paired contributing variable or direct and mediated outcome.

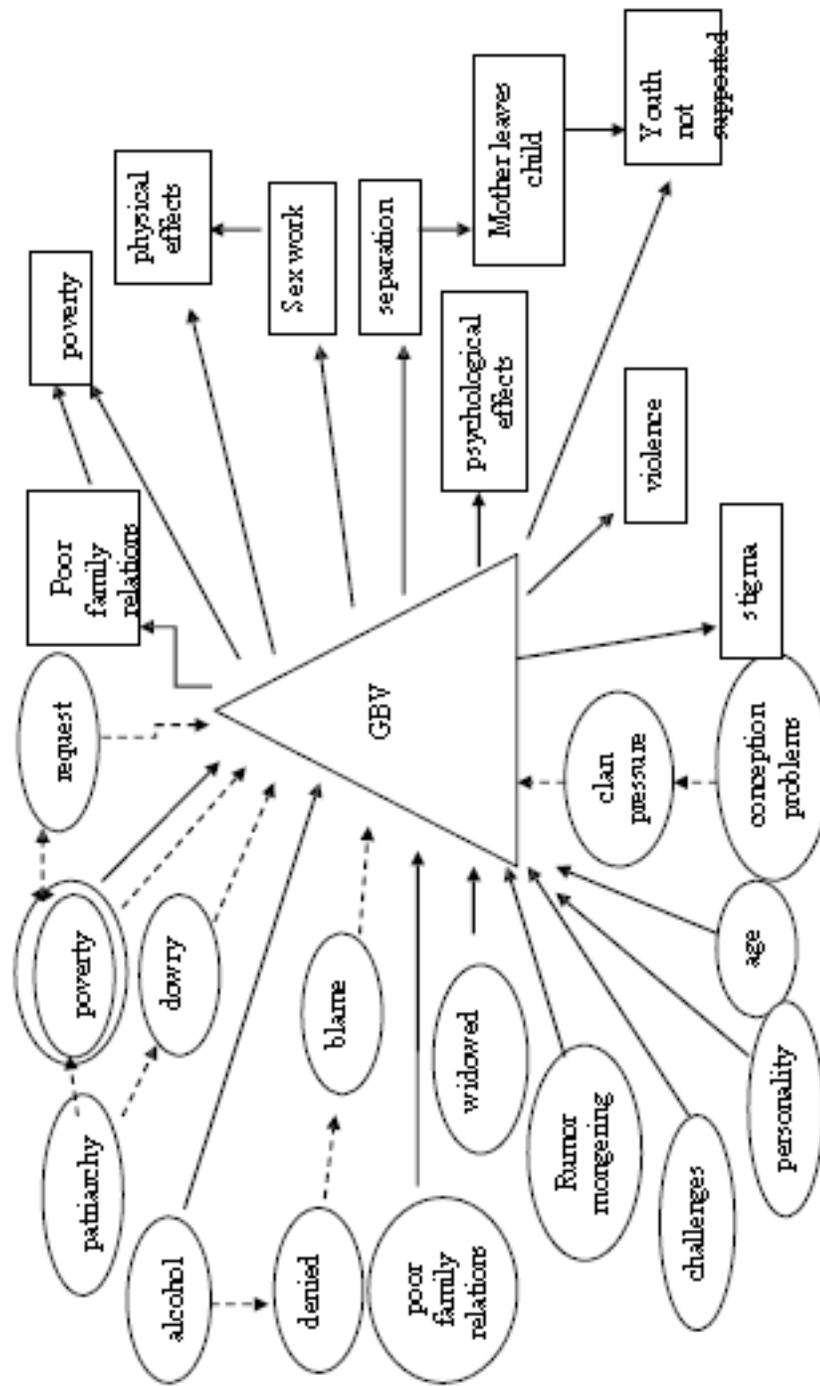


Figure 11. Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Anti-Stock Theft Unit (ASTU) Focus Group Discussion (FGD)

Health Officials Interview

The health officials key informant interview began with the nursing assistant because the head nurse was caring for a patient. In the middle of the interview, however, the head nurse joined the interview. Together, the health officials offered several contributions regarding potential contributing variables and outcomes to GBV. Although health officials declared that sexual violence is rare, they spent a significant portion of their discussion on sexual violence.

The health officials spoke of the following direct contributing variables to GBV: youth not being supported, alcohol, power differential between the victim and perpetrator, infidelity, women having no property rights, and divorce (see Table 10 and Figure 12). The health officials offered the following paired contributing variable relationships: (1) Karamoja raids, resources are stolen, poverty, the victim requests something from the perpetrator, and patriarchy; (2) poor family relations, patriarchy, and the victim challenges the perpetrator; (3) the victim requests something from the perpetrator with patriarchy; (4) alcohol with being HIV-positive; (5) poor family relationship with youth not being supported; and (6) Karamoja raids with women wanting to separate from husbands to return to their families in a more secure area. The health officials frequently discussed alcohol, patriarchy, and power differentials as contributing variables. Patriarchy in particular seemed to be at the center of several contributing variable pairings. The health officials uniquely discussed divorce as a contributing

variable. In a discussion about land grabbing, they said simply, "Divorce is also a contributing factor."

The health officials spoke about the following singular outcomes of GBV: separation, psychological effects, and physical effects. The health officials discussed other effects as a stream of outcomes, which are as follows: (1) GBV causes family separation, which carries psychological effects; and (2) GBV causes separation, which leads to mothers leaving children with the fathers, which leads to increased poverty; (3) GBV causes family separation, which leads to youth not being supported, which leads to psychological effects, which leads to early marriage and/or children dropping out of school; and (4) GBV causes poor family relations, which leads to youth not being supported, which causes psychological effects, which leads to early marriage. Health officials shared more outcomes than other key informant interviews. Additionally, they were unique in the frequency with which they paired psychological outcomes with other outcomes.

Table 10

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Head Nurse and Nursing Assistant Interview

Contributing Variables	Forms	Outcomes
Patriarchy (3)**	Sexual violence (7)	Psychological effects (5)***
Alcohol (3)***	Physical violence (1)	Separation (4)***
Power differential (3)*	Abuse of rights (1)	Poverty (2)**
Poor family relations (2)**	Poor family relations (1)	Youth not supported (2)**
Karamoja raids (2)**		Early marriage (2)**
Victim requests something from perpetrator (2)**		Mother leaves children (1)**
Youth not supported (2)***		Drop out of school (1)**
Victim challenges perpetrator (1)**		Poor family relations (1)**
Resources stolen (1)**		
Poverty (1)**		
Infidelity (1)*		
HIV (1)**		
No property rights (1)*		
Divorce (1)*		
Separation (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or mediated outcome.

*** Direct and paired contributing variable or direct and mediated outcome.

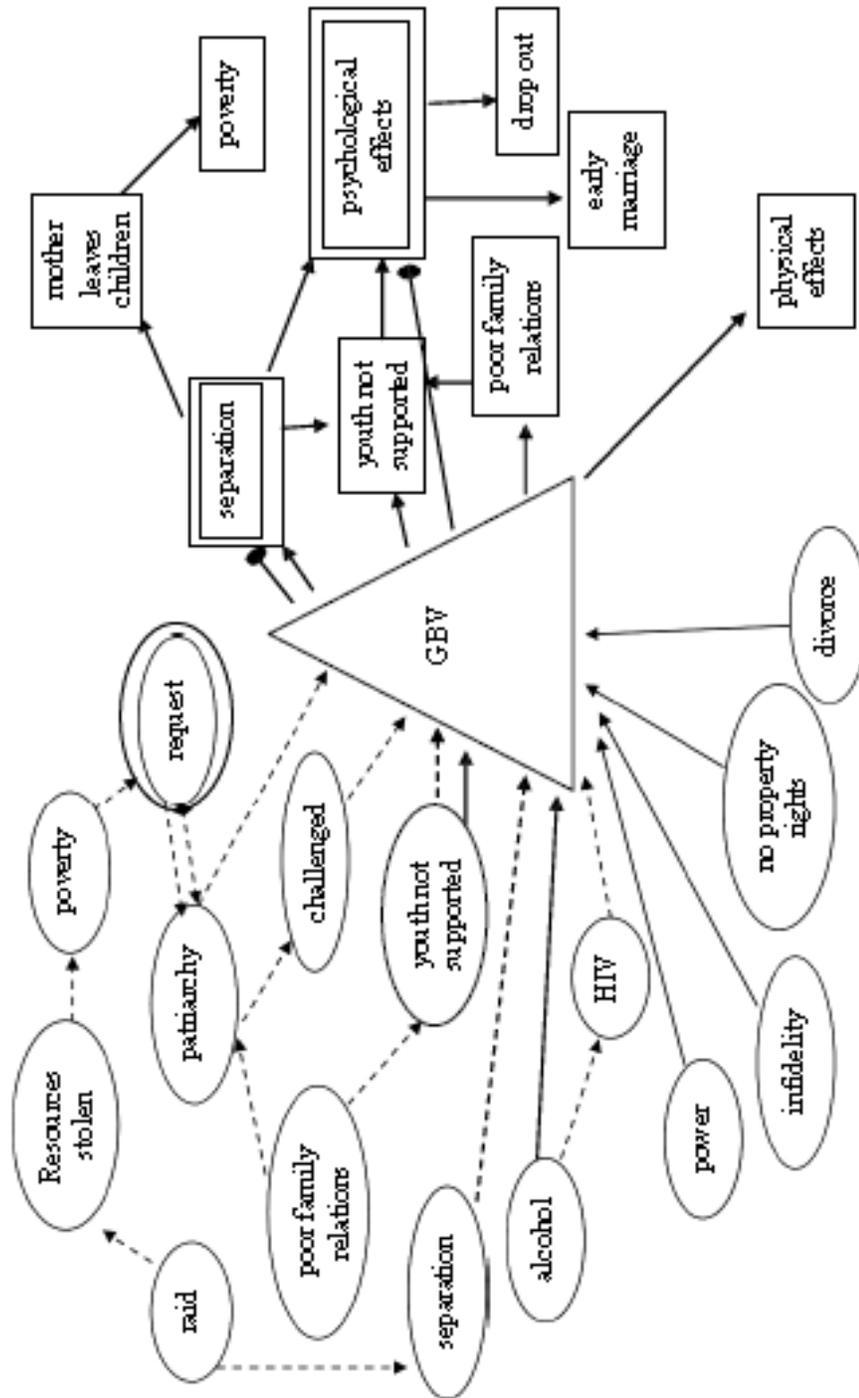


Figure 12. Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Head Nurse and Nursing Assistant Interview

Assistant Community Development Officer of Palam Sub County (PDO) Interview

The PDO seemed well-versed in the language of GBV. He was able to speak fluently about GBV and shared several examples throughout his discussion. The PDO contributed several ideas regarding contributing variables, forms of GBV, and outcomes, and exhibited similar levels of contribution as the health officials, although the PDO does not reside in Olilim. The PDO and health officials appeared particularly knowledgeable regarding GBV and seemed to have more information than other key informants.

The PDO spoke about the following direct contributing variables: alcohol, conception problems, and poor family relations (see Table 11 and Figure 13). The PDO offered the following paired contributing variable relationships: (1) raids, resources stolen, unemployment, poverty, and patriarchy; (2) unemployment, alcohol, and victim denies perpetrator something; (3) alcohol, victim requests something from perpetrator, and patriarchy; (3) patriarchy with victim challenges perpetrator; (4) poverty with a power differential; (5) widowed, no property rights, and patriarchy; (6) Being HIV-positive with perpetrator blames victim; (7) victim reveals positive HIV status with perpetrator blames victim; and (8) infidelity with a psychological reaction. Most of the PDO's discussion on contributing factors included a pairing of one or more variables. The PDO frequently discussed alcohol, which is consistent with most other FGDs and interviews. However, he uniquely discussed unemployment as a cause for increasing consumption of alcohol. Hence, while most narratives begin with alcohol, the PDO took the discussion one level further. The PDO also frequently discussed patriarchy, which seemed to be in the center of several paired relationships. In looking at key informant

interviews, the frequent discussion of patriarchy resembles only the discussion of the health officials.

The PDO spoke about the following singular outcomes of GBV: separation and youth not being supported. The PDO discussed other effects as a stream of outcomes, which are as follows: (1) GBV leads to separation, which leads to poverty, which leads to children drop out of school, which leads to children not having a future; (2) GBV causes separation, which causes physical effects (e.g., HIV); (3) GBV causes psychological effects, which causes young girls to consider early marriage; and (4) GBV causes witchcraft, which leads to death (via poisoning). Separation of couples and families occupied much of the PDO's discussion on outcomes and mediated several other outcomes.

Table 11

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Assistant Community Development Officer of Palam Sub County (PDO) Interview

Contributing Variables	Forms	Outcomes
Alcohol (4)***	Physical violence (9)	Separation (5)***
Patriarchy (4)**	Land grabbing (2)	Witchcraft (2)**
Unemployment (2)**	Murder (2)	Death (2)**
Victim challenges perpetrator (2)**	Poor family relations (1)	Poverty (1)**
Poverty (2)**	Quarreling (1)	Drop out of school (1)**
Perpetrator blames victim (2)**	Early marriage (1)	Children have no future (1)**
Victim requests something from perpetrator (1)**		Psychological effects (1)**
Conception problems (1)*		Early marriage (1)**
Victim denies perpetrator something (1)**		Youth not supported (1)*
Infidelity (1)**		Physical effects (1)**
Psychological reaction (1)**		
Being widowed (1)**		
No property rights (1)**		
Karamoja raids (1)**		
Resources stolen (1)**		
Poor family relations (1)*		
Power differential (1)**		
HIV positive status (1)**		
Victim reveals positive HIV status to perpetrator (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or mediated outcome.

*** Direct and paired contributing variable or direct and mediated outcome.

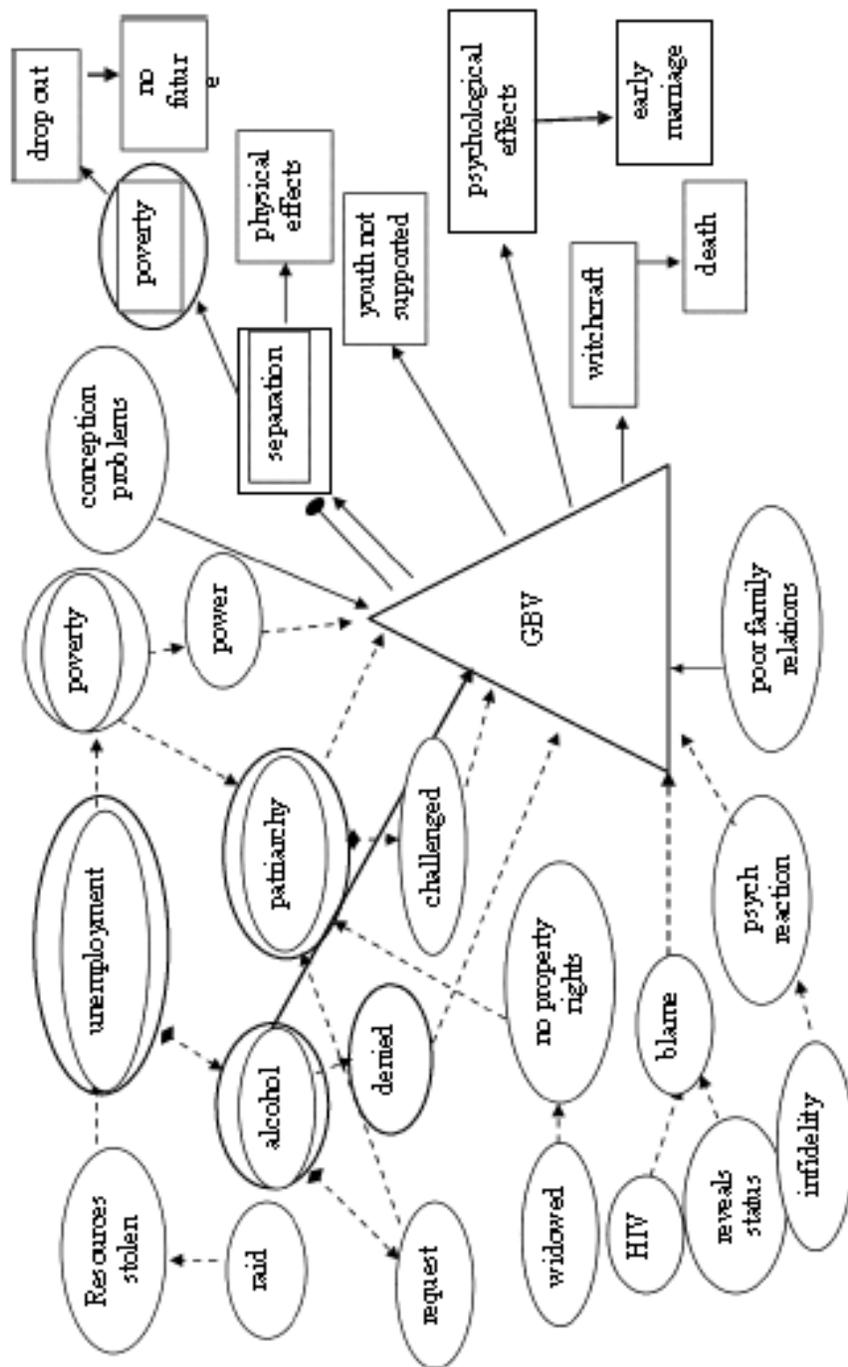


Figure 13 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram. Assistant Community Development Officer of Palm Sub County (PDO) Interview

Child and Family Protection Unit Police Officer (CFPO) Interview

The second CFPO (who was not a part of the police FGD) was based in Katakwi and did not reside in Olilim. She preferred to facilitate the interview in English. She explained how cases of GBV might reach and be handled by her office.

They normally report their cases to LC 1. Then from there, they will give a letter for them to come by police. We receive them. We listen from the complainant what happened exactly. Then we record the statement. If the accused refuses to come to the police, we have to arrest and detain and we do this counseling. If he fail to compromise, then we always refer them to court. And in some cases, we refer to probation.

The CFPO's discussion focused largely on contributing variables.

The CFPO spoke of the following direct contributing variables to GBV: polygamy, infidelity, and alcohol. The CFPO offered the following paired contributing variable relationships: (1) Karamoja raids, resources are stolen, poverty, and patriarchy; (2) Karamoja raids, the husband is murdered, the wife is widowed, and patriarchy; (3) Karamoja raids, insecurity, psychological reaction to the ongoing insecurity, and patriarchy; (4) victim reveals a HIV-positive status to the perpetrator and the perpetrator blames the victim; and (5) alcohol with victim denies perpetrator something. The CFPO was consistent with other FGDs and interviews by discussing the four most commonly-discussed contributing variables: alcohol, poverty, the Karamajong raids, and the victim denying the perpetrator something. The CFPO spoke frequently about the Karamajong

raids (when prompted). Similarly to other groups and interviews, she discussed the raids as more distal factors that triggered a chain of events (e.g., like escalating poverty), which concludes with GBV.

The CFPO spoke about the following singular outcomes of GBV: death and physical effects (e.g., physical injury). The CFPO discussed other effects as a stream of outcomes, which are as follows: (1) GBV causes poor family relations, which leads to infidelity, which leads to physical effects (e.g., HIV); and (2) GBV causes couple separation, which leads to the mother leaving the children with the father. The CFPO discussed outcomes less than other key informants. The CFPO spoke most frequently about death and physical outcomes. She did not discuss psychological outcomes, poverty, or youth not being supported, which most or all key informants did include in their discussions. She uniquely mentioned infidelity as an outcome of GBV.

Table 12

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Child and Family Protection Unit Police Officer (CFPO) Interview

Contributing Variables	Forms	Outcomes
Karamoja raids (3)**	Physical violence (4)	Death (2)*
Patriarchy (3)**	Sexual violence (3)	Physical effects (2)***
Alcohol (2)***	Murder (1)	Separation (1)**
Poverty (2)**		Mother leaves children (1)**
Polygamy (1)*		Poor family relations (1)**
Victim denies perpetrator something (1)**		Infidelity (1)**
Being widowed (1)**		
Resources stolen (1)**		
Husband murdered (1)**		
Insecurity (1)**		
Psychological reaction (1)**		
Victim reveals positive HIV status to perpetrator (1)**		
Perpetrator blames victim (1)**		

* Direct contributing variable or single outcome.

** Paired contributing variable or mediated outcome.

*** Direct and paired contributing variable or direct and mediated outcome.

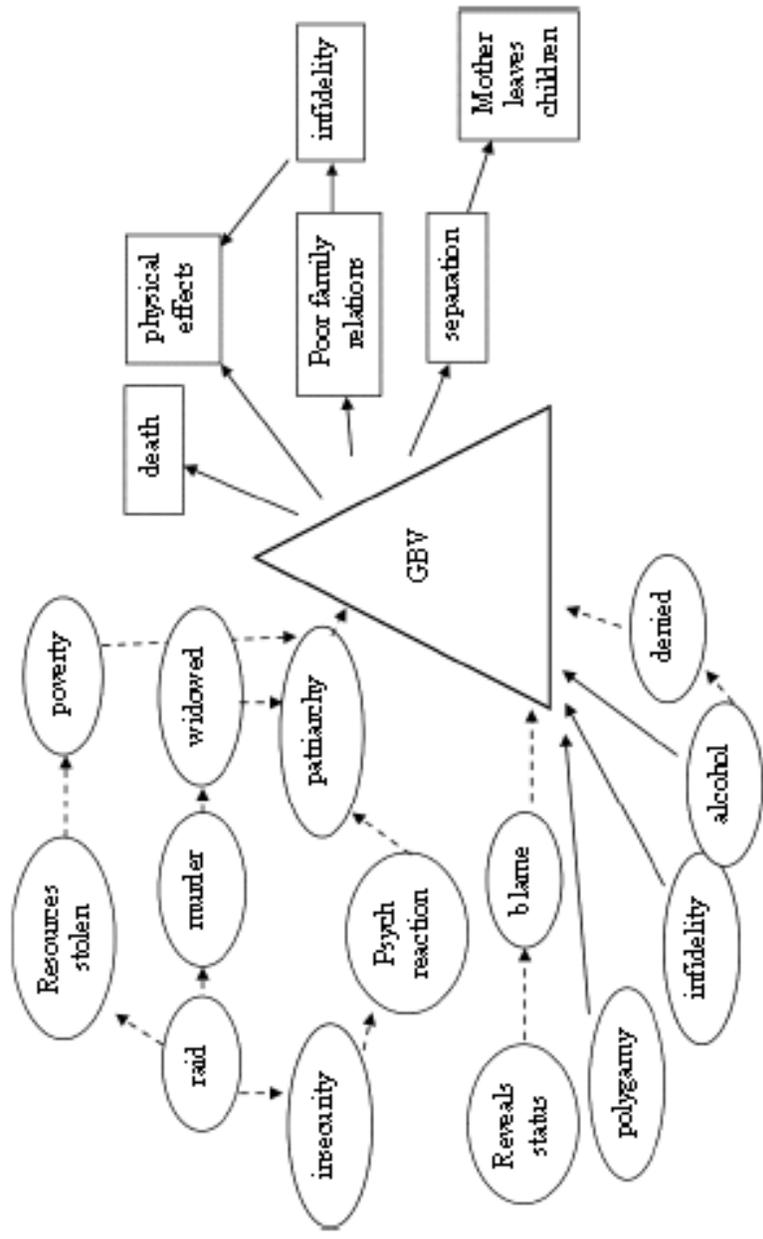


Figure 14 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Child and Family Protection Unit Police Officer (CFPO) Interview

Local Council 1 Chairperson (LC 1)

The LC 1 constitutes the first level of intervention for GBV cases. He can hold court for minor cases or he often refers cases to the police, health, or upper-level courts by writing a referral letter. When asked how he decides cases of GBV and selects the jury, the LC 1 offered the following:

It is many members [the jury]. It is the community who select. And when there's a case, we call some other members. Everyone can go, as long as you don't interfere. After you listen to the case, then questions come, "How was this matter?" They are witness. These cases is like this. Then, this community weighs. "You have a mistake. Why did you do this and that?" So, the case is against you.

The LC 1 spoke rarely about forms and offered few examples. He requested that the interview transpire in English. Yet, we struggled to communicate.

The LC 1 spoke of three direct contributing variables to GBV: alcohol, HIV, and the victim requesting something from the perpetrator. The LC 1 offered the following paired contributing variable relationships: (1) alcohol with poverty; (2) alcohol with the victim requesting something from the perpetrator; and (3) the Karamoja raids with men having their masculinity challenged. Similar to other FGDs and interviews, the LC 1 spoke frequently about alcohol consumption as a direct and paired contributing variable. Contrasting with other interviews, he also discussed the perpetrator's masculine role being challenged by the victim.

The LC 1 indicated that separation is a single outcome of GBV. He discussed other outcomes as streams of effects, which are as follows: (1) GBV causes separation, which leads to poverty; (2) GBV causes separation, which leads to social stigmatization, which leads to youth not being supported; and (3) GBV causes social stigmatization, which leads to youth not being supported. The LC 1's discussion of outcomes seemed to focus more exclusively on familial or communal effects: for example, separation, social stigmatization, and youth not being supported. He did not discuss individual effects (i.e., psychological and physical) like most other FGDs and interviews covered. He did conceptualize poverty as both an outcome and contributing variable.

Table 13
Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Local Council 1 Chairperson (LC 1) Interview

Contributing Variables	Forms	Outcomes
Alcohol (4)***	Physical violence (1)	Separation (4)***
Victim requests something from perpetrator (2)***	Quarreling (1)	Stigma (2)**
Poverty (1)**		Youth not supported (2)**
Karamoja raids (1)**		Poverty (1)**
Masculine role challenged (1)**		
HIV (1)*		

* Direct contributing variable and single outcome.

** Paired contributing variable and mediated outcome.

*** Direct and paired contributing variable and direct and mediated outcome.

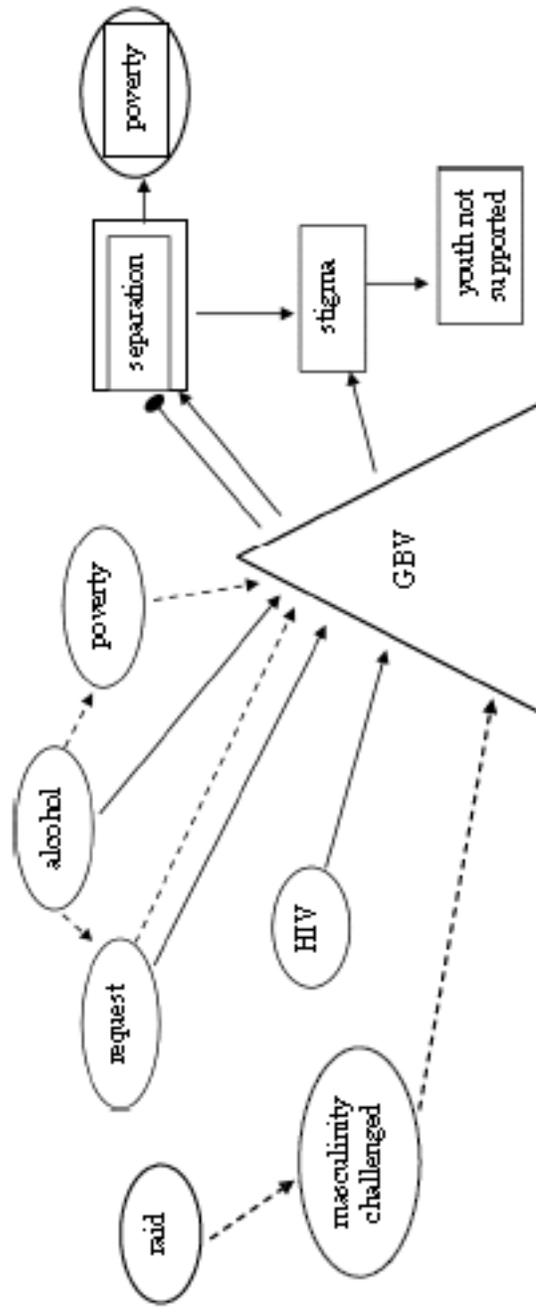


Figure 15 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Local Council 1 Chairperson (LC 1) Interview

Head Teacher Interview

The head teacher initially appeared to have a challenging time providing responses to the interview questions. He hedged somewhat when I inquired about types of GBV found in Olilim. He said, "I cannot give some because I'm new here. This is just my second year in the school. I was in the other place." When asked about his role in responding to GBV, he explained how he might handle GBV cases where the assault is occurring at home or girls are raped or sexually-assaulted by soldiers on their walk home from school:

We first collect data from children. I have a senior woman teacher and a senior man teacher. You find that if that child has a problem, they are taken for guidance and counseling. The child opens up. You will now get all the details. Why the compartment of the child is going down. What happens at home. What the parents do to the child. Maybe when they are going back to their homes, there are some people who come to them on their way- like soldiers normally they disturb these girls. So when they open up, you find that we write letters to the commanders- inviting those soldiers who abuse the girls on the way to come to school. If they fail, I write directly to district and they will be collected.

The teacher then calls the perpetrator to a meeting where he counsels them, essentially giving them advice.

The head teacher spoke of the following direct contributing variables to GBV: the Karamoja raids, alcohol, and poor family relations. The head teacher offered the

following paired contributing variable relationships: (1) Karamoja raids, resources stolen, and poverty; and (2) poor family relations, patriarchy, and the victim requests something from the perpetrator. The head teacher spoke most frequently about the Karamoja raids and alcohol as contributing variables. The head teacher was the only interview or FGD who did not discuss alcohol as both a direct and paired contributing variable.

The head teacher spoke about the following singular effects of GBV: death, separation, early marriage, poverty, and physical effects. The head teacher discussed one stream of outcomes: GBV causes youth not being supported, which leads to psychological effects. The teacher discussed most outcomes as single outcomes, and he only mentioned each outcome once. He mentioned the six most commonly-discussed outcomes, however. Like the LC 1, he discussed poverty as both an outcome and as a contributing variable.

Table 14

Frequencies of Contributing Variables, Forms of Gender-Based Violence, and Outcomes of Gender-Based Violence: Head Teacher Interview

Contributing Variables	Forms	Outcomes
Karamoja raids (2)***	Physical violence (3)	Physical effects (1)*
Alcohol (1)*	Economic violence (2)	Death (1)*
Poor family relations (1)***	Sexual violence (2)	Poverty (1)
Patriarchy (1)**	Abuse of rights (1)	Separation (1)*
Victim requests something from perpetrator (1)**		Youth not supported (1)**
Resources stolen (1)**		Psychological effects (1)**
Poverty (1)**		Early marriage (1)*

* Direct contributing variable and single outcome.

** Paired contributing variable and mediated outcome.

*** Direct and paired contributing variable and direct and mediated outcome.

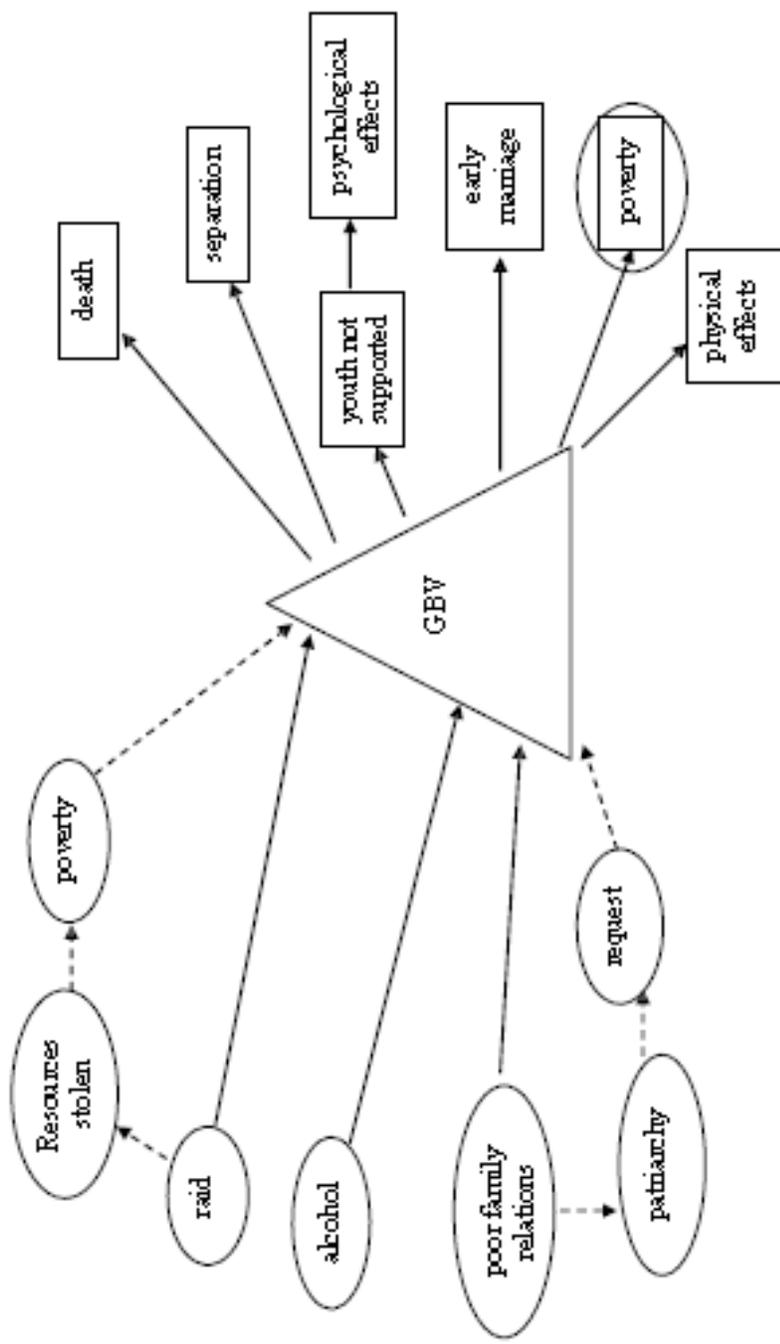


Figure 16 Contributing Variables and Outcomes of Gender-Based Violence (GBV) Conceptual Diagram: Head Teacher Interview

Summary

To honor Krueger's (1998) recommendation that researchers conduct between-group analyses of FGDs to strengthen results, I first utilized grounded theory to code each transcript. I then transferred the coding into separate spreadsheets for each FGD and interview. Next, I conducted within-group and between-group analyses by completing and creating FGD data analysis forms (Appendix H), frequency tables, and conceptual diagrams. I additionally offered a brief written explanation for each FGD and interview, detailing what surfaced throughout the discussions, including notes on convergence and divergence from other FGDs and interviews. The next section will focus on the broader community picture by looking at all the FGDs and interviews together.

GBV in Olilim: A Community Perspective

Following an analysis of individual FGDs and interviews, the next stage in the analytic process focuses on developing a community representation of (1) how the internally-displaced Olilim community experiences and conceptualizes GBV, (2) how armed conflict impacts GBV, and (3) what community-informed prevention and/or intervention strategies for GBV emerged from the data. To develop a community representation, I again considered frequencies and developed tables (e.g., Table 15) to illustrate a community portrayal of forms of GBV, contributing variables of GBV, and outcomes of GBV. On the tables, the following abbreviations represent the FGDs and interviews: YB (younger boys), YG (younger girls), OB (older boys), OG (older girls), W (women), M (men), E (elders) POL (police), ASTU (ASTU), HO (health officials), PDO

(PDO), CFPO (CFPO), LC 1 (LC 1), and HT (head teacher). In addition, I discuss other concepts, including perpetrators and survivors of GBV.

Forms of GBV

Participants discussed 16 forms of GBV (see Table 15). In order of frequency with which participants discussed various forms of GBV, the forms are as follows: physical violence, sexual violence, quarreling, early marriage, economic violence, land grabbing, murder, poor family relations, abuse of rights, failure to reveal one's HIV status, verbal abuse, heavy labor, psychological violence, witchcraft, infidelity, and abduction. To focus the community depiction of forms of GBV, I will offer supporting narrative for the some of the most frequently mentioned forms of GBV: physical violence, sexual violence, quarreling, early marriage, economic violence, and land grabbing.

Physical violence. Participants discussed physical violence far more frequently than other forms of GBV. Moreover, physical violence is the only form of GBV that was mentioned by every FGD and interview. Almost all examples of physical violence were domestic and depicted the husband battering or fighting the wife. Women spoke most frequently about physical violence. For instance, one woman spoke about getting tested for HIV and disclosing her positive status to her husband.

Table 15

Forms of Gender-Based Violence (GBV): Combined Focus Group Discussions (FGD) and Interview Frequencies

Forms of GBV	Focus Groups and Interview Informants													Frequency		
	YB	YG	OB	OG	W	M	E	POC	ASTU	HO	PD-0	CFPO	LC 1	HT		
Physical Violence	4	6	7	5	11	4	9	6	3	1	9	4	1	3	73	
Sexual Violence	--	--	8	4	9	5	1	5	2	7	--	3	--	2	46	
Quarreling	2	3	3	--	9	--	4	2	--	--	1	--	1	--	25	
Early Marriage	--	1	--	12	--	--	--	--	1	--	1	--	--	--	15	
Economic Violence	--	--	--	6	4	3	--	--	--	--	--	--	--	2	15	
Land Grabbing	--	--	1	1	1	--	1	3	--	--	2	--	--	--	9	
Murder	--	1	--	--	1	--	--	2	--	--	2	1	--	--	7	
Poor Family Relations	--	--	--	1	--	3	--	--	--	1	1	--	--	--	6	
Abuse of Rights	--	--	--	--	--	3	--	--	--	1	--	--	--	1	5	
Failure to Renew HIV Status	--	--	--	--	3	--	--	--	--	--	--	--	--	--	3	
Verbal abuse	1	1	--	--	--	--	--	--	--	--	--	--	--	--	2	
Heavy Labor	--	--	--	--	2	--	--	--	--	--	--	--	--	--	2	

She lamented:

If you come, and you tell him that "I am positive," that is again a very harsh retaliation upon you. You are beaten and for you also now, if you don't want to get that [be beaten], you now think of going your own ways now. You move away, but in that, you're tortured psychologically and you don't find it so well.

The elders also frequently mentioned physical violence. One elder observed, "In certain families, there's a lot of quarrelling, fighting, and if you like intervene as a counselor, you find that you're blamed as a wrong person in the village." Physical violence was a common result of alcohol consumption, the victim challenging or denying the perpetrator something, and misplaced blame (e.g., for an HIV-positive status).

Sexual violence. In contrast to physical violence, sexual violence was rarely discussed as a domestic phenomenon. Most examples depicted sexual exploitation between soldiers and girls, stranger rape between a man who consumed alcohol and a girl or woman, stranger rape between the Karamajong warriors and women in Olilim, or acquaintance rape between neighbors and children in concentrated IDP camp conditions. Similar to physical violence, women spoke most frequently about sexual violence as well. One woman, for instance, brews and sells the local beverage called ajenol to help support her family. She offered this personal narrative regarding her experience with both physical and sexual violence:

But you find that men come and are calling for brew and they start drinking it.

And when you now say that, "Ok, now that you are finished drinking, why can't

you pay me what I also deserve? Like payment." The man now also starts mentioning a kind of silly words to you that, "I want you. You're like beautiful. I want be your husband." And when you deny or when you say, "I don't want. I want my money." The man will just start beating you up- quarrelling at you. Now when you just say maybe that is how he is and you try to go to your house, you find that that very person comes knocking on the door, wanting to force you into sexual intercourse.

Teenage boys followed closely behind women regarding frequency of discussing sexual violence. Teenage boys, especially, talked about men or boys sexually abusing "girl children." Teenage boys also discussed sexual exploitation and referred to sex work as sexual violence. For example, one teenage boy indicated the following:

Parents at times don't give the children the necessity need- like giving- for caring for books, and money for other necessities. So the girls may end up going with other people for sex in exchange for money. And they end up violating the girl children sexually.

Hence, although this example depicts girls as having some agency regarding acquiring goods to continue their education and survival, these types of examples almost always referred to men sexually abusing or violating girls.

There existed some disagreement about whether or not sexual violence is a common occurrence in Olilim. Several key informants indicated that sexual violence was uncommon, although when prompted to speak about sexual violence, FGDs and key

informants seemed to have little difficulty identifying examples, illustrating the occurrence of GBV. For instance, one health official declared this:

Yeah, it is there. Sexual violence. But it is not so common in Olilim here. It is not so common. But in the drinking places, it might happen that some man cannot negotiate for love with a woman and it can just result to rape.

Following this statement, the health officials then offered several examples of rape. The police FGD hinted that there may exist an issue of underreporting. One police official expanded, "There is rape, but it's not common. And maybe sometimes they don't report. For them, they will just take it as a secret." Only the translator spoke about domestic sexual violence in relation to contracting HIV. The translator offered the following example about a case that he handled in conjunction with the police regarding a father who discovered he was HIV-positive and raped his daughters with the intention of killing them with HIV:

But when we intervened and inquired, that is what he [the father] mentioned that, "I did it [raped her] because people will benefit out of my child when I die. So let me kill her, so nobody will get a dowry out of her. And she will also die." ... So it is one of the commonest commonest things that happens here in Ngariam and Palam Subcounty, I can say. People go back into their children with an intention of killing them.

Thus, contrasting with other key informants, the translator determined that sexual violence akin to the aforementioned example occurred frequently. The discrepancy in

narrative could indicate that coupled with underreporting, there may be some community resistance around discussing sexual violence occurring in homes.

Quarreling. Quarreling was commonly referred to as a form of GBV in conjunction with physical violence, especially by the FGDs. Again, women spoke most frequently about quarreling as a form of GBV. When asked about types of GBV in Olilim, one woman stated, "If somebody's coming and starts quarrelling in the home." Several other women supported her example by stating something similar. Elders, too, frequently discussed quarreling. For example, one elder noted, "So you find that if one discovers [something was sold without his knowledge], there will be violence in the home. There will be fighting- quarrelling." Few FGDs or key informants offered content pertaining to the quarreling and it was difficult to determine whether the quarreling constituted or was similar to verbal abuse.

Early marriage. Early marriage was only mentioned by the younger girls, the teenage girls, the ASTU, and the PDO. The younger girls, ASTU, and PDO only discussed early marriage one time. However, the frequency remains high because teenage girls spoke about early marriage 12 times during their FGD. Most teenage girls discussed thinking about early marriage in response to their parents not supporting them at home, especially with school fees and educational materials. For instance, a teenage girl revealed the process which leads her to consider early marriage:

If the parents refuses to buy you school uniform- buy you the books, the pants, and pay school fees. Now you will start thinking of going to marry off because

school dues are not paid, scholastic materials are not provided, so you just have that thinking now that it is better for me to go and marry.

Another teenage girl spoke more generally about not being supported and considering early marriage. She said, "If like the parents don't support the girl child, the girl starts thinking of early marrying- going to get somebody who will take care of her now."

Another teenage girl noted that if there is violence in the home, the violence prompts girls to consider leaving the home and marrying early. She reported, "If there's violence at home, you find that girl children go to marry off. They now think of marrying and they go and marry." A younger girl spoke about both early marriage and how the dowry the parents receive from marrying their daughter can instigate more fighting and violence in the home:

Like early marriages. You find girls are married and once the dowry is brought and the mother now says, "Please now give me what belongs to what I deserve also." If the child also- the young one says this is now what I'm lacking. You find that the father becomes harsh and violent in the home because he doesn't want things to be used by any other person apart from him.

Early marriage as a form of GBV seemed closely connected to poverty, to girls not being financially supported by their parents, and to girls having limited options for economic survival. In the aforementioned supporting narratives, the teenage girls demonstrated agency regarding utilizing early marriage as a form of survival. Most, for instance, referred to early marriage as their own idea. Other teenage girl narratives demonstrated

girls receiving pressure from their fathers to marry and mothers trying to protect them, which instigated fighting between the parents. For example, a teenage girl said this:

When you, a girl child, like inquires for school dues, you want uniform, you want like books from the father, the father retaliates with a very harsh statement, "Have I ever told you to get married, and you don't want. Why are you disturbing me?" Now if the mother tries to say, "But please, this girl is still young. There's no need to tell her such harsh statements." The father starts beating the mother.

Another teenage girl had a similar example. She stated, "The father now forces the girl to go and marry-forced marriage- and when the mother now starts to insist, 'No, this girl is still young.' You find that they start now fighting and knocking heads." The latter two supporting narratives illustrate fathers, specifically, pressuring their daughters to marry early.

Economic violence. Teenage girls and women discussed economic violence most frequently. Men and the head teacher also discussed economic violence as a form of GBV. The participants referred to economic violence as a domestic phenomenon wherein men controlled the financial resources and refused to support women and children by buying them food, clothes, household items (e.g., soap), scholastic materials, and healthcare. Teenage girls initially framed economic violence as "misunderstanding" between the parents. When asked to explain the term misunderstanding further, one teenage girl offered, "An example of misunderstanding is when the dad doesn't support the mother." Another teenage girl specified, "Like if the mother requests for anything from the dad like purchasing household items and the father refuses. That's an example of

a misunderstanding." Women also frequently referred to "unshared decision-making" or instances where men completely controlled the family's economic resources. One woman expounded:

Some heads of households, fathers mostly, they tend to put drinking as the key priority. In their mind, they forget of buying household necessities like salt and soap. So if like one is not given such necessities, you find that there's violence that accrues within that.

All of the examples regarding economic violence indicate patriarchy as a significant contributing variable, which will be discussed in more detail in the section dedicated to contributing variables. In the aforementioned examples of economic violence, men are referred to as controlling the resources, making the decisions, and depicted hierarchically as heads of households.

Land grabbing. Several FGDs (e.g., teenage boys, teenage girls, women, elders, and police) and one key informant (the PDO) discussed land grabbing as a form of GBV. The police discussed land grabbing the most frequently. In every instance of land grabbing, women were widowed and had no rights to their land without their husband present. Hence, husbands' families strongly encouraged widowed women to marry one of the deceased husband's relatives (usually a brother) or leave. At times, the deceased husbands' families physically abused widowed women to drive them from the property. The police explained, "When husband has died, he leaves the widow with some land. Someone will remove the land of that widow, so that one suffers." The PDO said similarly, "And then, maybe secondly, there is also property problem. Like if the woman

lost a husband and now the relatives of that of the husband, you find that when their son dies, what happens later is they will run the woman to leave." Although land grabbing was mentioned consistently by several groups, it was discussed infrequently (usually once or twice). As the PDO stated in the previous example, and as is demonstrated by the decreased frequency with which land grabbing was discussed, participants seemed to conceptualize land grabbing as a secondary problem in terms of GBV. Thus, the analysis of forms of GBV will conclude with land grabbing.

Perpetrators and Survivors of Gender-Based Violence (GBV)

Perpetrators. Participants almost uniformly named men as perpetrators and women or girls as survivors of GBV. Participants often used examples to illustrate GBV, and in these examples, men were the perpetrators of GBV. More specifically, in these examples, participants often referred to the perpetrator in relational terms: for example, father, dad, or husband. Younger and older boys, for instance, consistently referred to the perpetrator as dad. Younger and older girls referred to the perpetrator as father. The men FGD referred to the perpetrator often as father or husband. The women FGD referred to the perpetrator as husband and sometimes more generically as man.

Interestingly, with prompting to name perpetrators of GBV, participants often expanded their relational conceptualization to include mothers and other members in the community: for example, soldiers, male youth, and the Karamajong. This was especially the case when referring to sexual violence. A younger boy, for instance, discussed perpetrators as youth with a bad character. He said, "It's like somebody who has a bad character in the community. His character is so dubious." A teenage boy remarked, "The

Karamajong warriors tend to come and they also end up raping these girl children in Teso." Another teenage boy indicted drug addicts as perpetrators of GBV. He said, "People who go on, who are drug addicts like smokers, alcoholics, and some who use these funny funny drugs are the ones who abuse girls sexually." Men, too, offered several remarks about perpetrators. Upon prompting, one man said, "The UPDF, the army, just here in Olilim." Another man stated, "Even the teachers themselves go and defile them." Yet a different man commented that women are also perpetrators of GBV against their husbands:

Both a man and woman are perpetrators of violence. The reason is that you find in certain families, a woman has power or authority over the other [her husband] and you find so that the woman uses her power and authority to violate the rights of the other one.

Survivors. Participants indicated unvaryingly that survivors were women and girl children, especially women and children who are unprotected by a familial structure and are without power (e.g., widows, orphans, the poor, or those with a psychiatric illness). An elder stated, "The survivors of violence are really those people who are poor in the family," demonstrating a link between economic vulnerability and GBV. A woman participant explained how orphans might become survivors of GBV. She said:

If both parents have died, you find that these orphans, it is the uncles that take care of them. And the uncles cannot provide all the basic needs as the way the parents could do. And if like a child, a girl child is within that household, she's an

orphan, she will now start looking at getting married outside . And when she marries out, she's impregnated and she gets sexual violence outside.

Like perpetrators, participants often represented survivors relationally: for example, by calling survivors mom, mother, wife or daughter. Participants additionally frequently spoke about survivors more generically as women or girl children. Unlike the discussion of perpetrators, however, participants rarely named men as survivors, although they did occasionally name women as perpetrators. Only one ASTU member exhibited hesitancy regarding naming only women as survivors. He said, "Me, I will not rule out it is either women only but whichever side becomes a victim. So, I would say if any victim even male or a female, still the solution comes in. They should be sensitized."

Contributing Variables to Gender-Based Violence (GBV)

The participants discussed 41 contributing variables to GBV, either singularly or in conjunction with other variables (see Table 16). In addition to grounded theory coding, I applied another layer of analysis to each contributing variable by conceptualizing and coding the variables according to the Social Ecological model's four layers (Bronfenbrenner, 1977; Heise, 1998): individual (I), relational (R), community (C), and societal (S). The Social Ecological Model coding followed the classification pursued in the literature review. New variables that emerged through the data collection were assigned only one classification: I, R, C, or S. Contributing variables were labeled as individual variables if they occurred within the individual and seemingly in isolation of others (e.g., personality variables). Contributing variables were labeled relational if they suggested some type of interaction between two people in a household (e.g., the mother

challenging the father). Contributing variables were labeled as community variables if they existed within the community and included perpetrators or survivors outside of the household (e.g., Karamajong raids). Finally, societal variables included contributing variables that indicated a power differential (e.g., patriarchy), gender roles, and legal policy (e.g., property rights).

At times, classifying a variable as belonging to only one layer of the model was challenging. For instance, infidelity might be conceptualized as a relational contributing variable (i.e., changing the dynamic of a relationship) and also as a community contributing variable, since extramarital affairs occur with individuals outside of the familial unit. Or, consider the contributing variable wherein the victim reveals a positive HIV status to the perpetrator, which leads to GBV. Being HIV-positive could be considered an individual variable and revealing one's status to a relational partner a relational exchange. In instances where contributing variables might be associated with more than one layer in the Social Ecological Model, the variables were coded according to the layer which seemed to hold the strongest association to GBV. For example, infidelity was coded as relational, since the GBV seemed to be most closely related to the ruptured relationship or jealousy associated with infidelity. Revealing a positive HIV status to the perpetrator was also coded as relational, since it depicts a relational exchange. As was the case with the literature review, I acknowledge room for negotiating the layers within which the variables might rest.

Listed individually with their Social Ecological Model code, the 41 contributing variables, in order of frequency mentioned, are as follows: alcohol (I), poverty (S),

Karamoja raids (C), patriarchy (S), victim denies perpetrator something (R), victim challenges perpetrator (R), poor family relations (R), victim requests something from perpetrator (R), perpetrator blames victim (R), youth not supported (R), HIV (I), widowed (I), power differential (S), infidelity (R), victim reveals positive HIV status to perpetrator (R), dowry system (C), resources stolen (C) death (I), no property rights (S), IDP camp conditions (C), psychological reaction (I), unemployment (I), polygamy (R), early marriage (C), sex work (C), rumor mongering (C), masculine role challenged (S), insecurity (C), conception problems (R), discipline (R), drug use (I), drop out of school (C), violence in home (R), poor coping mechanism (I), community factors (C), clan pressure (R), age (I), personality variables (I), and divorce (I). The variables are first explored according to their frequency and relationships with other variables. Next, they are examined according to their placement within the Social Ecological model.

Alcohol consumption. Alcohol consumption was the most frequently and consistently referred to contributing variable. It is the only variable that was listed as a causal factor by every FGD and key informant interview. With the exception of one interview (that only referred to alcohol consumption as a directly contributing variable), all other FGDs and interviews referred to alcohol consumption as a directly contributing variable to GBV *and* as a variable that paired with other contributing variables to cause

GBV. One of the elders, for instance, referred to alcoholism as a direct cause of physical, domestic violence:

One of the key and the common thing here that is causing all these forms of violence is alcoholism of drinking. So you find if somebody drinks a lot, he goes and fights in the home- goes and abuses people at home.

Table 16

Frequencies of Contributing Variables: Combined Focus Group Discussions (FGDs) and Interviews

Contributing Variables	Focus Groups and Informant Interviews													Frequency	
	VB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC 1		HT
Alcohol(I)	7***	6***	6***	3***	4***	5***	3***	3***	3***	3***	4***	2***	4***	1*	36
Poverty(S)	--	--	--	1**	2***	4**	5***	4***	4***	1**	2**	2**	1**	1**	27
Karam oja Raids (C)	--	--	2**	3**	2***	4***	--	4**	--	2**	--	3**	1**	2***	23
Patrarchy(S)	--	2**	1**	--	2**	4**	--	2***	2**	3**	4**	--	--	1**	20
Victim denies perpetrator something(R)	4***	1**	2**	1**	2**	2***	1*	2**	1**	--	1**	1**	--	--	18
Victim challenges perpetrator (R)	1**	3**	1**	2*	--	4**	3***	--	1*	1**	2**	--	--	--	18
Poor family relations (R)	4***	--	--	1**	2***	3***	1*	--	2**	2**	--	--	--	1***	16
Victim requests something from perpetrator (R)	--	1**	--	1*	3***	--	--	--	1*	2**	1*	--	2***	1**	12
Perpetrator blames victim (R)	1**	--	1**	2*	4***	--	--	--	--	--	2**	1**	--	--	11
Youth Not Supported(R)	--	--	1*	4*	3*	--	--	1**	--	2***	--	--	--	--	11
HIV (I)	--	--	1**	--	1**	1**	--	3**	--	1**	--	--	1*	--	10

Widowed (I)	--	--	--	1**	2**	1**	--	1*	--	1**	1**	--	1**	7
Power differential(S)	--	--	--	1*	--	1*	1**	--	3*	--	--	--	--	6
Infiltration(R)	--	3*	--	--	--	1**	--	--	1*	1**	--	--	--	6
Victim Reveals Positive HIV Status to Perpetrator (R)	--	--	--	--	4***	--	1*	--	--	--	1**	--	--	6
Dowry System (C)	--	--	--	--	2***	1**	--	2**	1**	--	--	--	--	6
Resources Sold In (C)	--	--	--	--	--	1**	--	--	1**	--	1**	--	1**	4
Death (I)	--	--	--	1**	--	1**	--	--	--	--	1**	--	--	3
No Property Rights (S)	--	--	--	1**	--	--	--	--	1*	1**	--	--	--	3
IDP Camp Conditions (C)	--	--	--	--	--	1**	1*	1**	--	--	--	--	--	3
Psychological Reaction (I)	--	--	--	--	--	--	--	1**	--	1**	1**	--	--	3
Unemployment (I)	--	--	--	--	--	--	--	1**	--	2**	--	--	--	3
Polygamy (R)	--	--	--	1*	--	--	--	--	--	--	1*	--	--	2
Early Marriage (C)	--	--	--	--	2***	--	--	--	--	--	--	--	--	2
Sex Work (C)	--	--	--	--	--	2**	--	--	--	--	--	--	--	2
Ram or Molestation (C)	--	--	--	--	--	1*	--	1*	--	--	--	--	--	2
Masculine Role Challenged (S)	--	--	--	--	--	1**	--	--	--	--	--	1**	--	2
Insecurity (C)	--	--	--	--	--	--	1*	--	--	--	1**	--	--	2
Conception Problems (R)	--	--	--	--	--	--	--	1**	--	1*	--	--	--	2
Discipline (R)	1*	--	--	--	--	--	--	--	--	--	--	--	--	1

When asked about causes of GBV, a young boy succinctly replied, "If dad goes to drink, it tends to poison him." A teenage boy spoke about alcohol consumption as a contributing variable to another form of GBV, sexual violence. He said, "Some people go on drinking alcohol and by the time they come back, they are already drunk, so they end up forcing children into sex- the girl children into sex- and especially the children of the neighbors."

Although men were most commonly named as the perpetrators, women were also occasionally referred to as perpetrators when participants were prompted. In almost all of the examples where women were referred to as perpetrators, alcohol consumption was involved. For instance, a teenage girl said this about both parents:

When both parents go drinking, for them they go drinking but they have not left anything at home for the children to come and eat, and when they come back there, they start asking for what will be eaten, what to eat. And now, when the child says, "But you left us without anything," you find that they start beating the children because they're drunk. They want to eat, but they have not provided .

When asked who the perpetrators of GBV are, a young girl offered that the perpetrators of GBV are both the mother and the father. She said, "When both the mother and the father are drunkards, you find that one does not respect the other, so there will be now a lot of emotion between them." A police official also discussed how a woman might become a perpetrator with alcohol consumption. He said, "If both the woman and the

man drink in the family... violence now starts. A woman can beat a man *if* (italics added to denote intonation) a man is drunk."

In addition to being listed as a direct contributing variable, the participants frequently paired alcohol with other contributing variables that together caused GBV. The other contributing variables include the following: the victim denying the perpetrator something, the victim challenging the perpetrator, HIV, the perpetrator blaming the victim, the victim requesting something from the perpetrator, poverty, patriarchy, power differential, and poor family relations. The most common combinations occurred between alcohol consumption and two relational triggers: the victim denying the perpetrator something and the victim challenging the perpetrator. Alcohol consumption in conjunction with the two relational triggers will be explored next.

Alcohol consumption and denying the perpetrator. Only three FGDs framed denying the perpetrator as a direct contributing variable to GBV (younger boys, men, and elders). For instance, an elder offered an example of how denying the perpetrator might lead directly to the occurrence of GBV. He said, "If you try to request to the woman if she will please lay in bed, and the woman will not, then that now brings violence in the home."

Most FGDs and interviews indicated that denying the perpetrator something joined with another contributing variable together leading to GBV, and the most frequent pairing of variables was between alcohol consumption and the victim denying the perpetrator something. The typical narrative including alcohol consumption with the victim denying the perpetrator something begins with the perpetrator (almost always a

man) consuming alcohol, returning home, requesting something (usually food or sex) and the victim (almost always the woman in the household and sometimes the children) denying him his request. One woman details an example of GBV as follows:

If a man, for him he knows that he has not brought food at home, he has not left money for food, he has not bought food. So he goes drinking, and on his way comes now, and when he reaches home, he comes asking for food, "I want food to eat." But now if you tell him that "I've not prepared food. There's no food." He starts fighting you up and beating you.

The children especially frequently recounted the narrative of alcohol consumption with the victim denying the perpetrator something. For instance, a young boy stated, "When dad goes to drink and when he comes back drunk and finds that the mother has not prepared food, he starts beating up the mother because there is no food." A young girl offered another example:

If the father has not bought food and for him, he goes drinking. When he comes back from there, he comes and asks what to eat and wants something to eat. Now if the mother answers and says, "But you did not buy food. I have not cooked.

There is nothing I'm going to cook." Now a fight starts because he wants to eat.

In addition to the perpetrator wanting food and being denied food, participants also spoke about the perpetrator wanting sex and being denied sex because the woman is over-worked and fatigued, she does not want to have sex in front of the children, or the perpetrator is HIV-positive and cannot negotiate consensual sexual intercourse because of his HIV status. The following example from an ASTU FGD member illustrates how

alcohol consumption combines with denial and additionally includes an element of the perpetrator blaming the victim.

And then the next thing is a poor combination like you see within our camp here. You find a family only has one house. A man after taking a lot of booze, he comes back, children are there. When a woman just pause and say, "One moment," he will just say, "This woman is denying me what? Sex. So it seems she has another man." So, you will find time and time almost every night alarms is everywhere because of such things.

A health official discussed a man being HIV-positive and raping a woman because he cannot negotiate consensual sex.

If a woman knows that this man is HIV positive, you cannot accept to have sex with this man. And maybe after some drinks and so on that behavior can cause this man to say, "With my need, I decide to turn to violence and rape you."

Alcohol consumption and challenging the perpetrator. Prior to the onset of the first FGD I conducted, which was with the elders, one of the male elders stood up from where he was sitting on a log and expressed the following: "Always GBV is started by the woman in the home. So, you find that if a man tries to suggest something and the woman is disagree- there comes now violence." The victim challenging the perpetrator almost always involved the victim disagreeing with the perpetrator about something (e.g., early marriage of their daughter), the victim questioning the perpetrator about his behavior (e.g., asking the perpetrator where he has been), or attempting to restrict the perpetrator's behavior (e.g., asking him not to drink alcohol or have extramarital affairs).

The men had the most to say about the victim challenging the perpetrator. Through the men's discussion, they explained that a woman verbally challenging a man is perceived as violence. One man said, for instance, "If the mother says something to correct him, that is violence on him." Another man indicated that the physical violence is in response to feeling annoyed by the challenging statements:

The GBV is where a woman when both of them come back from the garden and he requests the mother look for something for the children. You find that the mother uses like derogatory words towards the husband, "Don't you know I know the time I look for what they're going to eat?" She uses such harsh statements that annoy the husband and domestic violence starts .

Another man offered an example that illustrates how men might respond with violence if they feel their male privileges or rights are being restricted in some fashion.

If he goes now, eloping people's women outside the wives and the woman at home comes and says, "Please, my husband, what you are doing is not good." So he very fast jumps and starts kicking, boxing, and fighting this woman because the woman is now not giving him his right.

Like being denied something, being challenged was also frequently paired with alcohol consumption in an explanation of how GBV occurs. Often, the narrative included the woman questioning her husband's alcohol consumption or whereabouts. For instance, a man recounted, "The father comes, is drunk, and the mother now tries to answer or say, 'Please, why are you doing that?' Very fast she is beaten." A young girl gave an example that supports men's assertion that challenging is experienced as a form of violence. She

illuminates as well how challenging might be connected to alcohol consumption and how the challenging conflicts with the perpetrator's desires.

Most of the fathers start drinking very early in the morning and they ignore garden work. But now when the mother says, "Let's go and go to the garden and dig." For him, he says, "I'm very drunk." And when the mother insists, he starts fighting the mother. But when the mother now proposes that, "Why can't you start drinking when you have finished garden work?" For him, he doesn't want and that is violence. The mother is not respecting him.

An elder also illustrated a pairing of alcohol consumption with being challenged. He noted, "If the man is a drunkard and the woman says, "My husband, why are you doing this?" You find that the fast response is fighting- quarrelling amongst the two."

The aforementioned examples about challenging suggest that challenging may be a similar, or at least connected, construct to the victim denying the perpetrator something. In being denied, for example, the perpetrator is not getting something he wants. When challenged, the perpetrator may have something he wants, but the victim is challenging his fulfillment of that desire, threatening its extinction. Both constructs suggest that men perpetrate physical, domestic violence when they have insufficient resources to fulfill their needs or desires, or their access to resources that meet needs and desires are being threatened. Alcohol consumption combined with relational triggers threatening denial or access to resources emerged as the most representative example of contributing variables to GBV.

The Karamoja raids. The second research question posed in this study was about how armed conflict might impact GBV. Most FGDs and interviews discussed how the Karamoja raids increased occurrences of GBV. The men and police spoke most frequently about the Karamoja raids as contributing variables. However, FGDs and interviewees only made the connection between the Karamoja raids and GBV when prompted to do so. Some, like the younger boys, discussed the raids at length, but did not connect the raids directly to GBV. Hence, the connection between living in a community that experiences armed conflict (i.e., the Karamoja raids) and GBV did not appear as accessible to participants as other explanations like alcohol consumption and relational triggers leading to GBV. The individual conceptual diagrams illustrate that the Karamoja raids are sometimes directly connected to GBV (e.g., the Karamajong warriors rape women and girls during the raids), but more often are distally connected to GBV via a host of other contributing variables. Collectively, participants paired the Karamoja raids with the following other contributing variables: poverty, resources stolen, unemployment, murder, youth not being supported, being widowed, patriarchy, the victim challenging the perpetrator, insecurity, psychological reactions, IDP camp conditions, sex work, HIV, and the masculine role being challenged.

The Karamoja raids and poverty. Participants most frequently paired the Karamoja raids with resources being stolen and exacerbated poverty as increasing the likelihood of domestic violence occurring between a husband and wife in a family. Several participants spoke about the Karamajong stealing cattle or goats during their raids. For many families in Olilim, livestock are their primary source of livelihood. When

livestock are stolen, the families experience increased poverty, and increased poverty leads to more GBV. A police officer indicated, "It affects [GBV] because cows are taken, so there is, if cows are taken, there's no way to plow and you end up in poverty." Another police officer explained how the raids increase poverty, offering a glimpse of the severity and extent of the poverty:

If the K come raiding, they take what you can use for plowing like the cows and oxens, and if the oxens are taken which are used for plowing, now famine will come in. And now, if there's nothing that you can give to the family as support as something they can depend on to eat, you find now that there will be pollution between the husband and the wife. There will be now pollution between the husband and wife because there's nothing one can produce, like food.

The men extended the discussion on the Karamajong raids and poverty by continuing the narrative to include how poverty and famine might lead to women engaging in sex work to support their families and how women might challenge men's masculine role of provider for the family. One man participant discussed the aforementioned contributing variables in the following narrative:

If they come and uproot and destroy people's crops, famine now comes in. And when famine comes in, you find that there'll be nothing that's provided as food in the home. And women will end up selling their bodies to those ones who have their monies. They sell sex to those ones who have money. To go into sexual transaction or sex. Now when the man says, "Please, what are you doing?" She will respond with harsh statements that, "You can't even provide food. You are

stopping me from what I'm doing. Yet I'm the one now making you survive." So it will bring confusion into the family.

Several participants supplemented the discussion on the Karamajong stealing resources by offering how the victims of the raids might suffer psychologically. However, the narratives offering perspective on psychological reactions to the raids were often not directly connected to GBV, so they were not coded as contributing variables to GBV. However, a connection between having a psychological reaction to being raided and GBV is not outside the realm of possibility. Psychological reactions included worry about the future, having a lot of thoughts, loss of hope, sorrow, anger, hatred, traumatization of children, psychologically-tortured, fear, bitterness, psychologically-disturbed, and not feeling good. Only one younger girl talked about crying in response to the raids. One participant connected having a psychological reaction to GBV. His statement also connects resources being stolen with exacerbated poverty, patriarchy (the man is referred to as the head of the household and as the one who controls the family's resources), and the perpetrator's masculine role being challenged. He said:

You find that most of the places here at this time, you find that the animals are owned mostly by the families and it's always the heads of the families that own them. So you find that if I had a family and I had maybe ten animals. Now maybe the Karamajongs come and take them. You find now that I'll be so angry. And when I'm so angry, each time something reminds, anything happens to me, but of course, as I stay at home I stay at home with my wife. So when I'm angered, all

my anger goes back to the woman, the children, that if it was not my animals are taking, I would not be the way you are talking that right now.

The Karamajong raids and murder. Another connection between contributing variables arose between the Karamajong raids, murder, and GBV. Participants situated several variables (e.g., youth not being supported, dropping out of school, being widowed, and increased poverty) between murder and GBV. Mostly, participants spoke about how it was men's role to protect the family. Occasionally, participants gave examples of men choosing to remain inside the home and not engage with the Karamajong. In those instances, if the Karamajong stole the family's resources, the participants spoke about women blaming men for failing to protect their resources and provide for their family. The men, then, responded to the blaming with physical violence. The more recurring narrative, however, detailed men dying at the hands of the Karamajong and how men's death increased the likelihood that women and girl children experience GBV. First, women become widowed, which leaves them vulnerable to increased poverty and land grabbing. Next, with increased poverty, youth are not supported, and many youth must drop out of school. With limited options for survival, some older girls might choose to support their widowed mother and siblings with early marriage. For instance, one teenage girl explained the following:

When the Karamajong kill the father, and the mother has no source of income for you to go to school, what comes in your mind is for you now to drop out of school. Then you think of marrying to bring some income that will support the mother to bring up the young ones.

The Karamoja raids, internally-displaced person (IDP) camp conditions, and insecurity. Finally, participants linked the Karamoja raids to other community variables like IDP camp conditions and community insecurity. When speaking about IDP camp conditions, all participants referred to the concentration of people as contributing to GBV, either through engaging in sex work and contracting HIV or raping a neighbor's children to avoid contracting HIV. For instance, one man divulged:

The Karamajong cause confine people into IDP camps and now in the IDP camps, there's a lot of cross-generational and transactional sex and that will resulted into HIV-AIDS infection, and now those families after discovering one is HIV-positive now, there's a lot of violence up to date. People are still quarrelling, asking themselves how and where did this virus come in?

In addition to IDP camp conditions, participants also discussed insecurity as contributing to GBV. One key informant said the following:

Insecurity is also there. People are not secure. Once the raiders are looking for animals, for instance, people are scared for their lives because they can come across people. And also because they fear. It causes fear among families. You can find that a man goes out for security purposes. He tries to provide security for his family. Then in that way, there's not much coordination between the man and the woman. Then there's violence in the family.

Participants connected the Karamajong raids with IDP camp conditions and insecurity infrequently, only three and two times, respectively, making these two community

variables appear less directly connected to GBV according to participants' conceptualization.

Poverty. Unlike alcohol consumption and the Karamajong raids, which seemed to begin most narratives regarding GBV, poverty, although mentioned frequently, often was situated centrally between other contributing variables. The relationship between poverty and the Karamajong raids is a good example of poverty's central, perhaps underlying, location. Only four out of seven FGDs and interviews discussed poverty as directly contributing to GBV. An elder, for example, discussed how poverty might be directly connected to both violence in the community and domestic violence. He expressed the following:

The cause of this violence, one is poverty. When a person is poor, you find that he thinks of so many things and it causes him to start violence in the community.

Then also famine. If there's nothing to eat in the home, there's violence.

Another elder woman explained, "If you're left without anything to eat in the family, then that man will approve a form of violence- psychological, physical." Both examples specifically identify famine, or not having enough food to eat, as the piece of poverty that contributes directly to GBV.

As a contributing variable, poverty was paired most frequently with the Karamajong raids. Poverty was paired less frequently (one or two times) with the following other contributing variables: infidelity, power differential, youth not being supported, unemployment, the perpetrator being denied something, the victim requesting

something from the perpetrator, alcohol consumption, and community variables (e.g., flooding). For instance, consider the pairing of alcohol consumption and poverty. The LC 1 explained how a father might use the family's limited resources on alcohol consumption, and when family members request something, the father responds "badly." The LC1 offered the following:

There are those families who realize, even if the child says, "Ah! Today I don't have a pen." [The parent says,] "Where will I get the money?" And the man is just budgeting for drinking only and doesn't want to release. The children: "I don't have a book. I don't have a pen." Then you find the man might react badly.

A man also linked alcohol consumption and poverty as leading to an inability to support one's family, creating psychological torture, which the man framed as a form of GBV.

The man said:

Famine is also a key cause of GBV in the family. You find that the head of the family, the fathers generally, go on drinking a lot so they're not able to do garden work that can help them produce food to care for the family. ...You find there that GBV comes in now because the woman is psychologically tortured. She has nothing to feed on and the children are crying. They want to eat. Yet, an able-bodied man is there, but much of his time is taken up by over-drinking.

Patriarchy and power. Narratives were coded as containing patriarchal elements if they included discussion about men being the head of the household or the authority over other family members, men dominating other members of the family and familial resources, and explanations about customs where women conceptualized as property of

men (e.g., the dowry system). A man, for instance, offered the following narrative, demonstrating a quotation which includes both patriarchy and dowry system foci. He explained:

One of the key things that makes a man gain authority and power is it is a man who now produces dowry and he's the one who marries woman culturally here. He's the one to pay the bride price. The one who pays the bride price gains authority and power over the other and makes the woman to be submissive to him.

Although patriarchy is demonstrative of a power differential, to remain as close as possible to the data, I coded patriarchy and power differential separately. Narratives containing elements of a power differential spoke less about domination, authority, and possession of women and girls, and focused more on economic power and vulnerability. For instance, the following police officer's statement is a good example of a narrative depicting power differential, poverty, and youth not being supported themes:

Then money is also one of the key things that makes men HIV-positive persons to go defiling children. Because children are vulnerable. They need money. They need to buy their necessities and their parents cannot provide, especially girl children. They need like buying sanitary pads, they need books, they need pants, but they cannot provide. So they now go to those ones who have their economic stand. They have money and they are lured into sexual intercourse because of that small money and one now transmits his virus to that child.

While patriarchy and power differential were parceled apart to examine narrative intricacies, it is not a lengthy interpretive leap to combine patriarchy and power differential themes, since patriarchy signifies a hierarchical power differential between men and women. Therefore, they are discussed as compatible variables in this section. Perhaps important to note, if the patriarchy and power differential codes were combined, their totaled frequency would move their position in Table 16 to third most frequently discussed contributing variable.

Participants were more likely to frame power differentials (or economic vulnerability) as direct contributing variables, while they often paired patriarchy with other contributing variables. For instance, when discussing a power differential as a direct contributing variable, a health official noted, "At times, you know the power that they [soldiers] have. They cannot wait to discuss with a lady to have sex with him. Can decide and automatically end up by forcing and that's automatically violence itself." The solitary pairing including a power differential also discussed poverty and youth not being supported. Participants paired patriarchy with being widowed, no property rights, victims requesting something from the perpetrator, poor family relations, victims challenging the perpetrator, the dowry system, the victim denying the perpetrator something, alcohol consumption, and the Karamoja raids. Since participants most frequently paired patriarchy with no property rights and being widowed, the victim requesting something from the perpetrator, and poor family relations, those relationships will be subsequently further explored.

Patriarchy, being widowed, and no property rights. Particularly when discussing land grabbing and sex work as forms of GBV, participants' narratives carried themes of patriarchy, being widowed (or women having an single status), and women having no rights to property. One woman, for instance, explained how being widowed impacted her life:

You find that you also want to grow your crops, but the brothers or the ones who claim ownership of land say that you don't have owner. You don't own any land here. You're not supposed to grow cops here. You're not supposed to cultivate here. So because of the weakness you have as being a woman and you don't have a right to claim ownership, you find that that thing comes and tortures you psychologically.

Another widowed woman did not mention struggling with not possessing property rights. However, her narrative does elucidate how being widowed might place women at risk for GBV in other circumstances as well. In her case, she experienced economic abuse. She spoke about eloping with a man to survive and explained how instead of helping her survive, the man dominated her resources. Her narrative is as follows:

And also when you go to provide casual labor and you're paid some small wage, the man now wants that one also. [He says,] "Give it to me because I'm the head of the family. It is me to budget for you." And when you give, the person takes that. And you're not given. But you're very sick. You want to use that money to treat yourself. But you're not given. Now again- if he's to give- it's him to drive you.

Participants explained women were frequently widowed because of deaths due to HIV and the Karamojong raids.

Patriarchy and poor family relations. Poor family relations was the only variable that participants framed as a contributing variable, a form, and an outcome of GBV. I employed the code of poor family relations broadly to include variables such as misunderstanding in families, unshared decision-making, lack of unity, no love in the home, and unshared responsibilities. As a contributing variable, participants spoke most frequently about unshared decision-making as contributing to GBV. With the exception of the younger girls and older boys, most FGDs and interviews consisting of participants who resided in Olilim mentioned poor family relations. The younger boys and men spoke about poor family relations most frequently. Although one participant spoke about poor family relations only as a directly contributing variable to GBV, most other participants spoke about poor family relations both directly and as paired or just as paired. A male elder offered a thorough explanation of how unshared decision-making, for instance, might lead directly to GBV:

If there's no shared decision making, no shared responsibilities in the home. Like for instance, if there's something that you need to sell- either the woman goes to sell it without the consent of the husband or the husband goes to sell it without the consent of the woman- and if like the sellings are brought back- like money- and if the man does not show the woman and the woman also if she has done that does not show the man- that this is what I've got from the produce that we sold- so the woman goes to use it in her own ways- and the man also does it the same in his

own way. So you find that if one discovers, there will be violence in the home.

There will be fighting, quarrelling.

A woman offered a similar explanation for unshared decision-making. She said, "If you have your produce or you have bred your animals and one starts to sell without the consent of the partner, you find that that also accelerates violence in the household." Both examples indicate unshared decision-making typically involves independently making decisions about familial resources. An ASTU member offered a different type of example, illustrating disagreement between a husband and a wife regarding family planning. He said:

You see, currently, another thing again causing GBV in most families is this issue of family planning and what have you. You find a woman at the age of 18, she has put herself under that situation of using medicine for what? Contraceptives.

So now the man wants to produce- the woman doesn't want to produce. So at the end, you will find that these people are just colliding, fighting time again and so.

In addition to directly contributing to GBV, participants paired poor family relations with these variables: alcohol consumption, victims requesting something from the perpetrator, youth not being supported, the victim challenging the perpetrator, and patriarchy. Of these pairings, poor family relations was most consistently paired with patriarchy. When asked to explain his use of the term misunderstanding as a contributing variable to GBV, for instance, a health official offered the following statement illustrating the connection between poor family relations and patriarchy:

Well, the misunderstanding is at times there may be a disagreement over things at the home. For instance, a man can now tend to dominate the powers at the home. In some ways, almost giving his wife no freedom or responsibility or some things like that. That can cause violence because maybe the wife might need things to be done in this way and the husband can now object and say, "I'm the responsible person. There's no one who can object and go above me." He claims power. That can lead to some violence.

A man also illustrated a connection between poor family relations and patriarchy. He said:

GBV is a situation where there is no sharing of ideas in the family. The man now is superior to other persons in the family, like women, and he uses that superiority to abuse the rights of women and children in the family.

Patriarchy and requesting something from the perpetrator. Several FGDs and informants discussed GBV occurring when victims request something from the perpetrator. Requests often concerned, but were not limited to, scholastic materials and support for children. Regularly, mothers requested materials on behalf of their children and fathers met their requests with physical violence. Participants offered several examples directly connecting requests to GBV. As was previously mentioned in the section on early marriage as a form of GBV, for instance, teenage girls gave an example of requesting scholastic materials and their father encouraging them to marry early in response to their request. The LC 1 described requesting something from the perpetrator as a common contributing variable to GBV. He said, "Mostly what brings fighting in the

families, you find there's mostly questioning. Maybe the woman can ask a man, 'Today, there is no salt.' But you find the man might react badly." A woman participant described requesting clothes for herself and her children and her request being met with violence:

If like the children are moving naked or putting on tattered clothing and even the woman the same putting on the tattered clothing, and the husband, you find he's dressed well. And when you ask him kindly that, "At least you also buy for me and the children also something to put on," and the man refuses, you find that there is now kind of violent action that will take place for asking him to buy clothes, so it brings now violence.

In addition to directly contributing to GBV, participants paired requesting something from the perpetrator with patriarchy (the most frequent pairing), poverty, poor family relations, alcohol consumption, and the Karamoja raids. For instance, a health official linked the raids with increased poverty, and then illustrated how a woman requesting something with patriarchal values might contribute to an occurrence of GBV. The health official responded:

And automatically that [the Karamoja raids] can bring violence because there are some needs which need to be solved financially. Like the wife can say, "Why can't you buy me clothes, food, at the home?" Then the man will just be automatically failing to fulfill the needs of his family and that can create violence in the home because of poverty itself.

Finally, the head teacher offered an example linking patriarchy, requests, and poor family relations. He remarked:

Sometimes there is a quarrel between the property, so if an animal is sold in the family, the husband tries to dominate all the funds and he doesn't give. The other part is the ladies to plan for what they've got. It is only the husband who plan for that money. And even they use in the way they want. If the lady tries to ask, war now comes.

HIV. Only one key informant linked being HIV-positive directly to GBV. Other FGDs paired their discussion of HIV with other contributing variables, including the victim revealing her HIV-positive status to the perpetrator, the perpetrator blaming the victim, having a psychological reaction (i.e., fear), alcohol consumption, poor coping mechanisms, IDP camp conditions, patriarchy, sex work, poverty, the Karamoja raids, murder, and the dowry system. The most common pairing occurred between HIV, the victim revealing her positive HIV status to the perpetrator, and the perpetrator blaming the victim. Women above all offered several narratives around the connection between the aforementioned variables. One woman explained, "The man just says, 'Go and test. If you test positive, don't come back here.' If you come, and you tell him that, 'I am positive,' that is again a very harsh retaliation upon you. You are beaten."

Out of all the FGDs and interviews, the lengthiest narrative relayed a woman's experience with HIV and included many other elements. In 2006, her husband became very ill. She took him to the hospital and convinced him to test for HIV. After he recovered, he lied to her and told her he was HIV-negative. When they returned home,

the woman became pregnant. Her infant developed large sores and she walked many miles to a hospital. The hospital staff did not tell her he had HIV, and he died in her arms as she walked the several miles home from the hospital. She soon became pregnant again and after she birthed her child, hospital staff explained the second child was HIV-positive. She tested for HIV and learned she too was HIV-positive. When she confronted her husband about being HIV-positive and revealed her own positive status to him, the outcome was as follows:

Now I came back home and now disclosed that to my husband that, "I went for a test, and I was tested positive." So that now brought now a fight within us. And because I was now inquiring, "But how could they test me positive, and for you, you were tested negative? It is like you are also living with the virus." ... So, when I told my husband of that, the husband became harsh and became quarreling me and fighting me.

There seemed to be consensus that men resisted getting tested for HIV. Men also controlled whether or not women were allowed to test for HIV. The PDO gave an example from the community representative of men resisting to test for HIV, women testing, and men blaming the women. He offered:

She wanted to go for that [HIV] test and she was asking from the husband that, "Could we go and have that test?" So the husband said, "For me, I will not go. If you go, of course, when they test you, it is just like they have tested me." So he was like someone who was open that she could go and test. ... So when she tested, she first took about two days, and then she told the man, "I was tested, and I was

found that I was HIV-positive.” Immediately, the guy beat up the woman. “You must leave. You have killed me. You have killed all my family.”

The PDO offered several reasons why women might be more likely to go for HIV-testing, including concern about the well-being of their children and having more exposure to community educational programs conducted on HIV. He said:

So you find that women is always someone who is always taking care of her children at the home. She may want to know her status because as she looks after the children, she knows that maybe this is the time that she can live for and that is why she always go. And they are the most people who attend this meeting- maybe sensitization and maybe HIV. They can get facts about it, and then they react. But men in most places you don't find them.

The CFPO additionally linked women revealing their positive HIV status to men, and men blaming and abusing women for bringing the virus into the home. The CFPO includes an supplementary element of women being pregnant. Women might be more likely to get tested for HIV when pregnant in order not to transmit the HIV virus to the infant:

Yeah, we always receive such cases. You find that the woman has gone for a blood test for HIV. Find that she's positive. When she goes back home, tells the man, especially the pregnant mothers, when they go back and tell their husband that "I went to the hospital. They've tested me. I'm HIV-positive. So, we should go to the hospital for counseling." You find that the man will start beating the

woman, "It's the woman who has brought sickness to the home." And yet, in actuality, it is not.

Regarding why men might resist testing, the PDO remarked that they may fear getting tested based on their behaviors:

But men, they always move. ... They drink and they begin behaving in a very bad way. They can have many women and so on and so forth. So they fear they could have got infected and they fear to face the truth.

An elder also discussed HIV, the victim revealing her HIV positive status to her husband, the husband blaming her, and the husband fearing HIV testing. He said:

What has really brought in violence, when one person is HIV-positive, or if you have gone for an HIV test, and one has tested positive. Now, the husband will get and start now fighting and quarrelling that they have brought him the virus. But, for him, he doesn't know that probably even him he has got what? Contracted the HIV. Because the scenario here, the men fear to go for HIV test. It is only women who go for the test. So now if the woman is positive, and she goes to share with him, the man will definitely say that you have brought in the what? The disease.

Contributing Variables and the Social Ecological Model. As was previously delineated, the contributing variables were also coded according to the Social Ecological Model (Bronfenbrenner, 1977). In order of frequency, participants discussed relationship variables, individual variables, societal variables, and finally, community variables (see Table 17).

Participants attributed GBV most frequently to relationship variables.

Relationship variables included victim denies perpetrator something, victim challenges perpetrator, poor family relations, victim requests something from perpetrator, perpetrator blames victim, youth not supported, infidelity, victim reveals positive HIV status to perpetrator, polygamy, conception problems, discipline, violence in home, and clan pressure. Women offered the most narratives around relationship variables, although all FGDs and interviews contributed some narrative supporting this layer of the Social Ecological Model.

Following relationship variables, participants discussed individual variables most frequently. Individual variables included alcohol consumption, HIV, being widowed, death, psychological reaction, drug use, poor coping mechanism, age, personality variables, and divorce. The frequency with which individual variables were discussed seems to be significantly elevated by participants' discussion of alcohol consumption. Collectively, most individual variables, for instance, were mentioned only one to three times. HIV status and being widowed also were fairly consistently (by six or more FGDs and interviews) discussed. The police discussed individual variables most frequently. All FGDs and interviews discussed individual variables in some way, and that consistency is due to participants' focus on alcohol consumption.

Societal variables included poverty, patriarchy, power differential, no property rights, and masculine role challenged. Participants named fewer societal variables, but with greater consistency. For instance, all societal variables were discussed at least by two different FGDs or interviews. Interestingly, men discussed societal variables most

frequently followed by health officials. In looking at individual FGDs and interviews, a correlation appears to exist between education level and tendency to discuss societal variables. The strongest and most consistently referred to societal variables were poverty and patriarchy.

Table 17

Frequencies of Contributing Variables Organized According to the Social Ecological Model: Combined Focus Group Discussions (FGDs) and Interviews

Contributing Variables	Focus Groups and Informant Interviews													Frequency	
	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PD-O	CFPO	LC1		HT
Societal Variables															
Poverty (\$)	--	--	--	1**	2****	4**	3****	4****	4****	1**	2**	2**	1**	1**	27
Patriarchy (\$)	--	2**	1**	--	2**	4**	--	2****	2**	3**	4**	--	--	1**	20
Power differential (\$)	--	--	--	1*	--	1*	--	1**	--	3*	--	--	--	--	6
No Property Rights (\$)	--	--	--	1**	--	--	--	--	--	1*	1**	--	--	--	3
Matriline Role Challenged (\$)	--	--	--	--	--	1**	--	--	--	--	--	--	1**	--	2
Total Frequency of Societal Variables	--	2	1	3	4	10	5	7	6	8	7	2	2	2	58
Community Variables	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDU	CFPO	LC1	HT	
Karamoja Raids (C)	--	--	2**	3**	2****	4****	--	4**	--	2**	--	3**	1**	2****	25
Dowry System (C)	--	--	--	--	2****	1**	--	2**	1**	--	--	--	--	--	6

Resources Stolen (C)	--	--	--	--	--	1**	--	1**	--	1**	--	1**	--	1**	4
IDP Camp Conditions (C)	--	--	--	--	--	1**	1*	1**	--	--	--	--	--	--	3
Early Marriage (C)	--	--	--	2****	--	--	--	--	--	--	--	--	--	--	2
Sex Work (C)	--	--	--	--	2**	--	--	--	--	--	--	--	--	--	2
Ram or Molestation (C)	--	--	--	--	1*	--	1*	--	--	--	--	--	--	--	2
Insecurity (C)	--	--	--	--	--	1*	--	--	--	1**	--	--	--	--	2
Drop Out of School (C)	--	--	1**	--	--	--	--	--	--	--	--	--	--	--	1
Community Factors (C)	--	--	--	--	--	1**	--	--	--	--	--	--	--	--	1
Total Frequency of Community Variables	--	2	4	6	10	3	7	2	3	--	5	1	3	46	
	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC1	HT	
Relationship Variables															
Victim denies perpetrator something (R)	4****	1**	2**	1**	2**	2****	1*	2**	1**	--	1**	1**	--	--	18
Victim challenges perpetrator (R)	1**	3**	1**	2*	--	4**	3****	--	1*	1**	2**	--	--	--	18
Poor family relations (R)	4****	--	--	1**	2****	3****	1*	--	2**	2**	--	--	--	1****	16
Victim requests something from perpetrator (R)	--	1**	--	1*	3****	--	--	--	1*	2**	1*	--	2****	1**	12
Perpetrator blames victim (R)	1**	--	1**	2*	4****	--	--	--	--	--	2**	1**	--	--	11
Youth Not Supported (R)	--	--	1*	4*	3*	--	--	1**	--	2****	--	--	--	--	11
Infidelity (R)	--	--	3*	--	--	1**	--	--	--	1*	1**	--	--	--	6

Divorce (1)	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1
Total Frequency of Individual Variables	7	6	8	5	8	8	3	11	6	5	6	5	5	5	5	5	5	84

Note: YB = younger boys (aged 9 to 12 years); YG = younger girls (aged 9 to 12 years); OB = older boys (aged 13 to 17 years); OG = older girls (aged 13 to 17 years); W = women (18 to 55 years); M = men (aged 18 to 55 years); E = elders (men and women over 55 years old); POL = police; ASTU = Anti-Stock Theft Unit; HD = health officials; PD 0 = Assistant Community Development Officer of Alam Sub County; CFPO = Child and Family Protection Unit Police Officer; LC 1 = Local Council 1 Chairperson; HT = head teacher

Community variables included Karamoja raids, dowry system, resources stolen, IDP camp conditions, early marriage, sex work, rumor mongering, insecurity, drop out of school, and community factors. By far, the most frequently and consistently discussed variable was the Karamoja raids, and the frequency may be due to the participants being specifically prompted to discuss the raids. Men and the police offered the most discussion around community variables. Younger boys, younger girls, and the PDO offered no narrative to support community variables as contributing factors to GBV.

Many contributing variables were not only conceptualized as directly contributing to GBV, but as also being paired with other contributing variables to jointly lead to GBV. The consistent and multifaceted pairing of variables demonstrates the utility of the Social Ecological Model when examining causes of GBV. Consider the common example of GBV where the husband dominates the family's financial resources, spends those resources on alcohol consumption, becomes inebriated, returns home and demands food, the wife denies him food because she had no resources to purchase food, and the husband responds with physical violence. The domination of the family's resources indicates a societal level variable (patriarchy), spending resources on alcohol consumption and becoming inebriated represents an individual variable (alcohol consumption), and the wife denying the husband represents a relational exchange. However, the lack of resources and food also represents another societal level variable (poverty). Certainly, the husband's and wife's relational exchange is influenced by societal variables like patriarchy that organize gender roles.

Outcomes of Gender-Based Violence (GBV)

Participants identified 20 outcomes or effects of GBV, significantly fewer than the 41 contributing variables (see Table 18). With the exception of the elders, participants overall seemed to dedicate less narrative to outcomes than they did to contributing variables. Similar to the contributing variables, I employed an additional layer of analysis to the outcome variables by labeling the variables according to the Social Ecological Model. The guidelines implemented to organize the contributing variables within a single level of the Social Ecological Model were also applied with outcomes. The outcomes of GBV in Olilim, listed by frequency and accompanied with a Social Ecological Model code, are as follows: separation (R), psychological effects (I), physical effects (I), poverty (S), youth are not supported (R), death (I), poor family relations (R), participants behaviorally respond (I), youth drop out of school (C), witchcraft (C), early marriage (C), mother leaves children (R), social stigmatization (C), children have no future (I), violence (R), blame (R), reunification (R), widowed (I), sex work (C), and infidelity (R).

Separation. Most, but not all, FGDs and interviews discussed separation of families. Typically, discussion around separation focused on the separation of women from their abusive husbands. However, children also routinely discussed considering separating from their families if GBV occurred within the family. Teenage girls were especially likely to discuss separating from their families. A teenage girl remarked, for instance, "You will start thinking of leaving home. Just getting out of that area where there's a lot of violence." An elder also remarked, "Violence has caused separation in the

family." With the exception of the teenage boys (who did not speak at all about separation), the other groups of children discussed separation as a single outcome. Other FGDs and key informants typically framed separation as both a single outcome and as connected to other variables. Separation mediated or was mediated by many other outcomes, including but not limited to, poor family relations, poverty, youth not being supported, mothers leaving children, dropping out of school, and physical and psychological effects. For example, one of the more lengthy stream of outcomes, including several commonly connected variables, began with GBV causing poor family relations, which leads to poverty, which leads to separation (or separation leads to increased poverty), separation of parents might lead to mothers leaving children with the fathers, which leads to youth not being supported (or youth not being supported causes youth to consider separating from their families), which leads to youth dropping out of school, which leads to early marriage or children having no future. However, not all participants included every outcome in their discussion including the effects in the aforementioned stream of outcomes. Some, for instance, would jump from poor family relations to separation, dismissing poverty. Others discussed poverty as directly leading to youth not being supported.

Participants routinely suggested that the separation of family members led to youth not being supported, perhaps because of increased poverty in the household. For example, the LC 1 offered this analogy: "It [poverty] happens because it seems that if you

Table 18

Frequencies of Outcomes: Combined Focus Group Discussions (FGDs) and Interviews

Outcomes	Focus Groups and Informant Interviews													Frequency		
	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC1	HT		
Separation (R)	2*	7***	--	5*	3**	3**	3***	2***	--	4***	5***	1**	4***	1*	35	
Psychological effects (I)	7**	7***	--	3***	4**	--	1**	2**	3*	5***	1**	--	--	1**	34	
Physical effects (I)	1**	--	--	3**	--	2*	3***	5***	4***	--	1**	2***	--	1*	24	
Poverty(S)	2*	--	2**	--	--	1*	5***	2**	4***	2**	1**	--	1**	1*	21	
Youth not supported (R)	1**	--	4**	--	--	--	5**	1**	3***	2**	1*	--	2**	1**	20	
Death (I)	1**	2***	2***	--	--	4***	2**	1*	--	--	2**	2*	--	1*	17	
Poor Family Relations (R)	--	1*	5***	--	--	2*	2**	--	2**	1**	--	1**	--	--	14	
Participants believe they respond (I)	3***	4***	1**	--	--	--	--	--	--	--	--	--	--	--	8	
Drop Out of School (C)	--	--	2***	--	--	1**	2**	--	--	1**	1**	--	--	--	7	
Whitcraft (C)	--	3***	--	--	--	--	--	--	--	--	2**	--	--	--	5	
Early Marriage (C)	--	--	--	--	--	--	--	--	--	2**	1**	--	--	1*	4	
Mother Leaves Children (R)	--	--	--	--	1**	--	--	--	--	1**	--	1**	--	--	3	

Social Stigmatization (C)	--	--	--	--	--	--	--	1*	--	--	--	2**	--	3
Children Have No Future (I)	--	--	--	1*	--	--	--	--	1**	--	--	--	--	2
Violence (R)	--	--	--	1*	--	--	--	1*	--	--	--	--	--	2
Blame (R)	--	--	--	1*	--	--	--	--	--	--	--	--	--	1
Reunification (R)	--	--	--	1**	--	--	--	--	--	--	--	--	--	1
Widowed (I)	--	--	--	--	--	1**	--	--	--	--	--	--	--	1
Sex Work (C)	--	--	--	--	--	--	--	1**	--	--	--	--	--	1
Infidelity (R)	--	--	--	--	--	--	--	--	--	1**	--	--	--	1
Frequencies by FGD or Interview	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC 1	HT
	17	19	16	13	10	15	24	13	19	18	16	8	9	7

Note: YB = younger boys (aged 9 to 12 years); YG = younger girls (aged 9 to 12 years); OB = older boys (aged 13 to 17 years); OG = older girls (aged 13 to 17 years); W = women (18 to 55 years); M = men (aged 18 to 55 years); E = elders (men and women over 55 years old); POL = police; ASTU = Anti-Stock Theft Unit; HO = health officials; PDO = Assistant Community Development Officer of Palam Sub County; CFPO = Child and Family Protection Unit Police Officer; LC 1 = Local Council 1 Chairperson; HT = head teacher

have three cookers, you remove one cooker away, two cannot do anything." The translator explained that Olilim residents often use three stones placed in a triangular shape to hold a saucepan over the fire. Without one stone, the other two are ineffective for they cannot hold the saucepan. The translator further illuminated, "What he's trying to bring is by the lady going away, the labor, the roles the lady do at home like cooking, washing, everything, even agriculture will totally decline."

Several FGDs and interviews discussed youth not being supported, often at the conclusion of a stream of outcomes or as leading to youth dropping out of school or considering early marriage. Only one participant discussed youth not being supported as a single outcome of GBV. The ASTU member said, "GBV has led now, it is the leading factor to street children. Because like our camp here, we have the greater population are children without parents due to domestic [violence] and GBV."

In addition to GBV orphaning children and directly leading to youth not being supported, youth also might not be supported if the mothers separate from the family. Mothers have no rights to their children if the children are no longer breastfeeding, which is usually until the children are two to three years old. When mothers leave children, the women discussed experiencing psychological effects, which might lead to women deciding to reunify with abusive men, and most participants claimed that youth are not supported by their fathers. For instance, an ASTU member said:

To add on that, divorce. When this woman find that now this is too much for her, she decides to go to her home. At the end of the day, if the children are there, the

children suffer. The children are left at their place, the mother is not there to care for them, and the man will mistreat the woman from that cause.

A health official also indicated that GBV, which leads to separation, might also cause children to consider dropping out of school or marrying early because the children are psychologically affected by the separation. The health official stated:

And the effect in the family, like for the children, there'll be no education.

Because the children also get their minds will not so be so sound, because if their parents separate, that's another problem which comes to children, and the children can just decide to stay at home. Even you see there are some girls here that see such common domestic violence, they think of getting married early.

A police official succinctly stated, "Violence has resulted into separation of families and children now remain helpless. Children have remained helpless now with low support."

Only one key informant discussed social stigmatization as a result of familial separation. The LC 1 framed social stigmatization as being directed at men and noted that the community might extend their social stigmatization to include the separated family's children. He also observed that it is typically women who separate from husbands instead of vice versa. The LC 1 shared, "And when the woman goes away, the neighbors will not give respect, 'Now who told her to go away?' They will even chase the children away."

Psychological effects. Most FGDs and key informants discussed psychological effects as an outcome of GBV. Most participants framed psychological effects as a single and mediated outcome. Only one ASTU member spoke about psychological effects as

being directly connected to GBV but not as mediating any other effects. The ASTU member said the following:

One of the impacts of gender sex violence is stress and psychological torture.

Someone has been battered, let me take an example of a woman. A woman has been battered by a man. Every day, he drinks and comes to you, "Why have you not cooked food for the children today?" Yet, you have not bought something to cook. You will be beating a woman. The woman will be having that mental fatigue in the mind, "Every time this man beats me." Someone can get stressed.

Disturbing your mind. Participants conceptualized psychological effects in a variety of ways. They spoke about psychological effects foremost as a disturbing or torturing of the mind (e.g., "disturb your mind", "tortures you psychologically," and "mental torture"). For example, a woman explained how early marriage might lead to one feeling psychologically-tortured:

Early marriages and forced marriages and even early pregnancies also can cause violence because if like a child marries early, you find that when you reach in the other home, you're subjected to a kind of heavy work and now that thing will torture you psychologically.

Feeling bad and bitterness. Participants, especially the children, also spoke about feeling bad and experiencing bitterness. For instance, a younger girl said, "You feel a lot of bitterness in you when you see those people are fighting and killing themselves." In addition to discussing feeling bad and bitter, children also were the only participants who indicated the psychological reactions motivated them to respond to the violence, usually

attempting to pacify the parents in some fashion. Another younger girl noted, "You feel so hard and bad when you see that one is killed. But you now go and try to intervene, 'Please, people, you have harmonious talk. Just respect each other. Let's stay together.'" A younger boy discussed fearing the father and responding to alleviate violence:

When dad comes and finds there's no water, they [the parents] fight. You now start to feel, you develop fear, and in response to that, the child has to go and fetch water to come and give to dad to try to settle up that problem very fast. So you respond very fast.

Suicide ideation and completion. Other participants, particularly the younger boys, referenced suicide ideation and suicide completion as a psychological effect. For instance, a younger boy discussed a mother completing suicide:

He's saying that when dad goes to drink and when he comes, he finds some fathers or some dads allege that, "When I leave this home, some man come." And you find that that thing will anger the mom, the mother, and eventually she goes and commits suicide.

Another younger boy discussed suicide ideation and completion as an effect on children when there is violence in the household. He explained, "When dad and mom fight, you find that children now like try to separate from home and eventually start thinking of committing suicide and also commit suicide at the same time." The younger boys' narrative around suicide ideation and completion set them apart from other FGDs and key informant interviews, and the differentiation was explored in the individual analysis of the younger boys' FGD.

Anger. Moreover, participants discussed becoming angry as a psychological outcome of GBV. In one of the prior examples regarding suicide ideation, for instance, the younger boy also discussed the mother becoming angry before completing suicide. Another younger boy noted that children also become angry when witnessing violence. He said, "You'll feel angry when the father and the mother are fighting. You the child will feel angry." Anger could be a similar construct to bitterness and feeling bitter. However, more research is needed to determine how each psychological outcome was conceptualized.

Having lots of thoughts. In addition to anger, participants recognized yet another psychological outcome related to having lots of thoughts about something or over-thinking. An elder, for instance, spoke about youth having violent thoughts when not supported because they are orphaned or left with a widow or grandparent:

Violence has resulted into a high rate of widows and widowers in the community and those widows and widowers are left with so many orphans to support and that is now because of constrained resources, there's now a lot of separation. This one is also saying my grandma is not helping me. My grandfather is not helping me, so you find that the orphans grow with that kind of thought- of the violent thought within them. Because the grandfather or the grandmother cannot support them.

Or, a widow cannot support them.

When asked about effects, a teenage girl simply remarked, "There'll be a lot of thoughts, over-thinking." Having a lot of thoughts or over-thinking could be related to worry or stress, although again, the connection is tenuous without further research into the content

of the thoughts. A teenage girl did discuss being worried when hearing about the sexual abuse of a friend. She said, "Worry will now be there because you've heard of sexual abuse of a friend or somebody."

Fear and traumatization. Finally, participants discussed fear and traumatization as psychological outcomes of GBV. All participants discussed fearing the perpetrator. Children discussed fearing the father, for instance. Adults discussed women fearing their husbands. An ASTU member, for example, noted that women might develop a phobia regarding a husband's return:

It can cause what we call phobia. ... And let me say when a man has gone on his way, on his way back, the woman will be thinking really intimidated, what will the man come back and tell her, and what will happen next?

The head teacher observed that children might be traumatized if their mother is killed. However, he seemed to ascribe the traumatization not to their mother's murder per se, but to not being supported when they are left with the father:

So, now [after the mother is beaten to death] the children maybe they are traumatized because there's nobody to help them. Sometimes there's a father there at home who comes home at night. They move from home to home, from house to house looking for help. It affects a lot.

Psychological effects seemed to motivate participants in various ways. Children, with the exception of teenage girls, discussed responding and intervening to alleviate the GBV. Older girls, however, determined that they could not stop the violence and instead discussed of leaving the home and marrying early. Women might consider separating

from their husbands and children after repeated violence, which could cyclically lead to land-grabbing or increased poverty for all family members. Or, women might consider reuniting with their husbands following a separation because of the psychological torture of being away from their children and knowing their children are not being supported in the way that mothers desire for them to be supported. Some participants also indicated that psychological outcomes might lead to physical outcomes and vice-versa. For instance, over-thinking could cause emaciation and weight loss. Conversely, not having enough food to eat might create negative thinking patterns and difficulty responding to stressful stimuli.

Physical effects. In addition to separation and psychological effects, physical effects were also frequently and consistently discussed by almost all FGDs and key informants. Death, although clearly a physical effect, was coded separately because of its extremity. However, if death were combined with other physical effects, physical effects would be the most frequently mentioned outcome of GBV. A man explained, "Many many of the families have lost their beloved ones because of GBV and the Karamoja raids." In addition to death, participants discussed the following other types of physical outcomes: contracting HIV, being physically disabled or maimed, impregnation, contracting other STDs, being in a critical condition, and weight loss.

Death. Participants explained that GBV led to death in principally four ways. First, perpetrators kill victims through shooting, cutting with a panga (machete), or beating to death. The translator himself offered an example regarding a soldier shooting his girlfriend. The translator shared they had been conducting HIV testing in the

community. A woman learned she was HIV-positive, went to the soldiers' barracks to reveal her status to her boyfriend, and the boyfriend responded by taking out a gun and shooting her in the head, killing her. A younger boy additionally shared, "There will be loss of life. You find the other one destroys the other one's life, so loss of life." The younger boys and the PDO mentioned that GBV caused death via witchcraft and poisoning. The PDO explained, for instance, "Like if I have a problem with you, I go to a witchdoctor. Someone who, I don't know, there's some local charms around. Maybe someone can mix them, and they give you to eat and then you die." The next pathway from GBV to death was GBV causes couples to separate, one or both of the separated couple contract HIV during the separation, and when the couple reunites, the spreading of HIV occurs. For instance, an elder observed, "The parents have died because of violence. One is either beaten or because of separation and reunification, HIV is brought in and people die." Children offered the final pathway from GBV to death, which was if the children tried to intervene when the father is beating the mother, the father might change his target and physically abuse the intervening children, sometimes to their death. For example, a teenage boy indicated:

The parents might start a fight and when you try to intervene, trying to rescue the other, you might be a victim. When the dad tries to hit the mother, he might hit you who has gone to separate them to death. And it will be an effect to you.

If a perpetrator kills a child's mother, like with other forms of family separation, participants often declared the next outcome to be youth not being supported, which again, could lead to youth dropping out of school or marrying early.

HIV and STDs. The contraction or spreading of HIV or other STDs was also a commonly-discussed physical outcome of GBV. For example, a police officer explained, "If somebody over drinks, he cannot control his sexual urge. And now if a person cannot control his sexual urge for sex, he goes on a rampage, raping women, and you find that he contracts HIV/AIDS, or he transmits it." The CFPO remarked that GBV might result in HIV because of poor family relations. In a family with GBV, men may not financially support women, and women will look for support elsewhere. The CFPO said what follows:

GBV is also related to HIV in our communities. Once there's violence in the family, and it causes some sort of mistrust between a man and a woman, you find that when the man and the woman are in that type of condition, the woman can be getting her own things, not borrowing from the man. You find in that way, she can contract HIV elsewhere.

The PDO offered a similar example, illustrating how GBV might cause poor family relations, which leads one or both partners to find somebody outside of the relationship:

You find that I'll end up going as I try to console my mind, I go and try to get some other partner, but the partner that I get may be infected, and as a result, I can also contract HIV. And that is how it keeps on increasing and spreading from one person to another and they are actually promoting the spread of HIV.

An ASTU member discussed how, on a community level, GBV has increased the likelihood of contracting or spreading an STD other than HIV specifically. He said this:

And then the next thing is construction of STDs. You try to move a step, you get. You see, like STD in this community of ours is symbiotic. You take a step, you will get. You move backward, you will give. So that is one experience we have acquired from GBV.

Physical injuries. Participants also discussed perpetrators maiming or physically injuring victims by breaking bones, cutting, or disabling. For instance, an ASTU member reported, "At times when they are too drunk, finding a woman. When a woman has not prepared anything for him, he beats the woman. Sometimes he can break the arm or leg or injure someone's life." A younger boy discussed how if the father disables the mother, then children again will suffer via lack of support:

If dad and mom fights, and eventually dad hits the mother to pay the debt or to disable her, and if she's the one who's been the breadwinner in the home going to source for what to eat, you find that the children become recipients of violence because there's nobody giving them support.

The PDO also offered a lengthy and recent case example wherein a man cut his wife in the neck with a machete, and she lived, but was in the hospital in critical condition.

Impregnation. Finally, several participants discussed impregnation as a physical outcome of sexual GBV. Teenage girls particularly discussed impregnation. One teenage girl said simply, "They impregnate you." Another teenage girl noted how becoming pregnant via rape might hold its own psychological effects about birthing. She said the following:

Like when you become pregnant and now when it comes to time of labor pain, you will think, because you're still young, "Will I be able to deliver? To give birth? Or not?" So those thoughts will be disturbing you all over.

Participants noted that if perpetrators impregnate girls via rape, girls drop out of school, may marry early, and they "have no future."

Poor family relations and increased poverty. In addition to separation, psychological effects, and physical effects, participants frequently referenced GBV as causing poor family relations, which they often described as unshared decision-making, members of the household being unparallel, or individualism. Although poor family relations typically mediated other outcomes, younger girls and men framed poor family relations as a single outcome. A younger girl stated, "GBV has resulted into mixed understandings within families." A man indicated, "There's a lot of misunderstanding in the family, and the woman also survives on her own, the children on their own, and the father on his own. So there's a lot of division in the family."

Participants frequently observed that the lack of alignment resulting from GBV increased the household's poverty level. An elder further explained the relationship between poor family relations and poverty:

One of the things that violence has brought in is there's no development in the household. People don't share decisions between them. People now are individualistic. There's no shared responsibility- there's no shared decisions. Because if there's no shared decisions, each people are now parallel. One is also

on this side, the other is also is on her side, and no development is now realized in such a situation.

A teenage boy similarly illustrated how poor family relations might lead to increased poverty. He said this:

When there's violence, when the mother tries to bring an idea, and the father just ignores that idea, that will be developmental to the family. And when also they try to say that, "Let us come up with a solution," one is parallel to the other because they have conflicting between themselves, and they'll end up in poverty.

Another outcome of GBV and poor family relations was children not being supported and dropping out of school. Children not being supported might be implicitly connected to poverty. A teenage boy explained how problems at home might lead to a child deciding to leave school:

There are times that these parents conflict within themselves. The mother may tend to lock the door with things you have to use like the water basin or water. And when it is closed, you don't have access to the necessities, and you have to come to school like that. And when you come to school like that, at times when you are dirty, and you have no books, again you are threatened at school, "Why have you come when you're dirty? And where are your books?" So that tends to scare you away from school also.

In addition to poor family relations leading directly to youth considering dropping out of school, poor family relations also connected to separation of family members, and participants routinely suggested that the separation of family members led to youth not

being supported, again perhaps because of increased poverty in the household. Another reason why youth might not be supported is if the mothers leave, they have no rights to their children if the children are no longer breastfeeding (usually until two to three years old). When mothers leave children, they experience psychological effects, and participants claimed that youth are not supported by their fathers. For instance, an ASTU member said:

To add on that, divorce. When this woman find that now this is too much for her, she decides to go to her home. At the end of the day, if the children are there, the children suffer. The children are left at their place, the mother is not there to care for them, and the man will mistreat the woman from that cause.

Outcomes as contributing variables. Over half of the outcomes of GBV were also discussed as contributing variables, demonstrating a highly cyclical pattern regarding GBV, its outcomes, and its continuance. The outcomes that participants additionally framed as contributing variables are as follows: poverty, youth not being supported, death, poor family relations, dropping out of school, early marriage, violence, blame, being widowed, sex work, and infidelity.

Outcomes and the Social Ecological Model. Like the contributing variables, the outcomes were also classified according to the Social Ecological Model to offer an alternate perspective on how the Olilim community conceptualizes and frames constructs related to GBV (see Table 19). When classified according to the Social Ecological

Table 19

Frequencies of Outcomes Organized According to the Social Ecological Model: Combined Focus Group Discussions (FGDs) and Interviews

Outcomes	Focus Groups and Interview Informants													Frequency			
	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC1	HT			
Societal Outcomes																	
Poverty(S)	2*	--	2**	--	--	1*	5***	2**	4***	2**	1**	--	1**	1*	21		
Total Frequencies of Societal Outcomes	2	--	2	--	--	1	5	2	4	2	1	--	1	1	21		
Community Outcomes	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC1	HT			
Drop Out of School(C)	--	--	2***	--	--	1**	2**	--	--	1**	1**	--	--	--	7		
Witchcraft(C)	--	3***	--	--	--	--	--	--	--	--	2**	--	--	--	5		
Early Marriage (C)	--	--	--	--	--	--	--	--	--	2**	1**	--	--	1*	4		
Total Frequencies of Community Outcomes	--	3	2	--	--	1	2	--	--	3	4	--	--	1	16		
	YB	YG	OB	OG	W	M	E	POL	ASTU	HO	PDO	CFPO	LC1	HT			

Relationship Outcomes															
Separation (R)	2*	-	5*	3**	3**	3***	2***	--	4***	5***	1**	4***	1*	35	
Youth not supported (R)	1**	4**	--	--	3**	3**	1**	3***	2**	1*	--	2**	1**	20	
Poor Family Relations (R)	--	1*	5***	--	2*	2**	--	2**	1**	--	1**	--	--	14	
Mother Leaves Children (R)	--	--	--	1**	--	--	--	--	1**	--	1**	--	--	3	
Violence (R)	--	--	--	--	1*	--	--	1*	--	--	--	--	--	2	
Blame (R)	--	--	--	1*	--	--	--	--	--	--	--	--	--	1	
Revictimization (R)	--	--	--	1**	--	--	--	--	--	--	--	--	--	1	
Infidelity (R)	--	--	--	--	--	--	--	--	--	--	1**	--	--	1	
Total Frequencies of Relationship Outcomes	3	3	9	6	6	10	3	6	8	6	3	6	6	77	
Individual Outcomes															
	YB	YG	OB	OG	W	M	E	POL	ASTU	HD	PDO	CFPO	LC1	HT	
Psychological effects (I)	7**	7***	-	3***	4**	--	1**	2**	3*	5***	1**	--	--	1**	34
Physical effects (I)	1**	--	-	5**	--	2*	3***	5***	4***	--	1**	2***	--	1*	24
Death (I)	1**	2***	2***	--	--	4***	2**	1*	--	--	2**	2*	--	1*	17
Participants behaviourally respond (I)	3***	4***	1**	--	--	--	--	--	--	--	--	--	--	--	8
Children Have No Future (I)	--	--	-	--	--	1*	--	--	--	--	1**	--	--	--	2
Whoread (I)	--	--	-	--	--	--	1**	--	--	--	--	--	--	--	1
Total Frequencies of Individual Outcomes	14	13	3	8	4	7	7	8	7	5	5	4	--	5	86

Note: YB = younger boys (aged 9 to 12 years); YG = younger girls (aged 9 to 12 years); OB = older boys (aged 13 to 17 years); OG = older girls (aged 13 to 17 years); W = women (18 to 55 years); M = men (aged 18 to 55 years); E = elders (men and women over 55 years old); POL = police; ASTU = Anti-Stock Theft Unit; HD = health officials; PDO = Assistant Community Development Officer of Palm Sub County; CFPO = Child and Family Protection Unit Police Officer; LC 1 = Local Council 1; Chairperson; HT = head teacher

Model, participants discussed individual outcomes most frequently, followed by relationship outcomes, community outcomes, and societal outcomes, respectively.

Participants discussed individual outcomes most frequently, though not the most consistently. The LC 1 did not discuss individual outcomes in his interview, detracting from the consistency. The younger girls and boys discussed individual outcomes more frequently than other FGDs and key informants. Individual outcomes included psychological effects, physical effects, death, participants behaviorally respond, children have no future, and being widowed. Participants most frequently and consistently discussed psychological effects, physical effects, and death.

Following individual outcomes, participants mentioned relationship outcomes with second greatest frequency. Although participants recognized individual outcomes more frequently, they recognized relationship outcomes most consistently. All FGDs and interviews observed two or more relationship outcomes. The elders, teenage boys, and health officials discussed relationship outcomes most frequently. Among the FGDs, younger boys, younger girls, and the police referenced relationship variables least frequently. Relationship outcomes included separation, youth not being supported, poor family relations, mother leaves children, violence, blame, reunification, and infidelity.

After relationship outcomes, participants discussed community outcomes, though there appears to be a large discrepancy in frequency between the discussing of community variables compared to relationship and individual outcomes. Only half of the FGDs and interviews discussed community outcomes, for instance. The key informant

who holds a community development position discussed community variables most frequently. Otherwise, participants noted only three community outcomes: dropping out of school, witchcraft, and early marriage.

Finally, participants named only one societal outcome: poverty. However, there appeared to be inter-group reliability regarding the discussion of poverty. Most FGDs and key informants discussed poverty. Interestingly, there seemed to be a gender disparity regarding the discussion of poverty. Girls and women were much less likely to discuss poverty as an outcome than boys and men. This discrepancy exhibited in both FGDs and key informant interviews.

As was the case with contributing variables, participants routinely discussed outcomes as connected variables rather than variables existing in isolation. Thus, one outcome would lead to another. Moreover, many outcomes were jointly conceptualized as contributing variables, again demonstrating the relevance of using a multifaceted model like the Social Ecological Model to conceptualize variables related to GBV. For instance, take into account the following stream of outcomes: GBV causes poor family relations (R), which causes poverty (S), which causes separation of family members (R), which creates psychological effects (I), which leads to youth not being supported (R), which leads to youth dropping out of school (C). In this stream of outcomes, all levels of the Social Ecological Model are engaged.

Strategies for Prevention and Response

To address the third and final research question, "What community-informed prevention and/or intervention strategies for GBV might emerge from the data?" I

prompted participants to consider community strengths, challenges, and strategies for the prevention of and response to GBV. What follows is an exploration of community perceptions and ideas regarding the prevention of and response to GBV intertwined with my own ideas that emerged in consideration of the data. Thus, this section includes themes that arose via grounded theory coding and researcher-generated ideas targeted specifically to address previous results.

Strengths. Participants struggled to identify strengths in the community that might assist with the prevention and response of GBV. Several participants, for instance, indicated needs rather than current strengths. Despite that trend, participants did discuss and display some inter-group agreement regarding four types of strengths present in Olilim: structural institutions, openness to change, community-based volunteers and educated persons, and recognition that some change has occurred.

Structural entities. The most consistently discussed strength was related to structural entities. For example, participants referred to legal, medical, educational, and media institutions that are already in place and might be used to prevent and respond to GBV. Regarding legal strengths, participants noted that the establishment of the LC 1 through the LC 5 might be useful. Participants also recognized police as a strength. An elder expressed the following, for example:

If this woman she has taken her booze, or taken a little ajon, ajon is our local brew, and she's moving, and someone comes and forces her into sex, raping her, you find that the police will now give support to this old woman. Then also if

there if her child is defiled, there's also police who give support to investigate the matter and arrest the perpetrator.

In addition to legal infrastructure, health and medical infrastructure was also referred to as a strength. For instance, another elder commented, "Olilim has a health center and [the] health center can support them. If somebody's abused sexually, she's taken to the health center and she gets treatment." The health officials also offered that services and medications are free of charge. Participants named the local primary school as Olilim's educational strength, and they recognized that radio could be used as a medium for educating citizens on GBV.

Openness to change. In addition to structural entities, participants also discussed those who are open to change as a strength. Openness to change included Olilim residents welcoming educational opportunities, wanting something about GBV to change, people responding positively to current educational programs, and people feeling understood in educational meetings. One of the male key informants, for example, discussed other men feeling understood by him because he too is a man. He explained, "Like for me, gentlemen can share with me openly that we face this problem, face this problem. Because you're a gentlemen, and they feel you can really understand what they mean."

Human resources. Another layer of strengths was human resources, people in Olilim, including community-based volunteers or educated people. Participants named the Family Care Group as one strength. They secondly, and more frequently, referred to the Teso Initiative for Peace, a group dedicated to peace efforts between the Karamajong and Iteso people. Finally, one participant recognized the importance of involving those

with some education. She said, "And also those ones who are educated should also be loyal and honest to the community-based persons. It will help."

Change that has occurred. The final category of strengths included narrative around previous successful programming or the documentation of some change that has already occurred in the community. For instance, the head teacher indicated that more older girls are enrolled in school and at least have had access to a primary education:

Before, we didn't have many of them bigger girls in school because most of them were spoiled by the soldiers and most of them were defiled. And we have a lot of early marriages. But now they are at least able to complete primary education.

A health official discussed movement he has witnessed in the Olilim community following HIV education and awareness programming. He reported what follows:

Sometime back in Uganda like with HIV, people were taking it as secretive thing. And people would fear to be exposed. But today, as awareness is being brought, people are now getting blood tested voluntarily. They're not forced. But sometime back, that resulted into suicide. If someone is stigmatized, they talk about you. Now someone can say, "I go and commit suicide and there's no point in life now again." But people are getting relaxed. They are getting awareness about the prevention and how to cope with life after maybe having HIV the virus like that.

Another key informant discussed change that occurs within individuals when they have experience with something and become advocates for their cause. He offered a case example of a woman with HIV who is now working to educate others on issues related to

HIV. He said about her, "You know, you become like a role model. Tell people out of experience what you first do and how you need other people."

Challenges. Participants had little difficulty naming challenges that one might face in the prevention of and response to GBV in Olilim. Many of the strengths in Olilim corresponded to accompanying challenges. For example, participants named openness to change as a strength. And when discussing challenges, participants overwhelmingly recognized not being open to change as a significant challenge when working with GBV. Or, participants discussed infrastructure as a strength and noted problems with infrastructure as challenges. Other categories of challenges were the stigmatization of those working for change, scarcity of resources, a lack of justice, and other community variables.

Closed to change. First, participants routinely discussed those in Olilim who are not open to change. Participants often spoke generally about community members who are resistant. For instance, a teenage girl said, "People have [a] negative attitude toward what you tell them. They ignore it." An ASTU member referenced low attendance rates for community education and programming. He said, "When they try to sensitise the communities on GBV, they realize a poor turnout. It's like people have low interest when they are going to educate them." The translator supported the ASTU member's statement and remarked that low attendance is one of his greatest challenges as a community educator. Besides lack of interest, other reasons why people might not be open to change are that they are benefiting somehow under the current system. For instance, the production and selling of alcohol is one of the few employment opportunities in the

community. The people who work in the alcohol industry might resist change around alcohol policies and consumption for fear of losing their livelihood. Others, like parents, might financially benefit from the dowry system, marry their daughters early, and in extreme cases, sell their daughters to traffickers. A woman observed, "But you find that parents say, 'It is my child. I am the one who produced. Why are they blocking me from benefiting from my child? Let me benefit before I die.'" Families, too, may desire to settle the matter locally without intervention for they might receive some payment from the perpetrator to compensate for the abuse. In addition to families benefitting from the abuse of girls, there is also resistance from men who fear that GBV education might encourage women to "repel" them. The translator shared, "When you talk of domestic violence, GBV, you find that men say, 'You have come to spoil our women. You have come to give women more light, and they will now repel us.'" Finally, participants expressed that low levels of education might affect community members' level of interest in GBV programming. For example, the head teacher indicated, "Most of the people who are resistant are uneducated people." The PDO also discussed low levels of education presenting as a challenge to change. He said the following:

And then another thing is the place where you find that most people are not learned. They have not gone to school. You find that you can talk to someone, but tomorrow again, some of them go back and do the same thing again. So you find that where people are not learned, you tell them, and they will not feel the effect.

Social stigmatization and marginalization. Related to community members not being open to change, participants also discussed the social stigmatization and

marginalization of members of the community who work toward change and attempt to intervene. To illustrate social stigmatization, many participants spoke about being labeled, particularly as a bad person. An elder shared what follows:

So you will be blamed now. You, the person who stands and says, "Please, fighting is not good. Quarrelling is not good." They blame you and put you and say that you are a bad person because somebody wants to fight so and so and you have gone in the middle and you have stopped.

A woman said similarly, "There's blame, yeah, for you who is trying to help people come out of GBV. The community tends to blame you." In addition to being pejoratively labeled by the broader community, other participants discussed being abused and intimidated. The LC 1, for instance, discussed being abused at length. He first said, "The challenge is they are abusing us." When asked to offer an example, he described experiencing a relational conflict with a man who told the LC 1 that the LC 1 was no longer welcome at this man's house. An elder reported soldiers using their power to intimidate and physically abuse those who might challenge the soldiers or intervene. The elder said, "The soldiers, they bring them to provide security, but again they are not providing security. One, they come and take people's daughters. When you try to inquire about it or to ask, you're beaten up." A member of the Family Care Group shared trying to intervene and barring the trafficking of a girl child into the village by notifying the police. Although luckily she was not at home, several members of the community came to stone her. Her experience is as follows:

There's a case of a certain young girl who was brought here in Olilim from a different subcounty. But people within the community now, knowing that I employed police alongside the way to trap those people now. And now the community came in a big mass now wanting to stone me. But for me, I had gone for a community mobilization program somewhere. And they came- and they didn't find me.

The result of the stigmatization, abuse, and intimidation seemed to be largely that those who tried to intervene and met the aforementioned results experienced demoralization. A man explained, for instance, "You find that the persons go and start drinking, 'Ah, so and so come and try to talk to us, and we don't even know what he had come to tell us.' When you hear that, you lose morale also." Participants reported trying to ignore the labeling, and in the case of soldiers, attempting to formally report the soldiers' behavior.

Scarcity of resources. Participants routinely discussed scarcity of resources as a significant challenge, both in the prevention of and responding to GBV. For instance, regarding prevention, many participants, especially key informants, discussed community members being closed to change and demanding a sitting allowance for educational programming. A sitting allowance is a small fee given to residents for their attendance. In the very least, community members desired to be compensated with refreshments. An elder reported, "And one of the challenges is they want a pay, sitting allowance, if you don't give them, nobody comes to your meeting." The CFPO supported the elder's assertion and said, "And another challenge we have, when we call people for a meeting, they expect something."

Moreover, participants observed that a scarcity of resources impacted structural entities' ability to effectively function. Significant gaps in structural services exist. For instance, the police, CFPO, the health officials, and the LC 1 all discussed having complications with transport. The police indicated not having access to any form of transport. The CFPO suggested they do have a vehicle, but often do not have enough fuel, which is allotted by the government on a quarterly basis. The health officials in Olilim are only equipped to treat minor injuries and illnesses, yet they have no means to transport people when they need more extensive treatment. Although most key informants denied accepting payment to assist with structural deficiencies, the LC 1 did reply that the police request transport funding. He said, "But the challenge, the police what they do, they say, 'We want transport money.'" The LC 1 also admitted requiring residents to pay for him to hold court and provide refreshments for the jury. The translator noticed that proffering payment might be especially challenging for women. He said, "That makes a person again to not bring a case because, 'If I take a case, I don't have money to give these people.' Like especially women, they suffer silently." A teenage boy also shared, "The LC 1 will say, 'You bring some money and that's when I'll be able to help you. If you're not able to pull that little amount, then I'll not be able to help you on the problem.'" Other resource scarcities related to lacking personnel, lacking juvenile cells to hold juvenile offenders, lacking an establishment to house abandoned children, and lacking medications like intravenous fluids and antibiotics.

Lack of justice. The next challenge, conceptualized as a lack of justice, related to issues regarding reporting and inequitable and unfair justice practices. First, officials

documented women fearing to report because they are physically abused by their husbands. A police officer explained, "Because when you report, and you are staying with that man in the same home, eventually he will beat you. So they [women] will have that fear and they will just keep it in their hearts." An ASTU member also referenced a tendency to underreport because women fear divorce, and they may experience pressure from families because of the dowry system to remain with their abusive husbands. The ASTU member said what follows:

There are times women end up just enduring such harassment. They [women] say, "Ok, if I report this man, he might chase me away." You know here, divorce, people fear divorce. Or her parents may end up telling her, "You go back, because if the man comes to ask for the dowry paid." So there's a tendency of endurance under such situations.

Participants noticed, too, that political leaders like the LC 1 might unfairly align with one of the claimants, usually the man. For instance, a teenage boy shared, "When the LC 1 knows that the person you have reported, he will tend just to keep quiet and not follow up the case so serious." Another teenage boy observed something similar:

The LC1 might be a friend to the dad, and when the mother goes to report, the dad will just go to the LC1 and convince him to drop the case. And when they'll meet at the drinking joint, and then they'll have to drink together, and then they come back still to cause violence in the family.

A younger girl documented similar corruption in the legal system and expounded her narrative to illustrate the father intimidating the children to report in a way that is favorable to him. She said this:

You find that when the dad or the father fights the mother, the father first goes to the LC 1 and starts bribing him, by telling him to support him in the case. Even to the children, the father will now start threatening them that, "You should talk like this if you're called by the chairman." So you find that that child because of the fear and intimidation, the child will now go and support him. Yet he is the one that started the fight, or he is beating the mother in the home.

Key informants based outside the Olilim community also offered examples, illustrating cases when the LC 1 officials side with the parents or fathers in the community to block the key informants' response efforts.

Community variables. The final category related to challenges in the prevention of and response to GBV regarded community variables, though participants discussed these variables least frequently. Community challenges included variables related to weather, distance between police stations, and variables related to the Karamajong raids. The variables related to weather addressed flooding in the community during the wet season. The CFPO explained how flooding might obstruct a response to incidences of GBV. The CFPO offered the following:

Then maybe a challenge is the weather here. You find that the weather keeps on changing. Now, for instance, we're in the wet season, the rain season. You find

that some places are becoming flooded. You find that villages they are water-logged. Separate some communities from the others.

In addition to weather conditions and flooding obstructing access to communities, community residents might also struggle with gaining access to structures like police stations, since they are located so far apart. Lastly, participants observed that living in a community that continues to experience the Karamajong raids heightens insecurity and promotes a cycle of violence because family members might attempt to revenge the deaths of their loved ones. The head teacher said concisely, "I think that, one, because we still have raids. Raids are a challenge."

Strategies for prevention. Participants offered numerous ideas regarding how to work toward preventing GBV in Olilim, despite the numerous challenges. Prevention ideas included directly addressing GBV and addressing other contributing variables to GBV. Prevention strategies that emerged were educating the community, supporting the children, establishing peace initiatives between the Karamajong and Iteso people, addressing alcohol consumption, and targeting HIV.

Education and awareness. The majority of responses regarding prevention recommended the provision of educational services and programs to Olilim community residents either directly regarding GBV or on other aspects that might help to decrease violence. Pertaining to GBV, educational topics might include current laws prohibiting violence, rights of women and children, contributing variables and outcomes, anger and stress management, effective communication strategies, gender role exploration,

stigmatization, and victim-blaming. An ASTU member, for example, thought it useful to educate Olilim citizens on their rights:

Then later the government should come in and teach people and sensitize people on their what? Their rights. Because they will not move that they are reporting unless they are told, "This one is bad. This one is good." So, they should know their rights.

Participants often expressed a collective responsibility to educate. For example, a woman offered the following idea:

To stop or to reduce this violence or to change it, there should be a collective responsibilities from all the key stakeholders, like the Local Council 1, from LC 1 to a higher levels and also the community support structures which are within and the whole department. If there's a collective responsibility or collective effort by these people to sensitive communities, to sensitive men, women, children, youth, and elderly persons on issues related to GBV, I think GBV will change.

A health official discussed the importance of including community members in the effort to educate others:

Because the only strong body which now talks about violence is the police, the government. But if we can intervene by making the local people themselves, like the youth, they perform some activities, doing activities in the local areas, making dramas, they go to some markets talking about this and then talking about the results and effects of violence. I think slowly by slowly people can understand by using these local people.

Besides GBV specifically, participants discussed other educational topics such as love and peace, the effects of fighting, educating parents, teaching coping skills to men, and educating the Karamajong. For instance, a younger boy stated, "Educate people on love and peace so that they come together and be in harmony." Other children frequently narrated the importance of educating their parents on GBV and other, sometimes related topics, including teaching parents to better understand their children, give children support when children request it, and help their parents develop a more positive attitude towards community development.

Education and awareness could be integrated into existing structures: schools, LCs, police, health, and offered to the general population. For instance, in schools, a health unit could be introduced wherein children are taught about the causes and effects of GBV; how to cope when residing in an abusive family environment; and substance abuse. Since a challenge is encouraging people to participate in educational programming, incentives, or a sitting allowance, might be offered. Also, educational programming could contain content relaying tangible benefits for community members that might result from a reduction in GBV. Relaying tangible benefits might be particularly relevant when working with individuals (e.g., men) who seem to be benefiting from the current system.

Supporting youth. Following the importance of educating community members on GBV and other, related issues, participants, particularly the elders and teenage girls, often discussed supporting youth as a preventive measure. An elder stated, "In Olilim, there are so many orphans whom their parents have died from HIV. And if there's support

given to these orphans, you find that these violences will reduce, sexually and psychologically, will reduce, and even physically." Most participants who advocated support for children expressed the need for supporting their educational endeavors. An elder shared her experience and requested support for orphans' education:

I'm taking care of six orphans. Their father was killed. The Karamajong raiders killed him, and one of my girls is in S2 [secondary two] and the others in primary, but support is very very minimal to them. And I cannot really give to the expectation of the children. So, I request support onto what I'm giving and these kids continue with their education.

A teenage girl said simply, "Government should support girl children through education." A younger girl requested support for children's school uniforms by stating, "Support the orphans and vulnerable, those ones who don't have uniform." A teenage girl offered how supporting children through education increases their power. She narrated, "If a girl child is educated, and she has got a job, now people will start respecting her and now it will also call upon those ones to unite in the family."

In addition to financially supporting youth, another preventive option could be to identify at-risk youth and provide support. As is, male youth were identified as perpetrating some of the GBV. This trend might be reversed by identifying youth at risk of perpetrating violence and providing them psychosocial support. One way to provide support might be to identify youth who reside in abusive family environments, with parents who abuse substances, with single parents, or who are orphans and provide them with psychosocial support. Psychosocial support could also be peer-based and might

include holding weekly peer support groups. Peer support groups could consist of at-risk youth who come together to share their experiences with one another, gain emotional support from peers, and learn positive coping skills. The support groups could additionally include an educative component on the benefits of education and remaining violence-free. Following youth who drop-out of school could additionally reduce GBV by determining and supporting the youth's needs and encouraging the youth to return to school. Moreover, prevention efforts might involve youth in the prevention response. GBV community workers and volunteers could organize community activities for youth. They could also have youth develop community drama programming around GBV, HIV, and substance abuse. Lastly, community-based groups could include youth representatives to reach out to impacted youth.

Working toward peace. Only the men FGD discussed the importance of working toward peace between the Karamajong and the Iteso as a means to prevent GBV. One man suggested that educators teach the Karamajong about the dangers of cattle rustling. Another man indicated that both the Karamajong and Iteso could benefit from learning about GBV. He said, "The government development actors should come in and try to sensitize both the Iteso and the Karamajong communities on issues related to GBV. It is through that that people will acquire knowledge and really agitate for their rights." Two other men discussed developing projects that would involve and integrate the Karamajong and the Iteso. For example, one man offered, "The government should build schools within the borders so the Iteso children and the Karamajong children should study together and stay together in those schools."

Reducing alcohol consumption. Another category of prevention related to reducing alcohol consumption. Teenage boys and men spoke most about reducing alcohol consumption. Moreover, most participants offered an individualistic recommendation regarding the consumption of alcohol. Most recommended that people who consume alcohol limit how much they consume. A teenage boy indicated, for example, "They should reduce on the quantity of alcohol, the drink, so those will reduce the violence on children." In addition to limiting intake, a man also supposed, "If there's a way they could get a drug, they could inject an alcoholic person, an addict. And he stops drinking, I think GBV will stop." Only the final example alludes to the complexity of addressing alcohol consumption if addiction exists. Similarly, health officials could provide education around alcohol abuse to patrons who abuse alcohol.

HIV testing and disclosure. The final route for prevention addressed HIV testing and disclosure. An HIV-positive woman participant explained that facing social stigmatization and disclosing one's status could impact GBV:

In Olilim, they like fear to go for HIV tests. And if somebody sneaks in for HIV tests, if he goes and gets treatment but does not want to disclose his or her sero status, and you find that if somebody does not disclose her status, he or she goes spreading the virus to those ones who don't have. And she says like for her, if people- what she's like- a woman with HIV- people get to know the other one has HIV, and nobody will go even asking her for sex.

Other participants discussed financially supporting HIV persons and families by assisting them with educational fees and materials. Participants surmised that financially assisting

families might encourage transparency regarding HIV status and disclosure. Still other participants recommended offering support groups for persons living with HIV. Additionally, awareness campaigning around HIV might include educational components regarding GBV. If organizations engage in community testing, they might require couples to first undergo brief psychoeducation that teaches positive and non-violent coping skills. What is more, HIV awareness campaigning might consider reframing willingness to test, disclose, and cope non-violently as a masculine construct, signifying strength.

Addressing societal level contributing variables and outcomes. Although no participants recommended addressing societal level contributing variables and outcomes as a preventive avenue, the frequency with which participants attributed GBV to societal level variables, including patriarchy and power differentials, warrants consideration. For example, alcohol consumption was often paired with relational triggers like men responding with violence when they are denied something or challenged by a woman. Other participants frequently discussed men dominating household resources and responding with violence when others requested access to those resources. Patriarchy and economic power systems, complicated constructs to dismantle, could be addressed legally, economically, and culturally. Ugandan citizens could advocate for national policy that gives women full and equal rights to property and to their children. Local citizens might challenge the dowry system. Educating and employing girls and women could help decrease the economic power differential. Ugandan citizens interested in changing GBV

might best initiate these alterations in policy and culture (as opposed to those who are cultural outsiders) to instigate change that works functionally within a Ugandan context.

Responding to Gender-Based Violence (GBV). Participants offered fewer recommendations regarding responding to GBV. Almost all of the participants' recommendations fall into two broad categories. The first category addresses implementing current infrastructural elements outlined in the previous section on community strengths. The second category attends to providing counseling or psychosocial support to community members impacted by GBV.

Using community structures. The first response category, implementing current infrastructural elements, included relying on current laws and legal entities (e.g., the police and the court system), the medical establishment, clan members, and community-based groups to manage perpetrators and respond to GBV. For instance, an ASTU member said, "Someone like a man who batters a woman seriously should be carried and taken to the police so that the police can see what can be done on such a man." A younger boy likewise spoke about mom going to the police following a fight. He said, "If mom and dad fight, mom should go to police to seek for redress." Considering the significant gaps in infrastructure discussed in the section detailing challenges to the Olilim community, funders and other agencies with access to resources might offer some resources to assist with medical and legal transport and fees. The translator interjected the importance of treating medical concerns before offering other types of psychosocial support. He gave the following example:

It [medical treatment] is very very vital for cases of GBV because actually that was a challenge that I used to face. A husband has beaten a woman and really when you come, somebody is carrying her. Her arm is broken. She is bleeding and you cannot start counseling that person when she's in pain. So the immediate thing is to provide now medical treatment for her. And when you take her back to the health center here and you're told that, "We don't have any drug. We can't give her support." So the only answer is to take her to the clinic and the clinic definitely needs money. And when you take her there, and if you ask the client, and the client says I don't have money, so it now falls on you to go and talk to the office.

Certainly, funders and governmental institutions might additionally closely monitor institutions like the LC1 and police force to discourage corruption and unjustly charging community members for their services.

Providing counseling or psychosocial support. Secondly, participants frequently discussed providing counseling or psychosocial support to vulnerable persons or others impacted by GBV. A female elder, for instance, advocated specifically for providing psychosocial support to survivors. To augment the elder's assessment, I offer some additional thoughts about providing psychosocial support to victims. Psychosocial support could include connecting victims to one another to offer support, following an abusive incident. For instance, if a GBV victim is identified, the Family Care Group could ask another GBV victim who lives in the proximity and shares similar experiences to visit with the identified GBV victim and maintain ongoing contact and offer

psychosocial support. Secondly, a nonprofit agency, in conjunction with a community based group, could facilitate a weekly peer support group for GBV victims. In the peer support group, GBV victims could share their experiences with one another. The peer support groups might include an educative component, discussing human rights, legislation about GBV, HIV, and substance abuse. Community-based groups might consider recruiting victims to volunteer with them, since a key informant noted a strength is that those with experience of GBV sometimes become role models for others.

In addition to providing psychosocial support for survivors, other participants recognized extending psychosocial support to perpetrators, families, and even the entire community. For instance, an elder recorded the importance of providing psychosocial support for both perpetrators and victims. He recognized what follows:

It's good to provide psychosocial [support] to the survivors of violence, both a man and a woman. It is not only to women because if psychosocial is given to the perpetrator also, and he now realizes that it's violence is- are the forms of violence and how to cut violence and violence will not continue. But like if it's only the recipient then the perpetrator is left and the violence will still continue.

Governmental agencies may wish to coordinate with nonprofit agencies to not only offer, but also require counseling for family members involved in GBV, especially perpetrators. Currently, there exists little to no follow-up for families where domestic violence is reported.

Finally, a younger girl remarked, "Provide psychosocial support to the violent families and also communities," extending the response effort to the community-at-large.

It may be particularly useful to provide ongoing psychosocial support to community group members who often experience resistance from community members and their work as demoralizing, since stigmatization and demoralization was cited as a significant challenge in responding to GBV. Providing space and a platform for members to discuss their experiences and provide emotional support for one another might foster hope. Moreover, offering community groups financial backing might elevate their social positioning in the community and give them more autonomy to assist victims of GBV with interventions. Another idea regarding offering support to community members is to respond to those affected by Karamajong raids since several participants cited that the Karamajong raids increase rates of GBV because of the psychological and financial stress the raids induce. Employees or volunteers could meet with families following a raid to provide psychosocial support. Additionally, financial assistance could be offered to families by providing agricultural seed or an animal for those whose vegetation was pillaged and livestock taken.

Of note, several key informants discussed providing counseling and psychosocial support to GBV family members under the current system. However, when pressed, police officials and others described counseling as giving advice to family members about the best way to behave. For example, when the head teacher discussed his response to soldiers abusing girl children on their way home from school, he said, "Normally, if they come, we counsel them. We counsel them and guide them what they are supposed to do and what they are not supposed to do. On those children." Moreover, couples are encouraged not to separate and to remain together, which might prove dangerous for the

victim. For example, when reviewing a case example, the PDO shared, "So when I arrived there, they were now wanting separation. I said, 'You can't separate at this moment. We need to solve this matter.'" Counseling also consisted of mediating, usually financially, between two members of a couple. Typically, the perpetrator is asked to offer some small financial compensation to the victim. It is unclear whether giving advice and mediation are sufficient deterrents to prevent future abuse in the household. More research is needed to explore the efficacy of the current counseling approach in Ugandan culture. It may be helpful to train officials working with GBV on some basic fundamentals delineated by more traditional counseling techniques practiced in the West and elsewhere. Social work and community development academic programs could include counseling as a component of their training.

Summary of Gender-Based Violence (GBV) in Olilim: A Community Perspective

The most frequently discussed forms of GBV are as follows: physical violence, sexual violence, quarreling, early marriage, economic violence, and land grabbing. Participants referred to physical violence far more frequently than any other form of violence. Moreover, participants framed physical violence, quarreling, and economic violence as domestic forms of GBV. Sexual violence and land grabbing were framed as violence occurring outside of the immediate family. Participants indicated early marriage was a form of GBV that began in the household (e.g., with no financial support) and extended into the community (i.e., by marrying someone outside of the family and families receiving a dowry).

Participants overwhelmingly referred to men as perpetrators and women and girl children as survivors of GBV. When offering examples of GBV, participants often represented men, women, and girl children with relational language. When queried specifically about perpetrators, participants broadened their representation to include other members of the community. When queried specifically about survivors, participants relayed the connection between lack of power and likelihood of becoming a survivor of GBV.

Participants' narratives revealed 41 variables that individually or jointly led to an occurrence of GBV. FGDs and interviewees most frequently discussed alcohol consumption individually and most popularly with the following relationships between contributing variables: alcohol consumption and the victim denying the perpetrator something and alcohol consumption and the victim challenging the perpetrator. Participants also frequently discussed the Karamoja raids and poverty; the Karamoja raids and murder; and the Karamoja raids, IDP camp conditions, and insecurity. Participants discussed poverty as being intertwined with many other contributing variables. Patriarchy and a power differential were also routinely discussed. Patriarchy, in particular, was paired frequently with being widowed and women not having property rights, patriarchy and poor family relations, and patriarchy and the victim requesting something from the perpetrator. HIV status additionally emerged as a common theme. Participants routinely paired HIV status with the victim revealing her HIV-positive status to the perpetrator and the perpetrator blaming her for bringing HIV to their household. Finally, all of the contributing variables were additionally conceptualized according to

the Social Ecological Model. From this analytic perspective, participants most frequently and consistently discussed relational variables followed by individual variables, societal variables, and finally, community variables. In looking at a representative example of GBV offered by participants, several layers of the Social Ecological Model seemed to interact dynamically, demonstrating some utility of the Social Ecological Model to conceptualize GBV.

Participants dedicated less conversation to outcomes than contributing variables, denoting 20 outcomes. The most commonly referred to outcomes were separation of couples and children from families leading to youth not being supported, psychological effects, physical effects, and poor family relations and increased poverty. Moreover, over half of the outcomes were also conceptualized as contributing variables, indicating a cyclical conceptual framework for GBV in Olilim. When outcomes were classified according to the Social Ecological Model, in order of frequency, participants discussed individual outcomes, relationship outcomes, community outcomes, and societal outcomes. However, participants referred to relationship outcomes most consistently. There was a large discrepancy between the frequency of discussion around individual and relationship outcomes and community and societal outcomes. Participants were much more likely to consider individual and relationship outcomes. Participants routinely noted the connection between several outcomes, one often leading to the next. The connected outcomes often corresponded to several, if not all, layers of the Social Ecological Model.

Although participants struggled to identify strengths, they listed four: structural institutions, openness to change, community-based volunteers and educated persons, and

recognition that some change has occurred. Participants had less difficulty identifying challenges, which they indicated were being closed to change, social stigmatization and marginalization, scarcity of resources, lack of justice, and community variables. Based on the strengths and challenges, some strategies for the prevention of GBV were education and awareness, supporting youth, working toward peace, reducing alcohol consumption, addressing societal level contributing variables, and HIV testing and disclosure. Lastly, strategies for responding to GBV included using community support structures and providing counseling or psychosocial support.

Disseminating the Findings and Moving Toward Action

Disseminating the findings and moving toward action are vital final steps in a CBPR study (Christopher et al., 2005; Kieffer et al., 2005). Once I defend my dissertation project, the results and discussion will be shared with the staff at TPO Uganda and the members of the Family Care Group. I intend to send a copy of my dissertation to TPO Uganda and verbally present my results via Skype to the GBV coordinator who is currently arranging to set up Skype on her computer. TPO Uganda and the Family Care Group have agreed to disseminate the results to the broader community in a format of their choosing.

Additionally, TPO Uganda and the Family Care Group will utilize the results from this study to design and guide future GBV prevention and intervention efforts in the community. Initially, I thought the dissemination of the findings would formally conclude my involvement in the study, and the local organizations would guide subsequent efforts and the action phase. For the most part, my initial conceptualization remains accurate.

However, I have donated some small funding to the Family Care Group, so they can open a

bank account and formally register their group with the district. I am also currently exploring avenues to establish an organization with non-profit status that might assist TPO and the Family Care Group with their work pertaining to GBV in Olilim. Currently, based on requests from participants and the Family Care Group, I am considering applying for funding to support youth's educational needs.

CHAPTER V

DISCUSSION

The discussion below begins with an integration of the study's primary findings with relevant literature. Following this, theoretical and research implications are presented. A section detailing the practice, policy, and training implications of the work are included next. The credibility and trustworthiness of the findings are revisited, and both limitations and strengths of the investigation are presented prior to the conclusion of the discussion.

Integration with the Literature

The results revealed that when Olilim residents and key informants conceptualize gender-based violence (GBV) in Olilim, they most representatively discuss domestic, physical abuse that is perpetrated by husbands against their wives. Other researchers (e.g., Amnesty International, 2007; Trans Psychosocial Organization Uganda et al., 2011) have also discovered that most acts of GBV in Northern and Eastern Uganda occur in the home. Participants in this study demonstrated awareness of domestic violence by relationally referring to perpetrators as father, dad, or husband and referring to survivors as mom, mother, wife, or daughter. Moreover, participants noted that men commonly perpetrate domestic, physical violence after consuming alcohol and in response to a relational trigger (e.g., being denied something or challenged). Some studies (e.g., Ezard et al., 2011) have also confirmed a connection between alcohol use and GBV in an

internally-displaced person (IDP) population, even though other studies (e.g., Roberts et al., 2011) found no relationship between IDP status and alcohol consumption. The connection between alcohol consumption and GBV, especially intimate partner violence (IPV), is well established by research conducted in the U.S. (e.g., Abbey, Wegner, Pierce, & Jacques-Tiura, 2012; Moore, Elkins, McNulty, Kivisto, & Handsel, 2011). Children participants seemed particularly astute regarding the connection between alcohol consumption and relational triggers. Alcohol consumption and the relational triggers were closely temporally situated to GBV in the narratives. Moore et al. (2011) discovered a similar temporal relationship between alcohol consumption and intimate partner violence.

Community-level variables such as the Karamajong raids, displacement, and camp conditions, in contrast to alcohol consumption paired with relational triggers, were more peripherally related to GBV. For instance, most participants did not connect the Karamajong raids to GBV without prompting and several other contributing variables were often paired between the Karamajong raids and GBV. Following prompting, however, participants did unhesitatingly make a connection between the Karamajong raids and GBV, indicating some connection. A common narrative including the Karamajong raids began with the Karamajong raids, leading to resources being stolen, increased poverty, patriarchy, family members requesting something or challenging the perpetrator, and concluding with domestic, physical abuse. Increased poverty was consistently included in discussions about the Karamajong raids and GBV. Only children, with the exception of teenage boys, did not discuss poverty as a contributing variable,

which may indicate developmental differences. Although participants at times observed that the Karamajong warriors raped women and girls during their raids, more directly connecting armed conflict to GBV (Berman et al., 2009), this connection to GBV was much less frequent than the raids increasing occurrences of domestic, physical abuse. The finding that armed conflict and displacement are distally related to GBV supports assertions that armed conflict and displacement do not induce GBV, but rather, exacerbate it (El Jack, 2003; Torres, 2002).

Participants' narratives also confirmed gendered expectations about protection: namely, men were expected to protect households from the Karamajong warriors, affirming theory that masculine expectations in armed conflict and militarized settings are considerable (El Jack, 2003; Katz, 2006; Torres, 2002). If men failed to protect the family's resources, participants offered examples where women reminded men of their failure and, at times, directly challenged men's masculinity. Men commonly met women's reminders and challenges with violence, although participants rarely discussed men's psychological processes between being challenged and perpetrating violence. Only one participant noted men's anger concerning having their resources stolen and redirecting that anger towards women and children.

Societal-level influences such as patriarchal concepts and power differentials were also frequently discussed as contributing variables to GBV, supporting feminist theory, which maintains that gender, power dynamics, and sexism are important contributing variables to GBV (Heise, 1998; Russo & Pirlott, 2006; UNHCR, 1995; Yllo, 2005). Power differential was paired most frequently with sexual GBV between

community members and men outside of the home, marking a shift in narrative between physical abuse perpetrated by fathers and husbands and sexual abuse perpetrated by men outside of the home (e.g., soldiers, neighbors, and male youth). The naming of military personnel like soldiers as perpetrators of sexual violence is consistent with literature that maintains that the militarization of communities increases rates of sexual violence (El Jack, 2003). Only one key informant revealed that fathers raping their daughters with the intention of infecting their daughters with HIV commonly occurred in the community. However, the key informant's observation is supported by other research (Human Rights Watch, 2003). Teenage boys and girls seemed to be especially aware of sexual violence, particularly sexual violence directed at "girl children." Teenage girls discussed early marriage far more frequently than other focus group discussions (FGDs) and interviewees, for instance, perhaps elucidating distress regarding a form of GBV most likely to affect them in their developmental stage. Participants framed power as having a more direct relationship to sexual GBV than patriarchy, and power differentials were mostly framed as economic with the perpetrators possessing more economic resources than victims. Other authors (Abel & Richters, 2009; Avocats Sans Frontieres, 2010; Human Rights Watch, 2003; Jabs, 2007; Thiara & Hague, 2009; TPO Uganda et al., 2011) have discovered similar connections between economic power differentials, early marriage, and the dowry system. This study uniquely illuminates sex work as an additional form of sexual abuse that transpires in the context of economic power differentials.

In contrast to power differentials, which were often associated with sexual GBV, patriarchy was paired more frequently with domestic, physical abuse. Patriarchy often combined with several other variables. For instance, patriarchy frequently paired with being widowed and not having property rights. Although Uganda's Land Act did assign more property rights to women (Amnesty International, 2007; Human Rights Watch, 2003; TPO Uganda, 2010), the Act failed to grant women spousal co-ownership. Participants' narratives suggested that women in Olilim have few, if any, rights to property and are often chased from the land if their husband dies.

Patriarchy additionally paired with relational variables, including poor family relations and requesting something from the perpetrator. Regarding poor family relations, participants routinely discussed unshared decision-making as problematic and as contributing to GBV. Furthermore, victims requesting something from men, and men responding with violence, demonstrates men's economic control of resources in the household. Heise (1998) did suggest that men's decision-making authority and economic control of resources in the household correlate with higher levels of GBV. In this way, the results of this study uphold Heise's findings. Men's narratives contained more patriarchal elements than other FGDs' narratives. They described men as superior, the *overall*, and as the head of the family. They indicated that men wield their positions in the family to abuse the rights of their wives and children.

HIV, too, was commonly discussed as a contributing variable to GBV in Olilim. Not surprisingly, HIV was framed both as a contributing variable and as an outcome to GBV. As a contributing variable, a common narrative paired HIV with the victim

revealing her positive HIV status to the perpetrator and the perpetrator blaming the victim, concluding with husbands physically abusing their wives. Women frequently attended to blame in their narratives. Contrasting with other sources (e.g., Emusu et al., 2009; Human Rights Watch, 2003), participants rarely discussed HIV-discordance in conjunction with marital rape.

Participants regularly divulged outcomes as a stream of events, beginning with GBV and often concluding with youth not being supported at home, which could lead to a host of other individual and community outcomes: for example, early marriage, psychological or physical effects, children dropping out of school, and children having no future. Elders seemed especially cognizant of the effects of GBV on youth.

Participants recognized separation of families as a frequent outcome of GBV and referred to couples separating or children separating from their parents. Separation of families was another construct that commonly left youth not being supported. Because of discriminatory separation and custody laws (Amnesty International, 2007; Human Rights Watch, 2003), women have little legal right to their children, serving as a significant barrier to separation and promoting reunification of women with abusive men.

In addition to separation, participants frequently discussed individual variables like psychological and physical effects, often as direct and singular outcomes of GBV. Participants in this study listed a variety of psychological states induced by GBV, including being psychologically tortured or disturbed, feeling bad or bitter, suicidal ideation and completion, anger, having lots of thoughts, and fear and traumatization. Unlike Liebling and Kizir-Mayengo's (2002) study, participants did not discuss having

flashbacks, recurrent nightmares, or difficulty concentrating. More research is needed to dissect how participants conceptualize and experience the psychological constructs they discussed. Although participants in this study discussed witchcraft, they did not discuss spirit possession in conjunction with psychological effects, which has been noted as an important element in Ugandan culture by other authors (Abel & Richters, 2009; Akello et al., 2010; Betancourt et al., 2009; Van Duijl et al., 2010; Verdelli et al., 2008). The younger boys and girls had a great deal to offer regarding psychological effects. For instance, they were more likely to discuss suicidal ideation and completion than adults. Men and teenage boys were the only FGDs who did not mention psychological outcomes of GBV. Men's and teenage boys' exclusion of psychological outcomes could be indicative of a masculine socialization process, which discourages emotional expression, not unlike the masculine socialization process that Levant (1992) has proposed occurs in the U.S.

Some studies (Abel & Richters, 2009; Akello et al., 2010) have concluded that Ugandans employ silence as a coping strategy to psychological distress. As an example, Abel and Richters (2009) highlighted participants' tendency to speak indirectly about their experiences and use the pronoun *we* instead of *I*. Participants in this study often used the pronoun *you* when discussing personal narratives, although they did use personal narratives. Women and children especially detailed personal experiences with GBV. Because of women's gender and children's developmental levels, they were framed as vulnerable because they have less economic and social power, giving them greater experience as survivors of GBV. Potentially, participants' framing of sexual GBV as

occurring outside of the domestic sphere and between community members is a form of collective silence (Tankink & Richters, 2007).

This study unveiled some additional coping strategies in response to GBV. First, children, in contrast to adults, discussed intervening to respond to GBV. Children also demonstrated agency by discussing considering separating from their family members. For teenage girls, separation meant considering early marriage. Also discussing women choosing to separate from men, adults, too, mentioned pursuing more formal measures of responding to GBV (e.g., writing to soldiers' commanders). Finally, community members noted considerable social stigmatization towards those who were working to eliminate and respond to incidences of GBV. When faced with social stigmatization, community members listed ignoring the stigmatization as the primary coping strategy.

Regarding physical outcomes, teenage girls seemed to be acutely aware of physical effects of GBV such as impregnation. As a whole, participants noted HIV as a significant physical outcome of GBV and of living in a concentrated camp, even though Fabiani et al. (2007) found that women who resided outside of IDP camps had higher rates of HIV. Additionally, participants expanded UNHCR's (1995) listing of physical ramifications (HIV, STDs, mutilated genitalia, pregnancy, miscarriage, abortion, menstrual disorder, severe abdominal pain, and self-mutilation) to include death and physical injuries such as broken bones, cuts, and disabling. TPO Uganda et al. (2011) noted that death and disability due to GBV equal the maternal mortality rate in Uganda.

Finally, participants noted that relational variables like poor family relations contributed to societal variables such as increased poverty. While Heise (1998) did

discuss poor family relations and poverty as contributing factors to GBV, this study revealed that poor family relations and poverty are also outcomes of GBV, indicating a cyclical relationship. While some authors (e.g., Kazdin, 2011) have attended to societal economic outcomes of GBV, many others have focused on poverty, in particular, as a contributing variable to GBV (e.g., Kiss et al., 2012). Furthermore, studies, at least those conducted in the West, tend to focus on individual outcomes like mental and physical outcomes (e.g., Cavanaugh et al., 2012), even in community-based studies (e.g., Malta, McDonald, Hegadoren, Weller, & Tough, 2012). The suggestion that a medical model's focus on psychopathology and on the trauma of being displaced does not acknowledge other stressors more concordant with refugees' concerns (Tempany, 2009; Whelan & Blogg, 2007) carries some credibility according to the results of this study. In essence, a focus on individual outcomes may exclude other outcomes that are more relational, communal, and societal, missing relevant options for response.

Theoretical Considerations and Future Research

When looking at the various socioecological levels and how several levels were employed to discuss the connection between contributing variables and outcomes, the levels' integration demonstrates movement, fluidity, and perhaps most importantly, interaction. According to Hamby (2011), the second wave of violence research includes increased use of multi-factorial approaches and an integration of individual, familial, and social factors. Still, Hamby laments that studies do not often examine how individual, familial, and social variables intersect. Other authors on violence have supported Hamby's call for research approaches that are broad enough to illuminate intersections

between variables related to violence (e.g., Banyard, 2011) and even suggest that many forms of violence be examined jointly (e.g., DeWall, Anderson, & Bushman, 2011; Grych & Swan, 2012). Using a socioecological framework to examine violence and GBV, specifically, could help fill this gap. For instance, this study revealed several important interactions such as the interaction between alcohol consumption and relational triggers (e.g., the victim challenging or denying the perpetrator) as contributors to GBV. This project also revealed a relationship between two types of violence, the Karamojong raids and GBV, by unearthing several variables that connect the two types of violence, one of which is increased poverty. If researchers wanted to broaden their conceptualization of violence and address it more generally, they might determine whether contributing variables and outcomes found in this study, for example, apply to other types of violence in order to parcel out commonalities and differences between types of violence.

Based on the results of this study, I propose that the examination of interpersonal violence in a general sense be conducted with caution. It would be a disservice to the study of GBV, if in broadening the research lens to examine interpersonal violence more generally, an examination of patriarchy and power were excluded, since patriarchy and power were woven throughout so many narratives in this study. Moreover, the strong gendered trend of who constitutes perpetrators and survivors should not be overlooked, which it could be in conceptualizing GBV as a form of interpersonal violence. Interpersonal violence includes all violence between two or more people, ranging from child maltreatment to elder abuse (Kazdin, 2011). Future research might more

specifically examine how societal constructs like patriarchy shape all relational interactions.

To my knowledge, Heise (1998) has been the only author to create a framework of GBV based on the socioecological perspective. Similar to Heise's socioecological conceptual framework, however, O'Neil and Harway (1999) devised a multivariate model to offer a theoretical conceptualization of men's violence against women. Their model consists of 13 propositions regarding men's violence against women and included six layers of explanatory factors: macrosocietal, relational, socialization, psychosocial, psychological, and biological. O'Neil and Harway wrote several hypotheses regarding men's violence against women to test under each proposition. The socioecological framework (Heise, 1998) and the multivariate model (O'Neil & Harway, 1999) have several similarities. They both, for instance, present societal factors and relational factors as factors that encompass individual variables. However, the two models also slightly differ. The socioecological model groups individual variables (e.g., biological variables and psychological variables), while the multivariate model separates them. The multivariate model frames socialization and gender-role socialization as individual factors, while the socioecological framework includes socialization and gender-role socialization as societal variables. If theorists desire parsimony, the latter conceptualization might be preferable. Perhaps the most significant difference between the two models is that while the multivariate model does address societal factors, it does not explicitly parcel out community variables, which the socioecological framework does. A strength of conceptualizing GBV with community variables is that specific

cultural variables (e.g., living in armed conflict or endorsing a dowry system) can help more fully explain the occurrence of GBV in a particular context (e.g., Olilim in Northeastern Uganda).

While Heise (1998) focused exclusively on contributing variables to GBV, this study's literature review and results include outcomes. Based on the context of facilitating research with displaced persons in Uganda who continue to experience armed conflict, the present research adds variables that complement Heise's conceptualization (see Tables 20 and 21) and research covered in the literature review. Variables originally acknowledged by Heise and covered by other studies reviewed in the literature review are presented as non-italicized text. The variables that emerged as results in the current study are italicized.

Table 20

The Social Ecological Model and Conceptualization of Literature Review Contributing Variables with Results

Societal	Community	Relationship	Individual
Poverty	Intersection of Gender, Armed Conflict, and Displacement (<i>Karamoja raids, Resources Stolen, Internally-Displaced Person (IDP) Camp Conditions, Insecurity</i>)	Decision-making power (<i>poor family relations</i>)	Alcohol Consumption

Gender Roles (<i>patriarchy, masculine role challenged</i>)	Forms of Gender-Based Violence (GBV) (<i>Early Marriage, Sex Work</i>)	Attitudes towards DV	HIV Status
National Legal Framework (<i>no property rights</i>)	Community Structural Gaps (<i>community factors</i>)	Beliefs about Ability to Refuse Sexual Intercourse	<i>Widowed</i>
<i>Power Differential</i>	Community Protective Structures	<i>Victim denies perpetrator something</i>	<i>Death</i>
	Interventions	<i>Victim challenges perpetrator</i>	<i>Psychological Reaction</i>
	<i>Dowry System</i>	<i>Victim requests something from perpetrator</i>	<i>Drug Use</i>
	<i>Rumor Mongering</i>	<i>Perpetrator blames victim</i>	<i>Poor Coping Mechanism</i>
	<i>Drop Out of School</i>	<i>Youth Not Supported</i>	<i>Age</i>
		<i>Infidelity</i>	<i>Personality Variables</i>
		<i>Victim Reveal Positive HIV Status to Perpetrator</i>	<i>Divorce</i>
		<i>Polygamy</i>	
		<i>Conception Problems</i>	
		<i>Discipline</i>	
		<i>Violence in Home</i>	
		<i>Clan Pressure</i>	

Table 21

The Social Ecological Model and Conceptualization of Literature Review Outcomes with Results

Societal	Community	Relationship	Individual
<i>Poverty</i>		<i>Separation</i>	Physical and Psychological Outcomes
	<i>Drop Out of School</i>		
	<i>Witchcraft</i>	<i>Youth not supported</i>	<i>Death</i>
	<i>Early Marriage</i>	<i>Poor Family Relations</i>	<i>Participants behaviorally respond</i>
		<i>Mother Leaves Children</i>	<i>Children Have No Future</i>
		<i>Violence</i>	<i>Widowed</i>
		<i>Blame</i>	
		<i>Reunification</i>	
		<i>Infidelity</i>	

Tables 20 and 21 demonstrate a research focus on contributing variables rather than outcomes of GBV. Indeed, participants themselves spent more time discussing contributing variables than they did outcomes. Perhaps this collective bias is due to humans' desire to assign causality (Nisbett, Choi, Peng, & Norenzayan, 2001) and a scientific valuing of explanation and prediction. Allotting less attention to outcomes could prevent researchers from conceptualizing GBV with the complex lens that it deserves, especially because so many outcomes in this study were also framed as contributing variables. Kazdin (2011) argued that social problems related to interpersonal violence, including GBV, be conceptualized as “wicked problems” (p. 171). He characterized wicked problems as complicated, involving numerous stakeholders and

participants, resulting from intersecting trends, are embedded in other wicked problems (e.g., poverty), and cannot be solved easily. Future research might consider outcomes beyond individual outcomes, and examine the intersection of various levels of outcomes.

Additionally, participants offered a host of relational constructs that contribute to domestic, physical abuse and are outcomes of GBV. In my literature review search, I could find little information about relational and interactive variables with the exception of general statistics demonstrating decision-making in the household, attitudes towards DV, and attitudes regarding the right to refuse sexual intercourse in Ugandan households. Currently, the bulk of literature regarding the perpetration of GBV seems to address individual constructs such as substance use (Hove, Parkhill, Neighbors, McConchie, & Fossos, 2010) and cognitive and affective processes (Eckhardt, Samper, Suhr, & Holtzworth-Munroe, 2012; Finkel, DeWall, Slotter, Oaten, & Foshee, 2009; Weldon & Gilchrist, 2012) or societal elements like patriarchy (Russo & Pirlott, 2006; UNHCR, 1995; Yllo, 2005). Few studies empirically examine relational variables, and even fewer, if any, look at the intersection of individual, societal, and community processes with relationship triggers, variables, and couple interactions.

That being said, a handful of recent studies conducted in the U.S. have begun examining dyadic and bidirectional influences on IPV (Cunradi, Ames, & Duke, 2011; Marshall, Jones, & Feinberg, 2011; Timmons Fritz, Smith Slep, & O'Leary, 2012), indicating a promising step forward in research regarding IPV. For instance, Timmons Fritz et al. (2012) examined family-of-origin aggression (FOA) in both partners to determine whether FOA had a predictive relationship to IPV and the authors discovered

both individual and partner effects. Interestingly, in looking at male-to-female IPV and female-to-male IPV, Marshall et al. (2011) determined that individual characteristics (e.g., hostility) more accurately predicted male-to-female IPV, but the quality of the relationship and levels of relational conflict more strongly predicted female-to-male IPV. Of note, Marshall et al.'s findings contrast with findings from this study, which demonstrate that men's IPV often occurs in response to a relational trigger, and similarly to women surveyed by Marshall et al., men may be employing IPV as a protective function against perceived conflict.

While U.S. studies may be of some assistance in demonstrating both new information about relational triggers and statistical techniques that can truly track relational-level variables, the social context of the U.S. studies is radically different than that of the IDP camps in Uganda. Nevertheless, in combination with the results of this study, expanding the theoretical conceptualization of IPV to include relational triggers might be beneficial, and more research in this area is recommended. O'Neil and Harway (1999) supported the importance of examining contextual triggers alongside predisposing risk factors.

The strength of using a socioecological framework is its unearthing of the numerous, intersecting variables that both contribute to and are outcomes of GBV. This strength, however, is also the socioecological framework's limitation. In looking broadly at GBV, armed conflict and their potential intersection, the numerous variables and their relationships to one another at times proved to be unwieldy. Likewise, O'Neil and Harway (1999) developed 40 hypotheses regarding men's violence against women based

on their multivariate model. Their development of 40 hypotheses to address the occurrence of GBV alone (not in context of armed conflict) demonstrates the complexity of examining interpersonal violence. This study could be used as a foundation for future research which might more closely examine the intersection of the stronger, more representative variables. Another limitation of the Social Ecological Model and area for theoretical advancement could be for researchers to engage in academic discussion regarding how each level of the Social Ecological Model and the variables within the levels are operationalized, tightening research and enhancing inter-researcher reliability, since this study and others rely most prominently on Bronfenbrenner's (1977) model. For instance, when working in cross-cultural contexts, is the clan best conceptualized as a relationship or community variable? Or is poverty better situated as a societal-, relationship-, or community-level variable, and why?

Implications for Practice, Training, Advocacy, and Policy

Practical Implications

The fact that participants mention psychological effects frequently suggests opportunity for mental health interventions. First, to avoid cultural colonialism (Drozdek, 2007; Summerfield, 1999), it seems important to conduct more research on how Olilim community members experience and conceptualize psychological effects. Currently, counseling interventions provided by key informants and other involved community members consist of offering advice and mediating between couples. More research is needed to determine whether advice-giving and mediation is (1) efficacious and (2) more or less efficacious than Western approaches to counseling. While some studies (e.g.,

Bolton et al., 2007) have examined efficacy of Western approaches versus no intervention in a Ugandan context, more research is needed on the efficacy of Western approaches versus current interventions. Moreover, though APA (2007) devised the *Guidelines for Psychological Practice with Girls and Women* for psychologists working within a U.S. context, many of the guidelines suggest that psychologists attend to gender socialization processes. Since societal, community, and relational contributing variables and outcomes emerged in this study, the aforementioned guidelines might also be useful when applied to working with girls and women in Olilim.

Next, because participants offered a host of relationship contributing variables and outcomes associated with GBV, researchers might examine these relationship variables and determine whether they exist in a U.S. sample and in communities that are not displaced and experiencing recurrent armed conflict. If relevant, clinicians in the U.S. could explore relationship variables in practice. Clinicians could ask perpetrators, for instance, to identify relational triggers and teach perpetrators to implement emotional grounding techniques when a relational trigger presents itself. In a theoretical article proposing a preventive conceptual framework and curriculum for males at risk of IPV, Cavanaugh, Solomon, and Gelles (2011) asserted that perpetrators of IPV hold similar traits to others who have been successfully treated with Dialectical Behavior Therapy (DBT). According to Linehan who devised DBT (1993), emotion dysregulation (accompanied by maladaptive behaviors like outbursts of anger) is an intense emotional experience produced by feelings of emotional vulnerability (perhaps induced by relational triggers). Alcohol consumption could further exacerbate the ability to self-

regulate (Bartholow, Henry, Lust, Sauls, & Wood, 2012), helping to explain why alcohol consumption commonly paired with relational triggers to produce GBV. Rathus, Cavuoto, and Passarelli (2006) conceptualized a DBT-based mindfulness treatment for IPV. They suggested that mindfulness strategies could assist perpetrators with observing and accepting emotion rather than harmfully engaging others in the midst of an overwhelming emotional experience. Empirical support for emotion regulation interventions like DBT is slim, however, and more research is needed. Rathus et al., for instance, reported only two studies (conducted by them) that indicate that DBT and mindfulness-based strategies are effective when working with perpetrators of IPV. And, research is needed to determine whether a DBT approach is effective in intercultural settings. Another recommendation regarding targeting men's responses to relational triggers are in group settings, perpetrators might role play scenes where they have met relational triggers with violence and work towards responding in a healthier way that is more conducive to strengthening relationships. Clinicians could also work with survivors to explore contributing variables to help allot meaning to their experience of violence, and investigate survivors' experiences of individual, relational, communal, and societal outcomes.

Training Implications

Some recommendations follow regarding the training of psychologists who are interested in working in an intercultural context. While the *Guidelines for Multicultural Education and Training, Research, and Practice in Psychology* (American Psychological Association, 2003) were written primarily for trainers, researchers, and practitioners

operating in a U.S. context, the first two guidelines are particularly relevant for working in an intercultural context. The first guideline requires recognition of the self as a cultural being and awareness about how one's cultural identities shape and influence perceptions and interactions with others. The second guideline stresses the importance of developing a sensitivity towards and appreciation of others who are ethnically and racially different (which should be expanded to include other cultural differences like socioeconomic differences). Both of the aforementioned guidelines fit well with Community-Based Participatory Research (CBPR) principles, which recommend that researchers attend to power (Chavez, Duran, Baker, Avila, & Wallerstein, 2008; Israel et al., 2005; Minkler & Wallerstein, 2008; Montoya & Kent, 2011; Wallerstein, Duran, Minkler, & Foley, 2005) and cultivate self-awareness, cultural humility, and cultural safety (Israel et al., 2005).

Moreover, when training, it would be beneficial to remind practitioners of the dearth of research and lack of established evidence-based practices when working with a displaced, Ugandan population who continues to live in armed conflict. Higson-Smith (2013), for instance, conducted a qualitative study with torture survivors from Sub-Saharan Africa who continued to live in hostile areas. Higson-Smith noted that most trauma approaches operate from the assumption that the experience of trauma has concluded, yet many people, like the community surveyed in this study, live in unsafe areas and are faced with continuous traumatic stressors. Higson-Smith questioned whether validated trauma approaches are effective for these types of populations. Hence, practitioners and researchers should advance with caution and engage in continual self-reflection regarding the two guidelines outlined in the previous paragraph.

The results of this study also indicate that significant challenges to working with GBV are the stigmatization associated with working towards eliminating GBV, and professionals meeting considerable resistance in the community and when working with other professionals relating to GBV. Collectively, the stigmatization and resistance of community members might induce burnout. Some studies with social workers and therapists have noted the importance of training in reducing therapist burnout and other effects like secondary traumatization (e.g., Harrison & Westwood, 2009). However, a study facilitated in Israel (Ben-Porat & Itzhaky, 2011) found no effect of training on therapist burnout with therapists who worked with domestic violence survivors. The discrepancy in research outcomes could be related to the content of training. Ben-Porat and Itzhaky (2011), for instance, recommended that training of therapists who work with domestic violence should heavily (rather than only marginally) attend to the mental health of therapists.

Advocacy and Policy

In addition to the plentiful recommendations for preventive and response interventions to GBV outlined in the results section, psychologists could remain mindful of social justice avenues to work with GBV in displaced populations. In my own experience, after traveling for several days and not eating or drinking sufficiently, my cognitions and affect became overwhelmingly negative. Even though I knew that my cognitions and affect were being impacted by fatigue and hunger, I had difficulty practicing cognitive flexibility and moving away from the negative thinking patterns. In this way, I would like to revisit Kazdin's (2011) notion that wicked problems like GBV

are embedded in other wicked problems like poverty, including famine. Importantly though, women in Olilim are also subjected to the same levels of poverty, if not more because of their gender, and they do not respond with the same levels of violence. Hence, GBV's embeddedness in other wicked problems such as patriarchy and gendered social systems are equally tantamount. Still other wicked problems in Olilim include displacement and ongoing armed conflict. Those with resources could financially support efforts or development programs that address any of these wicked problems in Uganda and elsewhere. Additionally, citizens might attend to Uganda's domestic policy as well as other countries' international policies and funding of programs related to Uganda.

Regarding policy, several issues emerged. First, it is recommended that women be granted equal rights to property as men, so women have legal means to protect themselves when their husband dies or if the couple separates. Second, it is recommended that women be granted at least equal rights to their children, and perhaps even full custody in cases where men are physically abusive towards them, since not having rights to children served as a significant barrier to women separating from abusive husbands. Finally, since the average number of children born exceeds six per woman (CIA, 2013) and since poverty emerged as a central contributing variable to GBV, it is recommended that women have access to legal and safe contraception, comprehensive sexuality education, and abortion.

Credibility, Trustworthiness, and Limitations

There are several ways to establish the quality and credibility of a study (Lincoln & Guba, 1986; Miles & Huberman, 1994). Regarding technique, I implemented

triangulation on several fronts, including source triangulation, analyst triangulation, and theoretical triangulation. Source triangulation included facilitating both interviews with key informants and FGDs with various community members. Analyst triangulation consisted of participating in debriefings with the translator. Finally, I applied both grounded theory methodology (Strauss & Corbin, 1990) and the socioecological framework (Heise, 1998) to the analysis and interpretation of the results, demonstrating theoretical triangulation. Moreover, I attended to discrepancies in the data (e.g., when women become perpetrators of GBV). The attention to discrepancies is a form of considering outliers. Finally, I attempted to reduce researcher effects (which could be even more significant in intercultural studies) by partnering with two community-based groups, TPO Uganda and the Family Care Group, an important component of CBPR.

The methodology of the study has been described in sufficient detail to allow other researchers to replicate the study, which would demonstrate dependability. I was systematic in my approach to the participants and analysis of the data. The results provide enough detail and excerpts from the community's narratives that they could be applied elsewhere, making the work transferable (Lincoln & Guba, 1986).

The results, suggesting that the community focus regarding GBV was on domestic, physical violence and that the Karamajong raids were peripherally connected to GBV, diverged from my researcher expectations, which were that the Karamojong raids would be more closely connected to GBV. The fact that the results did diverge from my expectations suggests the credibility of grounded theory methodology (Strauss & Corbin,

1990) to allow results to emerge in a fashion that more closely resembles the participants' conceptualization.

Although this study demonstrated credibility and trustworthiness, there were also limitations. Perhaps the most significant limitation was my inability to spend an extended length of time in the community under study. Due to practical restrictions (e.g., time away from work and school, financial considerations, and parenting obligations) combined with the community being insecure and experiencing armed conflict prevented me from engaging with community members at length, which may have biased the results in a fashion of which I am unaware.

The second limitation that emerged regarded conducting FGDs in an intercultural context that involves the use of a translator. In this study, FGD members conversed very little with one another and directed their responses to me and the translator. The translation process introduced an unnatural flow into the conversation and interaction of the group members. Hence, the FGD data analytic form (Appendix K) proved not as useful as it might have been in a different context. For instance, it was difficult to detect group processes. In addition, even though the translator worked to provide verbatim translation, sometimes participants offered long narratives, and I am certain that some elements were lost in translation.

Finally, because the approach was community-based, the design sacrificed internal validity for external validity. Since so many sources were included in the research, the results are representative of the Olilim community. Whether or not the

results could be transferred usefully to assist in understanding other communities in Uganda and internationally remains to be seen.

Self Revisited

Without a doubt, this project engaged me both intellectually and emotionally. Conceptualizing GBV in the context of displacement and armed conflict is complicated and nonlinear, with which my linear, Western brain often struggled. During FGDs and interviews, for instance, I found myself already analyzing the data, trying to make sense of the numerous variables and how the variables related to one another. I mentally conjured conceptual maps, only to discard them later because my working memory capacity could not hold and manipulate the countless variables.

I experienced many emotions while working on this project: sadness, fear, desperation, embarrassment, suspiciousness, doubt, determination, hope, and inspiration, to name only some. Witnessing the desperation and extremity of the poverty in which people are living induced profound sadness. Hearing a coughing and obviously unwell child, for instance, and knowing chances were minimal that she would receive medical attention, was heart-breaking. Facilitating research in an insecure area was, at times, fear-inducing, especially if our FGDs and interviews ran late and night drew near. And having people praise me and ask for financial support was embarrassing.

This wide range of emotions may have influenced the methodology, data analysis, and interpretation of the data in various ways. First, my emotional investment seemed to motivate me to do thorough, in-depth work. Highlighting the suffering and injustices that the Olilim community faces and offering tangible solutions to prevention and response

felt important. Moreover, fear impacted my willingness to spend more time with the community under study, so I maintained some distance from the community, which certainly impacted my knowledge of the community and its culture, influencing data analysis and interpretation. Finally, even though I was embarrassed by my privilege and the role I was assigned by participants (e.g., helper, savior), I absorbed that sense of responsibility to the community and am dedicated to helping the action component of CBPR come to fruition.

Thinking about patriarchy, power, and gender is demonstrative of my strong feminist perspective that wove itself throughout the entire project. For instance, although participants discussed power, they rarely, if ever, said the word patriarchy. Still, I created a code to address patriarchal elements in narrative, which were not infrequent. Clearly, my inclusion and discussion of patriarchy in this study demonstrates researcher values and alludes to another area where I am interwoven with the data. Readers will make their own determinations as to the fairness of my representations and strength of my methods (Patton, 2002).

Strengths of the Study

In addition to the credibility and trustworthiness of the methodology, there are some overall strengths to this study. Generally, this study was well-designed and well-executed and meets multiple criteria for rigor within qualitative methodology. The research methodology gave voice to a community that is underserved and has received no international attention, perhaps paving the way for social justice activities. Furthermore, the study unearths the abuses women and girls experience from their husbands and

fathers in a domestic context, highlighting important avenues for policy promoting the equality of women and girls to men and boys. Moreover, the initial findings of the work have been presented in a peer-reviewed national forum, indicating it is up to the standards of, and of interest to, the broader professional community. Finally, I was awarded the Student International Research Award by the APA Division of International Psychology (Division 52) for this study. To receive the aforementioned award, a summary of this study underwent a two-tiered, blind rating process and was evaluated according to several criteria, including, but not limited to, originality of research, clarity of design and method, complexity of analysis, and quality of findings.

Conclusion

GBV is ubiquitous and overwhelmingly targeted towards women and girls. Domestic, physical abuse and sexual violence surfaced as primary forms of the abuse of women and girls, even in a community that experiences ongoing armed conflict. When facilitating the women's FGD, I became distracted by a puppy that was tightly tethered to a pole in the ground with approximately six inches of rope that did not allow for much movement. The puppy was yelping loudly. I felt sad as I tried to ignore the puppy's cries. I also attempted to avert my eyes, not intervene, and not stare overly awkwardly. When I redirected my attention back to the women's FGD, I heard the women cry in a different way that they are also tied. This study demonstrated that women's movement is restricted by patriarchy, poverty, and war. Unlike the puppy, however, women's and girls' bonds are invisible (hence, more challenging to identify). Like the puppy, women and girls are often bound by the people who love them and they love the most: their parents, siblings,

husbands, fathers, friends, community members, and their selves. Certainly men, too, are also tightly bound by masculine expectations.

Yet, out of the suffering and chaos, people have emerged to intervene and respond to GBV. The members of the Family Care Group came together on their own initiative and work voluntarily, for instance, to respond to GBV in their community. They are often met with resistance, social stigmatization, and sometimes even physical intimidation. Notwithstanding, they continue to move forward with their work and mission, inspiring hope and imagining of a world where GBV might be lessened, if not eliminated. When discussing wicked problems like GBV that are embedded in other wicked problems like armed conflict, Kazdin (2011) argued that persons must not wait until they have all of the answers to intervene. This study unearthed several possibilities for the prevention of and response to GBV. It is at this point in the study where the CBPR elements of disseminating the findings and moving toward action become empowering, healing, and critical. Albeit journalists like Faul (2010) have minimized women's and girls' experiences of GBV in the context of war by using words like *just* to qualify the pillaging and systematic raping of women, this research elucidates the intersecting relationship between men's violence against men and men's violence against women. I join with those who continue to work towards a world where journalists and others no longer use phrasing like *just* when discussing abuses towards women and girls.

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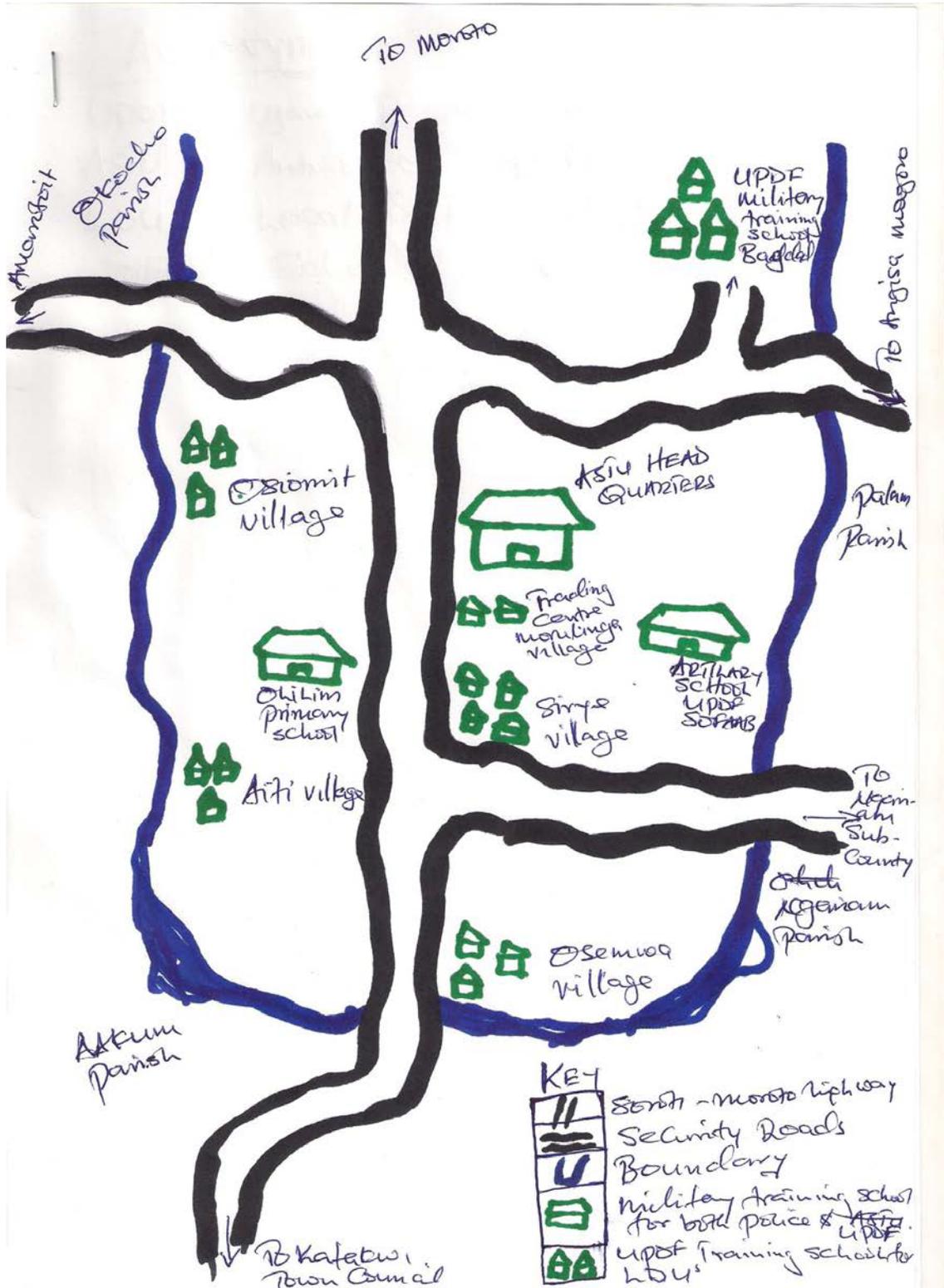
APPENDIX A

Map of Uganda

APPENDIX B

Map of Olilim

Map of Olilim



APPENDIX C

List of Acronyms

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APA	American Psychological Association
ASTU	Anti-Stock Theft Unit
CBPR	Community-Based Participatory Research
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFPU	Child and Family Protection Unit
DV	Domestic Violence
FGD	Focus Group Discussion
GAD	Generalized Anxiety Disorder
GBV	Gender-Based Violence
GII	Gender Inequality Index
HSM	Holy Spirit Movement
HIV	Human Immunodeficiency Virus
IASC	Inter Agency Standing Committee
ICRC	International Committee for the Red Cross
IDMC	Internal Displacement Monitoring Centre
IDP	Internally-Displaced Person
LC	Local Council
LRA	Lord's Resistance Army

MDD	Major Depressive Disorder
NGO	Nongovernmental Organization
NRA	National Resistance Army
NRC	Norwegian Refugee Council
ODD	Oppositional Defiant Disorder
PTSD	Posttraumatic Stress Disorder
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TPO	Transcultural Psychosocial Organization
UBOS	Ugandan Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNDP	United Nations Development Programme
UPA	Uganda People's Army
UPF	Uganda Police Force
UNHCR	United Nations High Commissioner for Refugees
UPDF	Uganda People's Defense Force
USAID	U.S. Agency for International Development
WHO	World Health Organization

APPENDIX D

Focus Group Discussion Guide

Focus Group Discussion Guide

Which forms of GBV are common in your community?

Why do the various forms of GBV happen?

Who are the perpetrators of GBV?

What should happen to the perpetrator of GBV?

Who are the victims of GBV?

What should be done for a victim of GBV?

How does GBV impact persons involved? Families? The community?

Should anything about GBV change? If so, how?

How are GBV and HIV related, if at all?

What happens to children victims of GBV?

What should be done as a community to avert abuses?

What challenges does the community face in the prevention of and response to GBV?

What are some strengths of the community that could be used to prevent and respond to GBV?

APPENDIX E

Semi-Structured Individual Interview Questions

Semi-Structured Individual Interview Questions

Which forms of GBV are common in your community?

What are the prevalence rates?

What is your role in responding to or preventing GBV?

What are the most common cases of GBV you see?

Could you offer an example of a typical case?

What challenges do you face in your role?

What strengths or resources do you or your profession have to respond to or prevent GBV?

Why do the various forms of GBV happen?

Who are the perpetrators of GBV?

What should happen to the perpetrator of GBV?

Who are the victims of GBV?

What should be done for a victim of GBV?

How does GBV impact persons involved? Families? The community? You? Your vocation?

Should anything about GBV change? If so, how?

What challenges does the community face in the prevention of and response to GBV?

What are some strengths of the community that could be used to prevent and respond to GBV?

APPENDIX F
Informed Consents

Informed Consents

TEXAS WOMAN'S UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Title: Gender-Based Violence in the Internally-Displaced Olilim Community in Northeastern Uganda

Investigator: Jennifer Mootz, M.A..... 214.549.2144 or jmootz@twu.edu
Project Supervisor: Sally Stabb, Ph.D.940.898.2301 or sstabb@twu.edu

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Mootz's dissertation project at Texas Woman's University. The purpose of this research is to better understand gender-based violence in Olilim.

Research Procedures

For this study, you will participate in a focus group discussion with the investigator, a translator, a note-taker from the Family Care Group and seven other participants. Some of the questions in this conversation will target personal information, such as your experience with gender-based violence. The focus group discussion will be audiotaped in order that accurate data can be gathered and transcribed. Only Ms. Mootz will have access to the tapes which will be stored in a locked filing cabinet in her home office. After the focus group discussion, the conversation will be transcribed. Your total time commitment to this study should be no longer than 75 minutes.

Potential Risks

One possible risk to you as a result of your participation in this study is release of confidential information, risk of embarrassment, and loss of anonymity. Confidentiality will be protected to the extent that is allowed by law. Your personal information, including your name and contact information, will be included on the informed consent letter only. All identifying information will be kept separate from the transcribed interviews and stored in a locked filing cabinet to which only the principal investigator has access. Anonymous transcriptions will be reviewed by the principal investigator's project supervisor who will not have access to any identifying information. The consent letters will be turned into Texas Woman's University's Institutional Review Board at the completion of the study (May of 2013). The tapes will be destroyed 2 years after the completion of the project (May of 2015). The coded transcripts will be destroyed 5 years after the completion of the project (May of 2018).

Other potential risks related to your participation in this study include psychological or emotional harm or discomfort (including anxiety, invasion of privacy, introspection, and emotional distress because of the risk of self disclosure) and retribution. If you experience any psychological discomfort or feel that your privacy is being invaded, you may discontinue the interview at any time. You will not be required to divulge personal experiences with gender-based violence. A referral list of counseling agencies will be provided in case of emotional discomfort. All information will be strictly confidential, and pseudonyms will be used in the transcripts. Other risks are loss of time, fatigue, and risk of embarrassment. You may take breaks at any time during the interview or withdraw from the interview without penalty.

Initials

Page 1 of 2

The results of this study could be published in a research publication. No names or other identifying information will be included in any publication.

Participation and Benefits

Your involvement in this research is completely voluntary and you may discontinue your participation in the study at any time without penalty. You will be paid 3,000 Ugandan Shillings for your participation. If you are interested in learning about the results of this study, please indicate so below and provide either an email address or mailing address to which you would like them sent.

Questions Regarding the Study

You will be given a copy of a consent form to keep. If you have any questions about the research study, you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Gender-Based Violence in the Internally- Displaced Olilim Community in Northeastern Uganda

Investigator: Jennifer Mootz, M.A..... 214.549.2144 or jmootz@twu.edu
Project Supervisor: Sally Stabb, Ph.D.940.898.2301 or [sstabb@twu.edu](mailto:ssabb@twu.edu)

Explanation and Purpose of the Research

Your child(ren) are being asked to participate in a research study for Ms. Mootz's dissertation project at Texas Woman's University. The purpose of this research is to better understand gender-based violence in Olilim.

Research Procedures

For this study, your child(ren) will participate in a focus group discussion with the investigator, a translator, a note-taker from the Family Care Group and seven other participants. Some of the questions in this conversation will ask about personal information, such as your child(ren)'s experience with gender-based violence. The focus group discussion will be audiotaped in order that accurate data can be gathered and transcribed. Only Ms. Mootz will have access to the tapes which will be stored in a locked filing cabinet in her home office. After the focus group discussion, the conversation will be transcribed. Your child(ren)'s total time commitment to this study should be no longer than 75 minutes.

Potential Risks

One possible risk to your child(ren) as a result of your participation in this study is release of confidential information, risk of embarrassment, and anonymity. Confidentiality will be protected to the extent that is allowed by law. Your child(ren)'s personal information, including your child(ren)'s name and contact information, will be included on the informed consent letter only. All identifying information will be kept separate from the transcribed interviews and stored in a locked filing cabinet to which only the principal investigator has access. Anonymous transcriptions will be reviewed by the principal investigator's project supervisor who will not have access to any identifying information. The consent letters will be turned into Texas Woman's University's Institutional Review Board at the completion of the study. The tapes will be destroyed 2 years after the completion of the project. The coded transcripts will be destroyed 5 years after the completion of the project.

Other potential risks related to your child(ren)'s participation in this study include psychological or emotional harm or discomfort (including anxiety, invasion of privacy, introspection, and emotional distress because of the risk of self disclosure) and retribution. If your child(ren) experience any psychological discomfort or feel that your privacy is being invaded, your child(ren) may discontinue the interview at any time. Your children will not be required to divulge personal experiences with gender-based violence. A referral list of counseling agencies will be provided in case of emotional discomfort. All information will be strictly confidential, and pseudonyms will be used in the transcripts. Other risks are loss of time, fatigue, and risk of embarrassment. You may take breaks at any time during the interview or withdraw from the interview without penalty.

Initials

Page 1 of 2

The results of this study could be published in a research publication. No names or other identifying information will be included in any publication.

Participation and Benefits

Your child(ren)'s involvement in this research is completely voluntary and your child(ren) may discontinue your participation in the study at any time without penalty. Each child will be paid 3,000 Ugandan Shillings for her or his participation. If you are interested in learning about the results of this study, please indicate so below and provide either an email address or mailing address to which you would like them sent.

Questions Regarding the Study

You will be given a copy of a consent form to keep. If you have any questions about the research study, you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

I the undersigned, _____ consent for my child(ren) to participate. My child(ren)'s names are as follows:

Child's Name

Child's Name

Child's Name

Signature of Parent/caretaker

Date

|
If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

Page 2 of 2

TEXAS WOMAN'S UNIVERSITY
ASSENT TO PARTICIPATE IN RESEARCH

Title: Gender-Based Violence in the Internally-Displaced Olilim Community in Northeastern Uganda

Investigator: Jennifer Mootz, M.A..... xxx.xxx.xxxx or jmootz@twu.edu
Project Supervisor: Sally Stabb, Ph.D.940.898.2301 or sstabb@twu.edu

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For this study, you will participate in a focus group discussion with the investigator, a translator, a note-taker from the Family Care Group and seven other participants. Some of the questions in this conversation will target personal information, such as your experience with gender-based violence. The focus group discussion will be audiotaped in order that accurate data can be gathered and transcribed. Only Ms. Mootz will have access to the tapes which will be stored in a locked filing cabinet in her home office. After the focus group discussion, the conversation will be transcribed. Your total time commitment to this study should be no longer than 75 minutes.

Potential Risks

One possible risk to you as a result of your participation in this study is release of confidential information, risk of embarrassment, and loss of anonymity. Confidentiality will be protected to the extent that is allowed by law. Your personal information, including your name and contact information, will be included on the informed consent letter only. All identifying information will be kept separate from the transcribed interviews and stored in a locked filing cabinet to which only the principal investigator has access. Anonymous transcriptions will be reviewed by the principal investigator's project supervisor who will not have access to any identifying information. The consent letters will be turned into Texas Woman's University's Institutional Review Board at the completion of the study. The tapes will be destroyed 2 years after the completion of the

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Another potential risk related to your participation in this study includes psychological or emotional harm or discomfort (including anxiety, invasion of privacy, introspection, and emotional distress because of the risk of self disclosure) and retribution. If you experience any psychological discomfort or feel that your privacy is being invaded, you may discontinue the interview at any time. You will not be required to divulge personal experiences with gender-based violence. A referral list of counseling agencies will be provided in case of emotional discomfort. All information will be strictly confidential, and pseudonyms will be used in the transcripts. Other risks are loss of time, fatigue, and risk of embarrassment. You may take breaks at any time during the interview or withdraw from the interview without penalty.

Initials

Page 1 of 2

The results of this study could be published in a research publication. No names or other identifying information will be included in any publication.

Participation and Benefits

Your involvement in this research is completely voluntary and you may discontinue your participation in the study at any time without penalty. You will be paid 3,000 Ugandan Shillings for your participation. If you are interested in learning about the results of this study, please indicate so below and provide either an email address or mailing address to which you would like them sent.

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Signature of Participant

Date

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Project Supervisor: Sally Stabb, Ph.D.940.898.2301 or sstabb@twu.edu

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Mootz's dissertation project at Texas Woman's University. The purpose of this research is to better understand gender-based violence in Olilim.

Research Procedures

For this study, you will participate in a semi-structured interview with the investigator. Some of the questions in this conversation will target personal information , such as your experience with gender-based violence. The interview will be audiotaped in order that accurate data can be gathered and transcribed. Only Ms. Mootz will have access to the tapes which will be stored in a locked filing cabinet in her home office. After the interview, our conversation will be transcribed. Your total time commitment to this study should be no longer than 1 hour.

Potential Risks

Some possible risks to you as a result of your participation in this study are the release of confidential information, risk of embarrassment, and loss of anonymity. Confidentiality will be protected to the extent that is allowed by law. Your personal information, including your name and contact information, will be included on the informed consent letter only. All identifying information will be kept separate from the transcribed interviews and stored in a locked filing cabinet to which only the principal investigator has access. Anonymous transcriptions will be reviewed by the principal investigator's project supervisor as well as the translator whose job it is to ensure the validity of the

principal investigator's analysis. Neither individual will have access to any identifying information. The consent letters will be turned into Texas Woman's University's Institutional Review Board at the completion of the study. The tapes will be destroyed 2 years after the completion of the project. The coded transcripts will be destroyed 5 years after the completion of the project.

Other risks related to your participation in this study include psychological or emotional harm or discomfort (including anxiety, invasion of privacy, introspection, and emotional distress because of the risk of self disclosure) and retribution. If you experience any psychological discomfort or feel that your privacy is being invaded, you may discontinue the interview at any time. You will not be required to divulge personal experiences with gender-based violence. A referral list of counseling agencies will be provided in case of emotional discomfort or need of legal assistance. All information will be strictly confidential, and pseudonyms will be used in the transcripts. Other risks are loss of time, fatigue, and risk of embarrassment. You may take breaks at any time during the interview or withdraw from the interview without penalty.

Initials

Page 1 of 2

The results of this study could be published in a research publication. No names or other identifying information will be included in any publication.

Participation and Benefits

Your involvement in this research is completely voluntary and you may discontinue your participation in the study at any time without penalty. You will be paid 3,000 Ugandan Shillings for your participation. If you are interested in learning about the results of this study, please indicate so below and provide either an email address or mailing address to which you would like them sent.

Questions Regarding the Study

You will be given a copy of a consent form to keep. If you have any questions about the research study, you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Signature of Participant

Date

If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

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TEXAS WOMAN'S UNIVERSITY
ACAMUN AJAIKIN AISISIA NA

Akou na Aisia: Amumu okalia ko campu lo Olilim Katakwi.

Aisian: Jennifer Mootz, M.A..... xxx.xxx.xxxx arai jmootz@twu.edu

Awanyanaran na aisia: Sally Stabb, Ph.D.940.898.2301 arai
sstabb@twu.edu

Aitetemet ka alosikinet na aisisaun

Ilipitai ijo ajaikin toma aisia na Ms. Mootz's kanu aitolomun apapula na asioman ko University lo angor ko Texas. Apeleikinet na aisia kana ngesi amisikin jokan amumu ko kalia ko Olilim.

Ainapeta nu Aisia kana

Kanu aisia na,ibuni ijo abongonokin aingiseta adis. Acie kotoma aingiseta kanu apote akotokin akiro nu ikamunitos ijo, kwape nat nu iswamaikina ijo. Ebunio da aikamar ekon eporoto ibongonokini ijo aingiseta nu kanu aijililun eripoti lo abeit. Amucalat Mootz bon ebuni ajaut ka atepun nu ikamakitai ekon eporoto arai bo nat akon abongonokinet,ido ebuni ngesi aidar nu kere kaiyeyai na okuju. Mam ibuni adepar esawa ediope ka ijo.

Atiokisio nu epedori aisia na ayaun

Acie kotoma atiokisio nu ipedori ijo atereikinor kanu ajaut aisia na ngesi aibil aiyeya na akiro nu ibuni ijo aimor ka iso, epedori ayaun ileic ne ijai ijo. Ebunio aidar aiyeya kotupitete ikisiala kanu aitikokin atiokisio nu. Nu ibuni ijo aimor ka iso ikamanara kanu itorit ijo, ekoni ekiror ka aicie kere nu ikamara ka ijo kwape nat ne ibunitor ijo ebunio aipikakin apapula na ilipitere ijo acamun ajaikin aisia na bon. Acie akiro kere nu ikamunitos ijo ebunio aidar kawai kaiyeya. Atepun nu ikamaritere ekon eporoto ebunio acakar nepe edaunere aiwadikkaun akiro ngun. Acie atiokisio nu apedori aisia na ayangaun ngesi aijangakin na aomisio kanu einer nu apotu odoitkitos ijo. Arai ipupi ijo

bala mam ijo ititing einer nu apotu atakanitos ijo ikamanara ka' amumu na okalia ,
ipedori ijo ainyekikin ajaut aisisia na. Mam ebuikino ijo aimor nu etakanikitotor ijo.
Ebuni aimor ka ijo akiro nu ikamanara kane ipedoria ijo adumun agangat na aisinapikin
aomisio ka aingarakino kowai lo ekisil. Akiro kere iswamao ka aiyeya. Acie ationis
negsi na ikamanara ka aicanincanio na esawa kon, apason, ka ileic. Ipedori ijo aiyengun
apak adis,asote bobo ainyikikin ener.

Initials

Page 1 of 2

Akiro nu aisia kana epedoro aitolomun eitabo ido mam ipikakino ikiroria kon arai adio
akiro nu epedorere ajenuna ijo.

Ajaikin aisisia ka adumunet.

Ajaikin kon toma aisisia na mam erai na buikino , ipedori ijo apalar aria ikoto ijo komam
adio aitepesen.

Ebunio aitac ijo ilukumin iuni (3,000/=) kanu akon apak. Arai ipudakin ijo ajenun eripoti
lo aisisia kana. Ipedori ijo aileleb kwape epone lo ikotor ijo ijukakinai ijo.

Aingiseta nu ikamanara ka' aisisia na.

Einakino aformu na ilelebit ijo acamun ajaikin aisisia na. Arai ejaasi aingiseta acie,
ipedori ijo aingit , ipedori ajaun enamba lo esimu lo ejai kuju na afomu kana. Arai eja
aingiseta nu ikamanare ka apedorosio kon kwape lo ingarakit kaisisia kana, aria epone lo
etolotere aisisia na,ipedori ijo arucokin ka Texas Woman's University eyapesi lo
Research and Sponsored Programs ko 940-898-3378 ka e-mail lota IRB@twu.edu.

Idokok akan

Aparasia

Arai ipudakin ijo eripoti lo aisisia kana, ibikak akiro nu ikamanar ka, ekonikoror ka,
enamba lo posta:

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APPENDIX G
Demographic Questions

Demographic Questions

Age: _____

Ethnicity: _____

Marital Status/ Parents' Marital Status: _____

Residence (which village): _____

Length of time in Olilim: _____

Education Level: _____

Vocation: _____

APPENDIX H

Contact Summary Form

Contact Summary Form

Contact Type:

FGD _____ Individual Interview _____

FGD:

Participants _____ Group Description _____

Individual Interview:

Professional Position _____

Interview Site: _____

Interview Date: _____

Today's Date: _____

1. Main issues or themes that struck you

2. Brief summary of main points related to target questions

3. Processes (nonverbals, interpersonal interactions, silence, dominance, power relations and demonstrations, cultural variables [e.g., How might moderator's and translator's presence impacted interactions? Responses altered or filtered in any detectable way?])

4. How do the findings differ or compare to other groups/interviews?

5. Were there any unexpected findings?

6. Newly-introduced topics to follow-up on in future FGDs? Other improvements?

7. Did anything else stand out?

APPENDIX I

GBV in Olilim: Preliminary Findings and Potential Interventions

GBV in Olilim: Preliminary Findings and Potential Interventions

Jennifer J. Mootz, M.A.

May 20, 2012

Forms of GBV:

The most common forms of GBV cited by the participants were domestic violence- both physical and economic. Physical violence was primarily defined as battering. Economic violence included land-grabbing, selling property and not sharing proceeds, and failing to provide for necessities for women and children (i.e., food, medical treatment, school fees, and clothing). Other forms of GBV included sexual violence, including stranger rape (primarily perpetrated by UPDF soldiers), marital rape, forced early marriages, defilement, and prostitution. Finally, participants cited psychological violence as another form of GBV.

Causes of GBV:

GBV is a complex phenomenon and participants cited many causes.

- Poverty

When asked about causes of GBV, participants quickly named poverty. Poverty contributed to GBV because it instigated quarrelling between couples over financial support for children (e.g., food, clothing, and school fees). The term misunderstanding was also frequently mentioned by participants in relation to causes of GBV. When probed, misunderstanding was described as arguments or quarrelling wherein women would ask for material support from men and men would respond with physical violence.

- Substance Abuse
- Lack of Education
- Karamajong Raids
- Patriarchy and Masculine Socialization
- Misunderstanding/Mistrust

- Polygamy
- Rumor Mongering
- HIV Status
- Insufficient Coping Mechanisms (of men)
- Generation/Age (youth)
- Orphan Status
- Unemployment
- Extramarital Affairs

Service Gaps/Intervention Needs

Prevention

1. Education/Awareness: Education and awareness campaigns can increase knowledge, help develop coping skills, and reduce stigmatization. Education and awareness could be integrated into existing structures: schools, LCs, police, health, and offered to the general population. For instance, in schools, a health unit could be introduced wherein children are taught about the causes and effects of GBV; how to cope when residing in an abusive family environment; and substance abuse. Similarly, health officials could provide education around substance abuse (e.g., alcohol abuse) to patrons who abuse alcohol. Education and awareness could be offered on the following topics.

a. GBV: Topics might include current laws prohibiting violence, rights of women and children, causes and effects, anger and stress management, effective communication strategies, gender role exploration, stigmatization, and victim-blaming.

b. Substance Abuse:

c. HIV:

2. Identify At-Risk Youth and Provide Support: As is, youth are identified as perpetrating much of the violence. This trend might be reversed by identifying youth at risk of perpetrating violence and providing them psychosocial support.

- a. Identify youth who reside in abusive family environments, with parents who abuse substances, with single parents, or are orphans.
- b. Provide psychosocial support, which might include holding weekly peer support groups. Peer support groups could consist of at-risk youth who come together to share their experiences with one another, gain emotional support from peers, and learn positive coping skills. The support groups could additionally include an educative component on the benefits of education and remaining violence-free. Following youth who drop-out of school could additionally reduce GBV by determining the youth's needs and encouraging the youth to return to school.

3. Involve Youth in Prevention Response:

- a. Organize community activities for youth.
- b. Have youth develop community drama programming around GBV, HIV, and substance abuse.
- c. Include youth representatives in the Family Care Group.

3. Facilitate Development:

- a. Help financially support families by providing funding for children's school fees and uniforms.
- b. Provide a food stipend to families for children to attend school to discourage child labor and forced early marriage. If women live in household, distribute food to women. Encourage families to feed children breakfast before school, so children can concentrate and retain information.

4. Policy: mandate GBV perpetrators; encourage women's empowerment through legislation and equal opportunity hiring (e.g., employ more female teachers). Legislate against government corruption. Legislate for women's rights to land, children, and reproductive choice. Legislate against marital rape.

Response

1. Provide training to key officials:

2. Monitor households where GBV is reported and provide continued psychosocial support for couples: Currently, there exists little to no follow-up for families where DV is reported. For instance, LC1 officials often settle the case locally by either deciding in favor of the man or requiring small financial compensation in favor of the woman. If the matter is serious enough to go to the police, the police offer "counseling" (which consists of minimal education and advice) and provide some mediation where the perpetrator and victim come to a financial agreement. A TPO social worker could coordinate with LCs, health officials, and police to follow-up on DV cases to provide additional psychosocial support, education, and determine whether abuse is still occurring.

3. Provide ongoing psychosocial support for GBV victims: Little ongoing psychosocial support currently exists for GBV victims. Psychosocial support could include connecting victims to one another to offer support, following an abusive incident. For instance, if a GBV victim is identified, the Family Care Group could ask another GBV victim who lives in the proximity and shares similar experiences to visit with the identified GBV victim and maintain ongoing contact and offer psychosocial support. Secondly, TPO, in conjunction with the Family Care Group, could facilitate a weekly peer support group for GBV victims. In the peer support group, GBV victims could share their experiences with one another. The peer support groups might include an educative component, discussing human rights, legislation about GBV, HIV, and substance abuse.

4. Respond to Those Affected by Karamajong Raids: Several participants cited that the Karamajong raids increase rates of GBV because of the psychological and financial stress the raids induce. The Karamajong rape, kill, and steal during their cattle raids. Men experience significant pressure to protect their families, and if the men do not, women sometimes blame them for not protecting their livestock and families. A TPO social worker or member of the Family Care Group could meet with families following a raid to provide psychosocial support. Additionally, financial assistance could be offered to families by providing agricultural seed or an animal for those whose vegetation was pillaged and livestock taken.

5. Assist with infrastructure gaps, including medical, police, and LC transport and fees. With funding, TPO could provide the fees and transportation on a case-by-case basis.

6. Provide ongoing psychosocial support to community group members who often experience resistance from community members and work as demoralizing: Family Care Group members cited community resistance as a primary challenge in their work. They reported feeling ostracized by the community, which they experienced as demoralizing. Providing space and a platform for members to discuss their experiences and provide emotional support for one another might foster hope.

7. Provide financial support to community groups: Community groups could use funding to provide refreshments for educational talks and enhance their status in the community.

Challenges

1. Including men. How to overcome: present information about how reduction of GBV would benefit them. Use men in Family Care Group to facilitate education programs.
2. Community Resistance
3. Education Levels

Appendix J

Open Codes

Open Codes

Open Codes

Codes	Definitions
A	alcohol
AB	abduct
AGE	age
AR	abuse rights
B	blamed
BAR	barrier
CA	child abuse
CAMP	IDP camp
CAUS	cause
CBV	community-based volunteers
CH	change
CHAL	challenged
COM	communal conditions
CONCP	conception problems
CUS	cultural customs
DEN	denied something
DISC	discipline
DIV	divorce
DO	drop out
DOW	dowry
DRUG	drug abuse
E	economic
ED	education levels

EM	early marriage
FOR	fornication
FORM	form of GBV
FREQ	frequency
FREV	failure to reveal HIV status
GBV	gender-based violence
GDIF	gender differences
HEAL	health issues
HIV	HIV
HL	heavy labor
HUM	humiliation
INF	infidelity
INS	insecurity
INT	intimidation
JUS	justice
LD	land disputes
LG	land grabbing
M	murder
MRC	masculine role challenged
NA	no alcohol
NF	no future
NLO	no land ownership
NO	not open
NRC	no rights to children
O	openness
OUT	being an outsider
P	physical violence
PAT	patriarchy
PCM	poor coping mechanism
PERP	perpetrator
PERP-Q	perpetrator named after specifically queried by Interviewer
PERS	personality
PFR	poor family relations
POL	polygamy
POV	poverty
POW	power differential
PREV	prevention
PS	parental support
PSY	psychological

Q	quarreling
R	resources
RAID	karamoja raids
REL	religion
REQ	requesting something
RES	response
REV	revealing of HIV status
RM	rumor mongering
ROLE	professional role/responsibilities relating to GBV
S	sexual violence
SEP	separation
SING	single status
SR	steal resources
STEAL	stealing
STIG	stigma
STRAT	strategy
STREN	strength
STRUC	structural
SUP	support self or family
SURV	survivor
SURV-Q	survivor named after specifically queried by interviewer
SW	sex work
UN	unemployment
VER	verbal abuse
VIO	violence
W	widowed
WC	witchcraft
WDFR	woman doesn't fulfill responsibilities
YNS	youth not supported

Appendix K

Axial Codes

Axial Codes

Axial Codes

Codes	Definitions
BAR	barrier
CAUS	cause
EFF	effect
FORM	form
HIV	HIV
PERP	perpetrator
PERP-Q	perpetrator named after specifically queried by Interviewer
RAID	karamoja raids
ROLE	professional role/responsibilities relating to GBV
STRAT-PREV	strategy-prevention
STRAT-PREV/RES	strategy-prevention and response
STRAT-RES	strategy-response
STREN	strength
SURV	survivor
SURV-Q	survivor named after specifically queried by Interviewer
VIO	violence

Appendix L

Focus Group Discussion Data Analysis Form

Focus Group Discussion Data Analysis Form

FGD Name: Boys Aged 9-12 Years
Analysis Date: Ongoing

Participant Statement Context

Typically, I asked a question and participants took turns answering the question.

Internal Consistency

The narratives seemed fairly consistent. Boys often spoke about violence more generally (e.g., youth in the village and stealing), straying from GBV more specifically.

Frequency of Comments

See table and figure. The boys spoke frequently about alcohol combined with the victim denying the perpetrator something. They also spoke frequently about physical violence and psychological effects of GBV. The boys spoke at length about effects of GBV.

Intensity of Comments

N/A: difficult to determine. See extensiveness of comments.

Extensiveness of Comments

Many boys spoke extensively and frequently about the Karamajong. They also spoke extensively about intervening when they witnessed GBV.

Specificity of Responses

When referring to psychological effects, the boys often used 2nd person (e.g., "There will be bitterness that will come up and also you will isolate yourself from the family. You will go away."). Many examples included dad and mom as key players in the GBV scenario.

What Was Not Said

Boys did not discuss poverty, patriarchy, or power differentials as contributing variables. They did not discuss sexual violence as a form of GBV (and I did not query about it). Nor did they discuss separation as an effect of GBV. They did, however, discuss suicide, which was not mentioned by adults.

Group Processes

Boys were very quiet and often spoke with their heads down. Translator thought he "read fear in them." One boy stood up when he spoke.

Focus Group Discussion Data Analysis Form

FGD Name: ____Girls Aged 9-12 Years_____

Analysis Date: ____Ongoing_____

Participant Statement Context

Typically, I asked a question and participants took turns answering the question.

Internal Consistency

The girls sometimes strayed from talking about GBV and spoke about violence more generally (e.g., stealing or beating children).

Frequency of Comments

See table and figure. Girls spoke unusually frequently about power differentials as contributing variables to GBV. They also spoke frequently about psychological effects of GBV and about effects of GBV more generally.

Intensity of Comments

N/A: difficult to determine. See extensiveness of comments.

Extensiveness of Comments

Responses were brief when discussing causes, forms, and effects. Responses increasingly lengthy when discussing perpetrators of GBV and Karamajong raids. Girls often supported one another's statements.

Specificity of Responses

Girls often spoke in 2nd person when seemingly discussing themselves. They also frequently spoke about GBV using the 3rd person. Girls referred to perpetrator consistently as father and survivors as mother.

What Was Not Said

The girls did not discuss poverty, the raids, or patriarchy, although those variables were frequently discussed by other groups. They did not discuss sexual violence or physical effects of violence.

Group Processes

Girls sat on the ground in front of translator and me who sat in a chair. Girls were soft-spoken and the translator often called on girls specifically to talk.

Focus Group Discussion Data Analysis Form

FGD Name: ____Boys Aged 13-17 Years_____

Analysis Date: ____Ongoing_____

Participant Statement Context

Typically, I asked a question and participants took turns answering the question.

Internal Consistency

Narratives were mostly consistent. One participant named both parents as perpetrators, while the rest talked about men or boys.

Frequency of Comments

See table and figure. Teenage boys spoke frequently about alcohol and also had much discussion around sexual violence when queried specifically about sexual violence. They spoke frequently about girl children as survivors.

Intensity of Comments

N/A: difficult to determine

Extensiveness of Comments

Several boys talked about sexual and physical violence, infidelity, and alcohol consumption.

Specificity of Responses

Responses were mostly 3rd person. However, when giving examples, teenage boys often spoke about a mother and father (or mom and dad). They sometimes used 2nd person to talk about effects (e.g., "You might get beaten to death.").

What Was Not Said

Teenage boys did not talk about poverty or patriarchy as contributing variables, although those variables were frequently discussed by other groups. They also did not discuss the three most frequently discussed outcomes of GBV: psychological effects, separation, and physical effects.

Group Processes

Boys sat on the ground in front of translator and me who sat in a chair. All boys seemed to participate almost equally.

Focus Group Discussion Data Analysis Form

FGD Name: ____Girls Aged 13-17 Years_____

Analysis Date: ____Ongoing_____

Participant Statement Context

Typically, I asked a question and participants took turns answering the question.

Internal Consistency

One participant named both parents as perpetrators and as survivors of GBV. Others listed men or boys as perpetrators and women and girls as survivors.

Frequency of Comments

See table and figure. Teenage girls spoke frequently about early marriage as a form of GBV (12 x's) more than any other group. They also spoke at length about thinking about separating from their families if there is GBV and physical effects of GBV (e.g., impregnation). They also spoke frequently about economic violence.

Intensity of Comments

N/A: difficult to determine

Extensiveness of Comments

Most girls spoke about early marriage.

Specificity of Responses

A mix between 1st, 2nd, and 3rd person. More 2nd and 3rd person examples used than first (which was rare). Often spoke about perpetrator as father or dad and survivor as mother.

What Was Not Said

Teenage girls did not talk about patriarchy and mentioned a power differential only once. They also did not name HIV as a contributing variable to GBV- only as an effect.

Group Processes

Girls sat grouped on the ground in front of me and the translator who sat on a chair. They were soft-spoken.

Focus Group Discussion Data Analysis Form

FGD Name: _____ Women _____

Analysis Date: ___ Ongoing _____

Participant Statement Context

I asked a question and participants took turns answering the question.

Internal Consistency

One participant mentioned that youth girls were perpetrators of GBV. Otherwise, all agreed that it was men or boys.

Frequency of Comments

See tables and figures. Women spoke a lot and had a lot to offer. Their FGD was lengthier than other FGDs. Women spoke more about forms of violence than other groups and spoke frequently about being blamed for something, which led to GBV.

Intensity of Comments

Personal narratives were lengthy. The women pleaded for support for approximately the last 20 minutes of the FGD.

Extensiveness of Comments

Women offered lengthy comments and seemed to validate one another's discussions. Usually, more than one person would talk about a topic.

Specificity of Responses

Women offered more personal narratives than other groups.

What Was Not Said

Women spoke about psychological effects of GBV but did not discuss physical effects.

Group Processes

Women sat on a tarp on the ground and most had children with them. Most women shared. One of the quieter women offered a long, personal narrative towards the end of the group.

Focus Group Discussion Data Analysis Form

FGD Name: _____ Men _____

Analysis Date: _____

Participant Statement Context

Inebriated man joined group, had high fluency in English, and often spoke directly to me whereas others spoke through the translator in Ateso. Inebriated man only one to make random comments or speak out of turn. Otherwise, I asked a question and participants took turns answering the question.

Internal Consistency

There was a lot of debate about who the perpetrators of GBV are: women or men.

Frequency of Comments

See tables and figures. Men spoke more about girl children being vulnerable to rape. The men had the most discussion around contributing variables (more than any other group or interview). Men also spoke a lot about who the perpetrators and survivors of GBV are.

Intensity of Comments

N/A: difficult to determine.

Extensiveness of Comments

Extensiveness of Comments

Several participants spoke about poverty, physical abuse, and effects.

Specificity of Responses

More of a balanced mixture of first person plural (we), second person (you) and third person.

What Was Not Said

The elders did not discuss the raids and mentioned sexual violence only once.

Group Processes

Men sat on the log. Women sat on the ground with the children. Everyone seemed to get tired. A couple elders fell asleep during the FGD. The group seemed re-energized when they spoke about their needs. One female and one male seemed to dominate the conversation. At the end of the group, the elders called me their savior. One woman raised her hands in the air like she was praising me.

Focus Group Discussion Data Analysis Form

FGD Name: ___Police_____

Analysis Date: ___Ongoing_____

Participant Statement Context

I asked a question and participants took turns answering the question. At times, they would say they are adding on to someone else's statement.

Internal Consistency

Some discrepancy among participants regarding who perpetrators of GBV are- some said men and some said men and women.

Frequency of Comments

See tables and figures.

Intensity of Comments

N/A: difficult to determine when translating. Nothing appeared out of the ordinary regarding intensity.

Extensiveness of Comments

Responses were brief. Several participants spoke about alcohol, poverty, and physical abuse.

Specificity of Responses

Almost all responses were given in 3rd person (e.g., alcoholic families, men, when someone beats somebody else).

What Was Not Said

The police did not discuss the victim challenging or requesting something from the perpetrator in conjunction with alcohol consumption as contributing variables to GBV- while many other groups did.

Group Processes

Began the interview in English and translator joined when we struggled to communicate with one another. Police seemed less forthcoming with information (by giving brief responses). The policewoman who was named the Child and Family Protection Officer spoke minimally, although she had more education (i.e., a high school diploma) than the other officers (who completed the 3rd and 5th grades).

Focus Group Discussion Data Analysis Form

FGD Name: ____ASTU_____

Analysis Date: ____Ongoing_____

Participant Statement Context

I asked a question and participants took turns answering the question. At times, they would say they are adding on to someone else's statement.

Internal Consistency

Consistent. No significant deviations or altering of opinions.

Frequency of Comments

See tables and figures. Discussion focused largely on causes of GBV, strategies for prevention and response, and effects.

Intensity of Comments

N/A: Difficult to determine

Extensiveness of Comments

Responses from the officers were brief. Responses from 2 or 3 members were quite extensive, including several examples from the community.

Specificity of Responses

Responses mostly in 3rd person (i.e., intellectualizing about the community of which we are not a part).

What Was Not Said

ASTU did not discuss raids and how they might be connected to GBV. I did not query specifically regarding this topic. Offered fewer comments than other FGDs on forms of GBV.

Group Processes

Five to six members dominated discussion. Usually officers replied first to questions. I, translator, and officers sat on chairs. Others sat on logs or on the ground. Group took place in a hut, which was a small, enclosed area. One officer, a very tall and muscular man, sat with his legs spread and took up a lot of personal space. After the FGD, several men were grouped around and talking in hushed tones. The translator turned to me and said, "They caught a Karamojong. There was a raid last night at the corner we passed."