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Psychosocial Distress and Well-Being among Acholi Women in Northern Uganda

Working Paper No. 1

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Introduction

This paper addresses two main topics:

- The effects of conflict on the psychological well-being of women
- Methodological issues related to the measurement of psychological well-being

The literature on these topics is reviewed, and data from a qualitative study conducted in northern Uganda is used to explore them in more depth. Finally, the paper considers the ways in which conflict has contributed to women’s psychological distress in northern Uganda, and the implications of this study for future programming and research.

The Psychosocial Well-Being and Mental Health of Women Affected by Conflict

Until recently, there was little research into the effects of war experiences on women’s psychosocial well-being (Igreja, Kleijn, and Richters 2006; Annan and others 2008), but it is known that women’s experiences of conflict differ qualitatively from those of men. To some extent, this is a function of their experience of conflict itself, which can include not only being combatants and the targets and victims of armed groups in communities, but also serving these groups in supportive and domestic roles, whether as sexual slaves or “wives” (Annan and Brier 2010). Women and girls are at increased risk of sexual and gender-based violence (SGBV) during and after war. Conflict also impacts women differently than men due to their social position, traditional roles, and the dominant gender discourses of the time and place (Sideris 2003; Deacon and Sullivan 2010; Women’s Refugee Commission 2009).

Women’s traditional role as caretakers, for example, may be strained by having to raise children in unstable environments with few support structures. Without the support networks and conflict resolution systems that may have existed prewar, women can become more vulnerable to intimate partner violence (Carlson 2005). The dominant gender discourses in a society also influence women’s experiences of conflict. For example, Sideris (2003) found that women who had experienced sexual violence in Mozambique, especially those who had become pregnant as a result, feared rejection due to local social beliefs regarding a child’s line of descent from the father, and which position women as the property of their husbands.

In some conflict and postconflict settings (for example, Afghanistan, see Cardozo and others [2005]; and Sudan, see Roberts and others [2010]), women have reported higher rates of mental illness and psychological distress than men. Roberts and others (2010) suggest that women’s increased levels of psychological distress may be partly attributable to the psychological consequences of rape, the violent loss of partners and children, and the experience of becoming a single parent or widow. Usta, Farver, and Zein (2008) link women’s increased psychological distress to an increase in domestic violence during armed conflicts. Both cultural and social contexts play a large part in determining which groups of people are likely to be most severely affected by conflict.
The Psychosocial Effects of Conflict on Women in Northern Uganda

The main source of information on how the war in northern Uganda has affected women is the second phase of the Survey of War Affected Youth (SWAY) (Annan and others 2008), which gathered data on 619 randomly selected women and girls aged 14–35 in Kitgum and Pader between October 2006 and August 2007.

Annan and others (2008) note that while people throughout northern Uganda have been affected by the war, males and females have been affected differently. They found that males and females perpetrated violence at similar rates, but males reported experiencing a higher number of acts than females. More than one-fifth of the female youth interviewed reported abduction by the Lord’s Resistance Army (LRA), whom they served in both combat and support roles, and one-quarter were given to LRA fighters as forced wives. Forced wives report significantly more violent events than other female abductees; half gave birth to children. A larger proportion of abducted women experienced or witnessed violent events, but most women (whether abducted or not) had experienced loss of personal property or of a relative or friend.

A small but significant percentage of female youth were found to struggle with frequent symptoms of distress or with troubled family relationships. Overall, girls and women who had been abducted, especially those who had been forced wives, reported higher levels of distress than those who had not been abducted. Previous experience of violence was not the only factor that influenced women’s emotional well-being; current life stressors, specifically having fewer household assets and having a physical injury, were found to predict higher levels of distress. Positive relationships with families and communities—as defined by comfort, closeness, and lack of fighting—were found to be an important protective factor related to lower levels of emotional distress. Most females reported positive family and community relationships (only one in six reported negative family relationships). Having been abducted did not affect overall support or relationships with family and neighbors: More than 90 percent of girls and women who escaped after being abducted by the LRA reported no post-abduction problems with their immediate family members. Conflicts were more likely to occur with members of the wider family—aunts, stepmothers, uncles, and brothers (Annan and Brier 2010). For all females, the likelihood of having family problems increased with the number of violent acts received and perpetrated.

Studies of older women in northern Uganda have found that, due to the social disintegration that occurred during the war, women have taken on roles previously reserved for men, particularly in the areas of agriculture and informal trade (Payne 1998; Sideris 2003). Okello and Hovil (2007) report that women in northern Uganda carried much of the responsibility for ensuring that their families survived and were safe. This shift in gender roles has helped shape a female self-image based on resilience and strength rather than vulnerability; a less positive effect has been an increasing tendency among men to spend their days socializing and drinking in groups, which further alienates women (El-Bushra [2000] cited in Sideris [2003]). Okello and Hovil (2007: 437) note that camps for internally displaced Ugandans became “sites for contesting gender norms,” and this breakdown in domestic relations is perceived to have contributed to an increase in domestic violence. In the SWAY study (Annan and others 2008), over one-third of women reported that their husbands were often drunk; the frequency of the husband’s intoxication was related to the wife’s emotional distress. Alcohol was often described by women as being associated with physical or verbal aggression toward them or their dependents, and 13 percent of females reported having been beaten by a family member or husband in the previous two months. Community mechanisms that might previously have protected women and girls from sexual exploitation and abuse were eroded by displacement and camp conditions.
Annan and Brier (2010: 157) describe the multiple levels of violence experienced by the women they studied in northern Uganda, including physical and sexual violence by armed groups, verbal and physical abuse from extended families, and intimate partner violence. They use the model presented in figure 1 to show how different experiences with war-related violence can interact with factors at individual, family, social, and structural levels, compounding experiences and sustaining violence even after the war is over.

Psychological distress was found by Annan and others (2008) to be expressed in a variety of ways, including nightmares, difficulty concentrating, shaking from worrying, crying, feeling lonely, and becoming easily irritated. Upon return from abduction, some female youth described nightmares and wanted to isolate themselves from others (Annan and Brier 2010: 155). Most people in this region have a spiritual interpretation of their symptoms, attributing nightmares and other traumatic reactions to cen—vengeance by a spirit that has been mistreated. Cen is seen not only as harmful to the individual but many believe that the spirit can pollute families and neighbors, which can result in stigmatization of the individual victim.

Women in northern Uganda and other parts of the country often express their psychological distress through somatic symptoms, and tend not to talk about it directly. Bracken, Giller, and Summerfield (1995) found that for women in Luwero (a district in central Uganda) affected by the conflict in that area, psychological distress was expressed primarily through somatic symptoms, especially among women who had been raped. Tankink (2004) identifies silence as the most common cultural response to emotional distress in Uganda, and Akello, Reis, and Richters (2010) report similar findings among children in Gulu. The main opportunity to express emotions is during religious services, when it is perceived to be God who is expressing the emotions, rather than the individual (Tankink 2004).
The SWAY team found that while most female youth in northern Uganda reported some symptoms of distress, many were able to cope with their symptoms and continue with their daily activities (Annan and others 2008). It was when the symptoms interfered with daily functioning—when they become an obstacle to education, income generation, or relationships—that that they were of serious concern.

There is a gap in terms of research conducted since the attacks by the LRA ended and people have begun to leave the internally displaced persons (IDP) camps and return to their home areas. Some have argued that the postconflict phase is the time when people are likely to be particularly affected by the traumatic events they have lived through, as they take stock of their losses and consider their future (Weyerman 2007).

Measuring Psychosocial Well-Being

To improve the understanding of the ways in which conflict affects women’s psychological well-being, effective measurement tools are necessary. While there are many measures of mental health and psychological well-being—for example, the Hopkins Symptom Checklist-25 (HSCL), General Health Questionnaire (GHQ), Beck Depression Inventory, and Structured Clinical Interview for the DSM-IV—these have often not been validated in areas affected by conflict, and may not address the issues of concern to the communities in those areas (Jordans and others 2009; Summerfield 2007, 2008). Etic (or “outside”) measures, which would include instruments such as the HSCL and GHQ, are sometimes used because researchers want to be able to compare the findings in one setting with those in another. They may also be used because they are well known and validated in some settings, and program staff feel more confident using them than creating their own assessment tools. In some circumstances, etic measures of psychopathology may be useful when looking at non-Western populations, but a reliance on the language and constructs of Western psychiatry risks inappropriately prioritizing psychiatric syndromes that are familiar to Western practitioners (for example, posttraumatic stress disorder, or PTSD) but which may be of secondary concern, or simply lack meaning, to non-Western populations for whom local idioms of psychological distress are more salient (Miller and others 2006; Miller, Kulkarni, and Kushner 2006; see Pike and Williams [2006] for an example of the challenges encountered when using an etic measure of psychosocial well-being inappropriately). A problem arises, as Fernando (2008) points out, when a construct that is defined and measured in an individualistic culture is then imposed on a very different culture as if it is universal.

Bass, Bolton, and Murray (2007: 918) write that “investigation of local syndromes thus becomes a necessary initial step in the evaluation of the validity and utility of concepts and instruments developed in different contexts.” Where there is evidence that psychological distress is expressed in a form similar to that in cultures for which there are standardized instruments, the use of such instruments makes sense (see, for example, Bolton, Wilk, and Ngogoni 2004). Where the evidence suggests poor agreement, new instruments need to be developed. Where there is little or no data to gauge such agreement, additional information must be collected. There is now a consensus that effective assessment of mental health and psychosocial well-being must be based on initial identification of patterns of distress among the relevant population (Davidson, Murray, and Schweitzer 2010; Rasco and Miller 2004).

Increasingly, efforts are being made to develop culturally grounded indicators and measures based on local concepts of well-being (for example, Hart and others 2007; PADHI 2009; Stark and others 2009; Bolton and others 2007). These measures are useful because they are able to (i) assess the most pressing mental health concerns of war-affected communities, and (ii) identify the particular ways in which community members understand and talk about their distress (Miller and others 2006; Miller, Kulkarni, and Kushner 2006). Researchers in this field have had to overcome the widely held
belief that methodological rigor is in opposition to maintaining local sensitivity (CPC 2008), but there are now sufficient examples of locally meaningful, rigorous psychosocial assessments to permanently undermine this argument: “there is no rigor without sensitivity, and no sensitivity without rigor” (CPC 2008: 16). This is now widely accepted—CPC’s (2008) consultations with senior practitioners have consistently highlighted the prime importance of understanding context, and of developing methodologies that can be used to identify local concerns and priorities (see also, Davidson, Murray, and Schweitzer 2010).

A number of researchers have described the process of creating culturally meaningful mental health assessment measures for use in conflict and postconflict situations. For example, Jon Hubbard and the Center for Victims of Torture (CVT) developed a means of assessing children’s well-being using locally relevant criteria (Hart and others 2007). Members of the target group/community are asked to think of a child they know who, in their view, is doing well, and then list the things about that child that indicate to them that he or she is doing well. The characteristics that emerge from this process can then be used as indicators of well-being, which can be used to assess individual children. Since participants are asked to describe the characteristics of real children, the indicators are likely to be attainable and realistic, rather than abstract ideals. This method has since been adapted for use with adults, and has been used as the first stage of developing culturally valid measures of psychosocial well-being (Miller and others 2006; Fernando 2008).

Other methods of identifying the salient issues to include in an assessment tool include “freelisting” (Bolton 2001b; Horn 2009), focus group discussions (Dejman and others 2010; Snider and others 2004), key informant interviews (Deacon and Sullivan 2010; Pedersen and others 2008), and card sorts (Rasmussen and others 2010).

Paul Bolton and his colleagues (Bass and others 2006) have frequently used freelisting and key informant interviews to develop locally relevant instruments to measure mental health problems (Bolton 2001b; Wilk and Bolton 2002). Freelisting involves asking local people one or more standardized questions to generate a list of what they perceive as the major problems affecting their community. Respondents are also asked to identify local people who are consulted about psychological/emotional problems, or are particularly knowledgeable about them. These people become “key informants,” who are interviewed in the second stage of the process. Interviews with key informants aim to obtain more detailed information about the mental health problems mentioned in the free lists, and to probe for other mental health issues that were not mentioned. The problems listed during the freelisting interviews are collapsed into a composite list of major problems, as seen from the community’s perspective, including mental and emotional disorders, along with a rank of how alarming the community prioritizes them. This information, together with that gathered from key informants, is used to create an instrument designed to measure the extent to which people are affected by the psychological/emotional problems listed.

**The Objective of this Study**

This report aims to better understand the causes and expressions of psychological distress among women in northern Uganda. The study also seeks to identify which factors contribute to women’s resilience in conflict and postconflict situations. The study was the first stage in a process of developing a structured interview schedule to assess psychological distress (and other variables) among women in the Acholi region of Uganda.

**Methodology**

Two methods were used to collect information on psychological distress among women in northern Uganda: freelisting and case study interviews.

**Freelisting**

The freelisting methodology was employed to collect data on the events and circumstances that may
contribute to psychological distress. The structured question used was: What are the kinds of things that worry women in this community?

**Case Study Interviews**

A methodology developed by Jon Hubbard and the CVT (called here “case study interviews”) was used to develop a measure of psychological distress and the events and circumstances that contribute to it. The methodology, based on that used by Miller and others (2006), involved asking the respondent to think of two women they know personally, both of whom have suffered emotionally because of difficult life experiences:

- One woman should be someone who has recovered and is now functioning well despite the hardships she has endured.
- The other woman should be someone who has continued to suffer despite the passing of time.

The respondent was then asked to tell the interviewer about the two women in detail, focusing particularly on:

- The difficult life events they experienced
- How they have been affected (thoughts, feelings, behavior)
- Signs that indicate that the first woman is still suffering
- Signs that indicate that the second woman has now recovered
- Why they think the first woman recovered and the second is still having difficulties

**Recruitment and Training of Research Assistants**

Six research assistants were recruited to conduct the freelisting and case study interviews. All were local to the area and fluent in the local language. They participated in three days of training in the two interview methods prior to the data collection phase.

**Procedure**

In the period April 26–29, 2011, the research team visited four villages in the Acholi region of northern Uganda: one in Kitgum, one in Pader, and two in Gulu district (one rural and one urban). In all four villages people were no longer living in IDP camps but had returned to their home areas. A total of 70 freelisting interviews were conducted over this 4-day period, and 27 case study interviews.

Respondents were selected for the interviews on an opportunity basis. Interviewers approached people as they were going about their everyday tasks and invited them to participate in the interview. An informed consent sheet was created that contained information about the research and about the interviews. This information was given

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**Table 1. Summary of Individual Interviews Conducted**

<table>
<thead>
<tr>
<th>Date</th>
<th>District</th>
<th>Subcounty</th>
<th>Type</th>
<th>Freelisting interviews</th>
<th>Case study interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 26</td>
<td>Gulu</td>
<td>Awach</td>
<td>Rural</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>April 27</td>
<td>Pader</td>
<td>Puranga</td>
<td>Rural</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>April 28</td>
<td>Kitgum</td>
<td>Namakora</td>
<td>Rural</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td>April 29</td>
<td>Gulu</td>
<td>Bobi</td>
<td>Urban</td>
<td>20</td>
<td>7</td>
</tr>
</tbody>
</table>

*Source: Author.*
verbally to each potential respondent before he or she was asked whether he or she was willing to participate.

The two male interviewers approached only men, and the four female interviewers approached only women. Those conducting freelisting interviews aimed to conduct four interviews per day, and those conducting case study interviews aimed to conduct three interviews, with each interviewer aiming to include at least one older and one younger respondent each day, and those who may be more marginalized (for example, people with disabilities). They conducted all interviews in Acholi, and made notes at the time of the interview either in English or Acholi. These notes were added to (and translated into English where necessary) and given to the lead researcher at the end of each day for checking and data entry.

The average (mean) age of respondents was 35.8 years for the freelisting interviews (minimum age = 19, maximum = 70), and 34.8 years for the case study interviews (minimum age = 20, maximum = 70). Approximately one-third of respondents for both freelisting and case study interviews were male, and two-thirds female.

Analysis of Data

Freelisting Data

Interviewers listed respondents’ answers to each question, and wrote a short description of each item on the list. The data for each of the two questions on the freelisting forms was treated separately.

A table was created and each issue raised by a respondent (each worry or concern) was recorded on a separate row, along with a short description. Since the same worries recurred in several lists, the frequency with which each worry was stated was recorded, and the description added to those given by other respondents. Whenever a new worry (not mentioned by previous respondents) was stated, it was added to a new row.

When all data had been analyzed, the table was re-organized, with worries ordered by the frequency with which they were mentioned, indicating their importance to the respondents. The final stage was to analyze the descriptions of each concern given, to identify the major themes. Throughout the analysis, links were identified and recorded between the items.

Case Study Interview Data

The case study interviews provided information about respondents’ perceptions of:

- Events that contribute to psychological distress
- Signs (indicators) of psychological distress
- Signs (indicators) of recovery
- Factors that contribute to recovery

The data obtained from the 27 respondents were categorized by these four themes. They were then analyzed thematically to identify the key events believed to contribute to psychological distress, the signs of psychological distress and well-being, and the factors that contribute to psychological well-being.

Results

Causes of Distress

Information about the causes of psychological distress was obtained from both the case study interviews and freelisting interviews. In the case study interviews, respondents described women who had suffered emotionally because of the events they had experienced, and were asked to describe the causes of this emotional suffering. In the freelisting interviews, respondents were asked to describe the things that worried women in their community. The responses were divided into two types: events that occurred in the past and that continue to affect the women being discussed, and ongoing situations in which the women mentioned were still living.
Distressing events

Past events that caused emotional distress include those related to conflict, such as women being abducted, raped, being impregnated through rape, witnessing killings, and killing people themselves. They also include significant losses, such as a woman’s children or husband being abducted and/or killed:

- Six of her eight children were killed by the LRA. One of the remaining children is disabled (case study interview with 30-year-old woman, Pader).

- Her son was killed by rebels on his way to school, then her husband was knocked down by a car and killed on the same road. Her youngest son went mad and is hospitalized (case study interview with 28-year-old woman, Gulu).

Post-conflict events said to contribute to emotional distress relate mainly to family relationships. The loss of a husband was frequently said to cause extreme distress, whether it was through the husband’s death, the breakdown of the marriage, abandonment, or the addition of another wife. Other events said to have a significant impact on a woman’s emotional well-being included the loss of her property or house (whether it was taken from her or she was sent away by her husband or his family), rape, forced marriage, and the death of her children.

Situational stressors

Situational stressors are aspects of a woman’s current living situation that contribute to psychological distress.

Poverty and a lack of support were commonly said to affect the psychological well-being of women, particularly concerns about how to pay school fees and meet children’s basic needs (for example, food.

Case Study 1

This woman was abducted and spent four years in the bush. During that time she killed people, was raped by fighters, and became infected with HIV. She also gave birth to two children.

When she returned from the bush, she believed in killing and saw death as a normal thing. She engaged in prostitution as a way of earning income for survival. She had nightmares, was disrespectful, and grabbed people’s property by force.

She spent some time in a reception center run by a nongovernmental organization (NGO), where she received support, advice, and encouragement. She also believes in God and prays. Now she behaves well—she participates in community work and is very active in community life. She has joined various groups (for example, a savings group) and has gone back to education (adult literacy). She now advises others and is respected by others.

Source: As told by a 32-year-old man in Gulu.

Case Study 2

She was 27 years old and happily married when her husband was burned with her three children in camp X. Since then she drinks a lot (she did not drink before), she cries, and calls the names of her husband and children. When drunk, she cries, removes her clothes, and stays naked. She suffers from nightmares and does not want other people to talk about her.

She continues to suffer with these problems up to now. She has no family support and no way of generating any income. She looks depressed and does not want to remarry because she believes the new husband and children may meet the same fate. She continues to say, “If my husband and children were alive, I would have been OK.”

Source: As told by a 22-year-old man in Kitgum.
and clothes). This concern particularly affected women who were responsible for meeting these needs without support from others, sometimes because their husband was unable or unwilling to provide for them and their children. Not having anybody to help with their work was distressing for some women, as were the feelings of isolation associated with a lack of support. Being overburdened by too many responsibilities was a source of distress for some:

- Women are overworked in that the men don’t help them with garden work, and they also have to take care of the housework, which makes them very tired (freelisting interview with 30-year-old woman in Pader).

- Problems with husbands were most commonly cited as a cause of psychological distress for women. The specific issues referred to include the following:

  - Excessive alcohol use and drunkenness, which led to abuse and violence; spending household money on alcohol; neglecting the family; and frequent quarrels between the husband and wife:
    - Drunkenness in partner, leading to domestic violence (slapping, beating) and sale of household property (freelisting interview with 23-year-old woman, Gulu)
    - After drinking, they pick fights and end up hurting people. The women then have to pay for the damage caused by their men (freelisting interview with 18-year-old woman, Pader).

  - he husband not meeting his responsibilities to the family: staying away from the home, not providing for his wife or children, failing to contribute to household work (for example, cultivation, repairing house), or spending money on alcohol or other women instead of on his family:
    - Men leave the sole responsibility of taking care of the children on the wife’s shoulders. A man can sleep out, or even be gone for days without a word (freelisting interview with 25-year-old woman, Gulu).

    - Husband neglects her and her children, doesn’t help her cultivate, takes what she produces and gives to his other wife (case study interview with 34-year-old woman, Gulu).

    - Some men don’t want to help women in gardens these days, but instead they go to relax at the trading center from morning to sunset while watching films and football matches (freelisting interview with 34-year-old woman, Gulu).

    - The husband using household resources, including the woman’s money, to buy alcohol:
      - Getting of money forcefully by men from their women, and they use it for drinking. In such cases, if a man asks for money from a woman, she has to give because if she refuses, fighting becomes the only solution (freelisting interview with 57-year-old woman, Gulu).

    - Abuse and conflicts—the husband using abusive language toward his wife, frequent misunderstandings and failures to agree, or the husband humiliating and threatening the woman (often related to drinking):
      - Unnecessary quarrelling gives a woman a sense of insecurity (freelisting interview with 25-year-old woman, Pader).

        - Husband doesn’t support her, spends his salary on alcohol and women and abuses her, saying she is useless and desperate (case study interview with 30-year-old woman, Gulu).

        - Husband being unfaithful, which usually involves him spending money on other women, and putting his wife at risk of HIV infection:
Husband infected her with HIV and he is still sleeping with many women, and demands sex daily from his wife (case study interview with 40-year-old women, Kitgum).

- Polygamy, especially if it involves abuse or neglect of the first wife and her children, or conflict with second wife:

- Some men bring other wives and forget about the first wife with her children, and don’t give support (freelisting interview with 30-year-old woman, Kitgum).

- Domestic violence, usually related to the husband drinking alcohol and having relationships with other women, along with trying to take household resources and listening to gossip about his wife:

- After getting other women they turn violent against us, for example, abusing, beating us up (freelisting interview with 23-year-old woman, Pader).

- Husband controlling resources and excluding the woman from decision making, especially regarding the use of money:

- Some men do not value women’s ideas and always want to impose their ideas on women (freelisting interview with 29-year-old woman, Kitgum).

Other women were said to be suffering emotionally because of their circumstances following the loss of their husbands, either through death or marriage breakdown. For some, just the fear of this was a cause of distress. Some women who had lost their husbands had been left to fend for themselves and raise children alone, without any financial or emotional support, or any help with household work and cultivation. Others were widows who had been sent away from their home and/or land by their in-laws, and whose inheritance rights had been violated. Some widows were reported to have been married to their brother-in-law, according to the tradition of wife inheritance, who then neglected them and their children. Relevant observations include:

- Lack of respect and trust between intimate partners—women can be sent away anytime from home (freelisting interview with 45-year-old woman, Kitgum).

- Wife inheritance—men take up widows with the aim of taking away the wealth left by their husbands, but fail to take care of such women and their children. Some people destroy widows’ property in revenge of what was done to them by her late husband. Brothers-in-law insult their late brothers’ wives who refuse to marry them. Sometimes they send the widow away from their late husband’s land (freelisting interview with 29-year-old woman, Kitgum).

- When widowed, land disputes always arise and women always tend to get thrown out (freelisting interview with 25-year-old woman, Gulu).

Difficult relationships were another significant cause of emotional distress. Findings revealed women who were suffering emotionally because of problems with their children, who did not respect them; or with their in-laws, who were abusive and insulting, and/or spread gossip about the wife and supported her husband in abusing her:

- Some mothers-in-law hate their daughters-in-law and keep abusing them and accusing them falsely, so they are sent away (freelisting interview with 18-year-old woman, Pader).

- Her in-laws were very abusive to her and blamed her for her husband’s death (case study interview with 30-year-old woman, Pader).

- Undisciplined children who don’t respect their parents and always ignore their parents whenever they are talking to them (freelisting interview with 30-year-old woman, Gulu).

Problems in relationships with neighbors or the
community also contributed to distress, including gossip and abuse (for example, toward single mothers or women who were formerly abducted), quarrelling, or allegations (for example, of witchcraft):

- She was barren and so was a social outcast—people treated her badly (case study interview with 36-year-old woman, Pader).

- Jealousy, especially with neighbors, is a big problem. Most women here complain of having rough times with neighbors in that some neighbors don’t want to see others progressing in terms of money, children’s education, and so on (freelisting interview with 34-year-old woman, Gulu).

- Abusive community members to single mothers—they call them prostitutes (freelisting interview with 23-year-old woman, Pader).

Finally, sickness and disease were further sources of emotional distress. These included sickness in the family, especially of children, and the woman’s own sickness preventing her from fulfilling her responsibilities. Some women’s emotional well-being was affected by a fear of being infected with HIV by an unfaithful husband, and those who had already been affected, worried about the future.

- Fear of getting HIV. Men have affairs with women whose status they are not sure about (freelisting interview with 18-year-old woman, Pader).

- Women who are HIV+ worry so much about the fate of their children after they have died (freelisting interview with 30-year-old woman, Kitgum).

Signs of Distress and Well-Being

Respondents who participated in the case study interviews were asked how they could tell that a woman was suffering emotionally, and how they could tell that she was recovering from her experiences. Analysis of their responses gives us some understanding of the signs of distress and well-being in the Acholi region of Uganda. The signs of distress and well-being can be divided into four main areas: relationships, anger and aggression, unhappiness, and fulfilling responsibilities.

Relationships

One of the main ways people said they could tell someone was emotionally distressed, is through the way she behaved with other people. A woman who was experiencing emotional distress was said to commonly withdraw from society and isolate herself (for example, she no longer participated in group activities). She became reluctant to speak to people and did not welcome visitors. Often, such

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<th>Case Study 3</th>
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<td>The woman’s son was killed by her brother-in-law due to some family disputes. Then the clan came and took away all her property and even burned her house. She tried to go to the authorities so that her things were brought back, but in vain.</td>
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<td>After this, she cried all the time, she lost weight and was very thin. She talked very bitterly toward the killers and the grabbers. She became a loner and feared company, and started talking to herself.</td>
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<td>She recovered over a period of time. She couldn’t take revenge and time helped her to heal. Now she talks freely with the perpetrators of the crime against her, and goes to the market in the company of other women. She doesn’t cry any more, and laughs freely.</td>
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<td>Source: As told by a 30-year-old woman in Pader.</td>
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women did not share with others how they were feeling or listen to advice. Some went further and were actively disrespectful: they ignored people; refused to speak to them; or were abusive, rude, or insulting.

Respondents said that they could see when a woman had begun to recover by the way she interacted freely and positively with others. A woman who had recovered from her emotional distress not only respected others and welcomed people to her home, but she actively helped other people, had many friends, and advised other women. Sociability and assisting others were seen as signs of psychological well-being. Such women were also said to have good family relationships (with husband and children) and to be able to talk about their problems and to listen to advice.

Anger and Aggression

In addition to rudeness, some women who were psychologically affected by their experiences were said to become angry very quickly, and to use violence toward others, including their own children.

Unhappiness

Respondents said they also saw signs of unhappiness in women affected by distressing experiences—they looked sad or cried, and thought a lot about their concerns. In some cases, they said the woman felt abandoned or victimized by God, wished she were dead, and had become hopeless and given up on life.

Fulfilling Responsibilities

Some of the most visible signs of emotional distress were said to be related to the woman not taking care of herself or her surroundings. She might become untidy or dirty, and lose weight because she did not eat properly. Often, women who were emotionally distressed failed to take care of their children, cook for the family, or do other household work, because they were either unable or unwilling to carry out these normal, everyday tasks.

When a woman recovered from emotional distress, she was able to carry out the tasks expected of her, such as taking care of her children, keeping the home clean and tidy, and taking care of herself (good personal hygiene, eating well, and taking care of her health). But signs of recovery go beyond this, including a woman working hard, joining groups (digging, sewing), participating in community activities (for example, work or meetings, including church), and earning money (for example, through a small business).

Case Study 4

Her problems began in 2006 when rebels burned village X, and two of her children were burned to death in the house. Her husband then brought another wife, and that was when her two children had just died. The co-wife used to abuse her and when the first wife answered, her husband beat her. Her remaining three children were constantly sick, yet she had no money. Hunger was also a problem.

She used to always stay alone, and would cry most of the time. She would eat either very little food or not eat at all. She liked talking to herself and blaming God, saying that the Almighty doesn’t like her.

But today she is somebody patient, and listens to advice from people during difficult times. She also had her husband counseled by the clan leaders. After some time the co-wife left her husband, and the man came back to her and they are now staying together. Since he came back, the children are studying because he started paying their fees. The woman now talks freely to people and likes people.

Source: As told by a 40-year-old woman in Kitgum.
Other

Other signs of emotional distress mentioned by some respondents were women drinking alcohol excessively, talking to themselves, having nightmares, leaving home, or moving aimlessly around.

Factors that Contribute to Well-Being

Respondents were also asked in the case study interviews why they thought some women recovered from traumatic experiences while others continued to suffer. Their responses gave us some idea of the factors that were believed to contribute to well-being.

The main contributing factors were assistance from others (for example, capital and training) and the ability to earn money. This was closely related to whether a woman received support from the family (relatives, husband, or children) and the woman’s willingness to accept help. Participation in religious activities, and having faith, were seen as being helpful to recovery, as was practical help, counseling, or advice received from others.

Other factors said to contribute to recovery were outside the control of the woman or her family and community. These included the length of time since the traumatic event occurred, whether the situation was in the past or was ongoing, the woman’s physical health, and her age. Some said that it is easier for younger people to improve their lives than for older people.

Discussion

This study found that the causes of psychological distress among women in the Acholi region of northern Uganda include both traumatic events that occurred in the past and continue to cause the woman emotional suffering, and difficult situations that are ongoing. Events that contribute to distress include those related to conflict (both personal experience and the losses of loved ones and property). Other types mainly involve disrupted or disturbed relationships with family members, including children and in-laws and especially husbands (for example, death, abandonment).

Situations found to contribute to psychological distress mainly centered on poverty and family relationships. Poverty was a key issue; psychological distress was commonly said to be related to women’s struggles to provide for their families without the support of others, and the pressure they felt under their many responsibilities. This situation was often related to the loss of a husband, or the husband failing to support the family, or actively damaging the family by using household resources for his own activities and by abusing his wife. Numerous stories were recounted of women suffering because their husbands did not take responsibility

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<td>During the period when people were in IDP camps, this woman was abandoned by her husband and left with three children. She was unable to take care of her own children and no one tried to assist her during that time. It was not until she left the camp and returned home that she was able to receive support financially.</td>
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<td>She used to be withdrawn from society, and very quiet—she rarely spoke to people. She lost a lot of weight and was always ill with nobody to help take care of her. She was very untidy and dirty in appearance.</td>
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<td>When she returned home she was given a loan by an NGO which enabled her to buy items for sale to support her family. Now she has gained weight, speaks to people and is much more happy, and laughs a lot. As well as being assisted with the loan, she recovered because she was supported by her family and was active in the church.</td>
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Source: As told by a 29-year-old woman in Pader.
for their families. This resulted in women being chronically stressed, and also fearful (for example, that they would be unable to provide for their children, that their husband would abandon them, or would infect them with HIV). These findings support those of Payne (1998), Sideris (2003), Okello and Hovil (2007), and others who have highlighted the ways in which the conflict in northern Uganda has contributed to social disintegration which, in turn, negatively affects the psychosocial well-being of those living in the affected communities.

Problems in other relationships, including with community members, were also said to contribute to women’s psychological distress. This was especially true of women who were unable to fulfill cultural expectations of them (for example, women who were barren, single mothers, or had been abducted).

The main signs of psychological distress observed by others were changes in relationships and social behavior, emotional distress (particularly anger and sadness), and the neglect of responsibilities. Common signals of distress were withdrawing from others and becoming isolated, and sometimes being rude and disrespectful if they came into contact with others. The main outward sign of recovery was described as a change in social behavior—namely, free and positive interactions with others.

The other main sign of psychological distress and well-being was the extent to which a woman undertook her responsibilities, including family and self-care. A woman who was suffering emotionally was said to often neglect these responsibilities, while a woman who had recovered not only carried out the tasks expected of her in the home, but also involved herself in community activities and undertook some income-generation activity.

The factors that distinguish women able to recover from distressing events and situations include their ability to earn money, receive support from family and community members (including practical support, counseling, and advice), and accept help. This finding is in line with the research conducted by Annan and others (2008), who find that positive relationships with families and communities are an important protective factor for formerly abducted girls and women.

Limitations

This study gathered information from a relatively small number of respondents, which limits the extent we can generalize from the findings. In the freelist interviews people were asked to describe the concerns of women in general; in the case study interviews they were asked to describe the behavior of people other than themselves. As a result, the signs of psychological distress and well-being that were identified are mainly behavioral, with relatively few thoughts or feelings included. This should not, therefore, be seen as a comprehensive set of indicators of psychological distress and well-being, but as indicators of external, observable signs of distress and well-being.

The causes of distress identified are assumed by the respondent, rather than reported by the person experiencing the distress. Since people were not asked to discuss their own experiences (for ethical reasons), it is not certain that the events and situations described were really the cause of the observed distress; it is possible that private events also played a role but were unknown to the respondents.

It may have been possible to overcome this limitation by asking women directly about their own experiences of psychological distress. But this would have raised ethical issues concerning the appropriateness of asking women to talk about very distressing experiences, and exposing them to thoughts and feelings that they may not be ready to confront in this direct way. Previous research has shown that many women in Uganda cope with distress by not talking about it, so to ask a woman to describe her experiences for the purposes of this research would have risked undermining her existing coping strategies. While personal questions may be necessary for in-depth qualitative studies, potential negative effects can be minimized through appropriate study design and the provi-
How Conflict Has Contributed to Psychological Distress in Northern Uganda

This study shows clearly that the psychological well-being of women in the Acholi region of Uganda has been affected by events both specifically conflict related (for example, abduction, rape, death of loved ones) but also by events that were not related to the conflict, and by long-term situations that developed — sometimes because of the conflict, and sometimes for other reasons. It is well known that events that occur due to conflict have a variety of related, long-term effects. For example, women whose husbands are killed in conflict struggle not only with grief, but also with an ongoing lack of practical and material support.

Many types of events and situations can contribute to a woman’s distress. It is extremely difficult, therefore, to identify the impact that the conflict itself had on affected women’s psychological well-being. For example, the story was recounted of a woman whose son was abducted on his way to school, and whose husband was killed by a speeding car on the same road some time later. One of these events was related to the conflict, the other was not. It would be impossible to try to tease out the effect of conflict on this woman’s psychological well-being.

But it is clear that family relationships and poverty have a particularly significant impact on women’s psychological distress, and conflict is known to have a negative effect on both of these aspects of life. In addition, problematic relationships within the community were also said to contribute to psychological distress, and the damaging effects of conflict and displacement on community well-being has been well documented.

The conflict-related factors affecting women in the Acholi region can be considered using Annan and Brier’s (2010) model of gendered violence in conflict situations (see figure 1). At the individual level, the security situation has improved, but women still struggle with economic issues, although this will improve as women return home and are able to cultivate their land. At the family level, all the factors identified continue to have an impact: death and disruption, scarce resources, alcohol use, and abuse. Social factors were also mentioned frequently by the respondents: the impact of patriarchy was evident in the discussion of problematic marital relations, and the challenges faced by widows in maintaining ownership of their land and property. Stigma and rejection from neighbors was also discussed, particularly affecting women who were barren, single mothers, or who had been abducted. Scarce resources at the social level might include disputes over land as people return home from the camps, but little was heard about this in the discussions of the factors contributing to women’s psychological distress. The main structural factor identified as affecting women’s psychological well-being was gender inequality, particularly as it affects the woman’s role in the family and her circumstances if she loses her husband (through death or abandonment) or he takes a second wife.

Implications for Future Programming and Research

The findings of this study suggest that efforts to improve women’s psychological well-being should focus on the impact of both traumatic past events and ongoing situations. The practical effects of loss are important, as well as feelings of grief. The findings indicate that poverty and family relationships have a particularly significant effect on women’s psychological well-being in the Acholi region of Uganda, but this finding may be an effect of the particular methodology that was used, which relied on reports of third parties. Meanwhile, consistent reports of men failing to take responsibility for their families and taking advantage of their culturally dominant role to abuse their wives and
use household resources for their own activities strongly suggests a need for programs to address male attitudes and behavior. It is not possible to effect change in women’s lives solely by working with women; it is also necessary to work with the men who live with women and have considerable influence over their lives (see Women’s Refugee Commission 2009). There are now a number of programs being implemented in postconflict settings that aim to change the attitudes and behavior of men and boys; if these programs are effective, the current research suggests they would positively impact the lives of women.

The two factors said to play the greatest role in aiding women’s recovery from psychological distress are: (i) the ability to earn an income, and (ii) supportive relationships within the family and community. Programs could usefully facilitate women’s access to these, but should bear in mind that all community relationships are not necessarily supportive. While positive relationships have an extremely beneficial effect, it was noted that some relationships in the community can be damaging, especially where women struggle to meet cultural expectations.

It was reported that some women find it difficult to accept help from family and community members. Such women may need professional support to achieve a state where they are able to benefit from family and community relationships. They may be particularly isolated and marginalized in their communities, and intensive but informal contact is likely to be required over a considerable period of time by a psychosocial worker. A skilled professional would be able to cope with the woman’s initial resistance and, over time, to build a trusting, constructive relationship with her that could form the basis for more therapeutic conversations and activities. This may include working with the woman’s family or other community members to enable supportive relationships to be established and/or strengthened.

This study also has implications for further research into the psychological effects of conflict on women, and on how these effects can best be alleviated. First, any study of the psychological effects of conflict must find a way of dealing with the fact that women in such situations experience a range of challenging and distressing events, some of which are related to the conflict and some of which are not. In some cases, everyday stressors may have more impact on a woman’s psychological well-being than a conflict-related traumatic event that occurred some years earlier. Research must identify and measure all the factors that may contribute to women’s psychological well-being, not only those that appear to be conflict related. This study, like many others conducted in similar situations, emphasizes the importance of understanding what psychological distress and well-being mean in the given context before trying to measure them.

Two classes of observable signs of psychological distress (and recovery) in the Acholi region have been highlighted and could be used in further research that aims to measure such signs. Observations of women’s relationships and social behaviors, including their ability to carry out their normal responsibilities, could be used to complement—or as an alternate to—self-reporting.

Finally, this study suggests that there is a need for a better understanding of male behavior post-conflict, especially within the family. It is not clear whether the behavior patterns described by interviewees as distressing to women are related to the experience of conflict in some way. This is an area that could be explored further.
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