Contents lists available at ScienceDirect

International Journal of Law and Psychiatry

The experiences of survivors and trauma counselling service providers in northern Uganda: Implications for mental health policy and legislation

H. Liebling [a,*,1], L. Davidson [b,1,2], G.F. Akello [c,3], G. Ochola [d,4]

[a] Coventry University, James Starley Building, Priory Street, Coventry CV1 5FB, United Kingdom
[b] No5 Chambers, London, EC4Y 8AA, United Kingdom
[c] Kitgum Women's Peace Initiative, P.O. Box 383, Kitgum Town, Uganda
[d] Agoro International Vocational Institute, Lamwo District, Uganda

ABSTRACT

Previous research in northern Uganda found high levels of trauma-related difficulties amongst the conflict-affected population. There is international evidence that psychological therapy can reduce depression, as one of the psychological effects of trauma, but very limited literature regarding the experiences of trauma counselling in Sub-Saharan Africa. The current British Academy and Leverhulme-funded research investigated the experiences of service users and providers of trauma services in Kitgum and Gulu, northern Uganda. It also examined their implications for mental health policy and legislation.

A decision was made to utilise qualitative methodology to highlight the in-depth experiences of participants. The researcher's carried out interviews with 10 women and 10 men survivors attending trauma services in Kitgum and Gulu. The researchers also interviewed 15 key informants in Kitgum, Gulu and Kampala including trauma counselling service providers, ministers, cultural leaders and mental health professionals. The authors report the findings of the research based on thematic analysis of the interviews. Themes included the experiences of survivors, bearing witness and instilling hope, constraints to service provision, stigma and abuse, holistic approach, service providers doing their best, specialist populations, limited understanding, training and skills development, gaps in service provision and mental health policy and legislation.

The interviews resulted in a clear indication that counselling and medication was valued by service users, and that service providers felt the treatments that were provided improved depression, and increased empowerment and engagement in social activities. However, the authors argue that there was a limit to the benefits that could be achieved without using the holistic approach that the survivors requested. Thus, in cases of trauma arising from conflict, there is a clear need for the state to ensure reparation and/or justice for the atrocities witnessed by and perpetrated against survivors. This might include the provision of compensation, which would help to meet social needs and reduce feelings of shame and anger.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction and context

Since 1998, Liebling and colleagues have carried out research with women, men and child survivors of conflict and post-conflict sexual and gender-based violence and torture (e.g. Liebling & Baker, 2010; Liebling, Slegh, & Ruratotoye, 2012; Liebling-Kalifani & Baker, 2010;

Liebling-Kalifani et al., 2008, 2011). Research carried out in northern Uganda recommended a holistic model to meet the needs of women war survivors. The research argued for:

"*A holistic, gender-sensitive public health intervention approach, in order to address the physical and mental health needs of women war-survivors in Uganda. This should include the provision of free treatment services for women, including HIV/AIDS testing and treatment, access to specialist gynaecologists, obstetricians and female counsellors. Female war survivors should be included in all aspects of decision-making in order to increase autonomy and empowerment*".(Liebling-Kalifani et al. 2008: 186).*

The towns of Kitgum and Gulu in northern Uganda have been at the very heart of the sustained terror campaign carried out by Alice

* Corresponding author. Tel.: +44 2476 888328.
E-mail addresses: Helen.Liebling@coventry.ac.uk (H. Liebling), mhrukcharity@yahoo.co.uk (L. Davidson), kiwepi2007@yahoo.com, kiwepi@gmail.com (G.F. Akello), ocgeoffrey83@gmail.com (G. Ochola).
[1] Equal contributors.
[2] Tel.: +44 845 2 105 555.
[3] Tel.: +256 772 544 827.
[4] Tel.: +256 794 350 828.

Lakwena in 1986–1987 and the Lord's Resistance Army under Joseph Kony from 1986 to 2006; a conflict that lasted for 21 years. The rebel group, led by Joseph Kony, caused untold damage to the lives, culture, health, education and livelihoods of the people of the northern districts. In order to create a slave army, Kony abducted more than 30,000 mostly teenage boys and girls (Blattman and Annan, 2010). Adolescents were deemed to be the most effective and reliable forced recruits due to their pliability. Kony's strategy was, according to those close to him, to abduct mainly young people who could be brainwashed into becoming unquestioning foot-slaves; slaves who would blindly obey his orders to fight, kill, and torture, and to yield their bodies for sexual services (Invisible Children, 2016). The chronic war in this region has led to severe war-triggered trauma as a result of acts of torture, including sexual and gender-based violence (Amnesty International, 2005; Isis-WICCE, 2006). It has been estimated that during the sustained conflict, 2 million people were forced into Internally Displaced People's (IDP) Camps in Kitgum and Gulu, due to the presence of the Lord's Resistance Army (UNHCR, 2012). Those within the camps had limited access to health care, food, water and sanitation (Liebling-Kalifani et al., 2008; World Health Organisation, 2007).

The appalling wide-scale depredation and human rights abuses carried out by the LRA included girls being forced to enter into 'marriages' with LRA commanders, as well as acting as soldiers. During their abduction, both girls and boys were forced to commit atrocities, including murders, maiming, setting bombs and landmines, and torture. If they refused to engage in atrocities their lives were threatened along with those of their family members or friends. They were made to carry enormously heavy loads, including military equipment, munitions and food supplies, walking for long periods without food, water or footwear. Frequently those who refused to obey were killed in horrific ways.

Within a context of sexual violations and the enforced breakdown of social and moral values, the spread of HIV/AIDS was rife. Coupled with a breakdown in the health infrastructure as a result of the conflict, northern Uganda has persistently posted the poorest health indices in the country. Compared to the rest of the country, this region has a high HIV prevalence rate of 10.5% (the national average is 6.4%), the lowest rate of contraceptive use at 12% (with a national average of 23%) and a high rate of abortions and unwanted pregnancies (1 in every 5 pregnant women in northern Uganda endures an abortion, and 50% of pregnancies are unwanted (Liebling et al., 2012; World Health Organisation, 2007)).

One of the investigators proposed a holistic model based on her prior research with survivors of conflict and post-conflict sexual and gender-based violence and torture (Liebling-Kalifani et al. 2008). The research argued not only for the need to address both physical and mental health needs, including access to services that achieve long-term improvements in survivors' health, but also for these needs to be met in conjunction with social, economic, legal and political empowerment.

In the context of a long-term conflict, previous research carried out with former abductees in northern Uganda (Liebling & Baker, 2010; Pham, Weinstein, & Longman, 2004) found untreated mental health problems to be highly prevalent. Poverty, lack of health and justice services or adequately trained professionals, and a poor transport infrastructure, affected the ability of survivors to access badly needed mental health care (Liebling & Baker, 2010; Liebling-Kalifani et al., 2008; Olak, Garnefski, & Kraaij, 2007). Cultural specificity has been greatly neglected, and the cultural issues that might affect service access and experience had not been investigated.

Since the publication of this research, trauma centres have opened in northern Uganda. Following the tragic death of Peter Alderman in the World Trade Centre bombing on 11th September 2001, his parents created a foundation to provide trauma treatment centres in his memory (http://www.petercaldermanfoundation.org/) in order to address post-conflict trauma. Accordingly, in 2008 the Peter C. Alderman

Foundation partnered with the government of Uganda, Makerere Medical School, Butabika National Psychiatric Referral Hospital, the Catholic Church and locally respected non-governmental organisations. Four trauma centres were set up in northern Uganda, including the Kitgum clinic in June 2009 (opened through a partnership with the Ministry of Health). Pre and post-conflict, there have been a few non-governmental organisations providing services for survivors of traumatic experiences. Despite this, the experiences of service users and survivors of post-conflict atrocities who access trauma services in East Africa, has been largely neglected (McPherson, 2012). There was therefore a pressing need to investigate their experiences and the adequacy of services provided.

The authors' recent research involved interviews with service users and providers of trauma counselling and treatment services in Kitgum and Gulu, northern Uganda. The specific aims of the study were to: (1) assess service provision and the experiences of those accessing specialist trauma services; (2) examine gaps in current service provision; and (3) evaluate the implications for mental health policy and legislation.

2. Methodology

Ethical approval was gained from Coventry University and the Uganda National Council for Science and Technology in June 2013. Thus, the researchers were able to interview thirty-five participants in Kitgum, Gulu and Kampala. Ten women and ten male trauma survivors were individually interviewed with the requirement that they had been attending trauma services for at least a year. Our Ugandan co-investigators from Kitgum Women's Peace Initiative (KIWEPI) liaised with the trauma centres and TPO Uganda, a non-government organisation working closely with the Ministry of Health. These bodies identified volunteers who fell into the chosen categories and were willing to participate in the research. The survivors we spoke to were between twenty-one and fifty-eight years of age.

In addition, fifteen interviews were carried out with key informants, including professionals working at the trauma centres. These were social workers, psychologists, psychiatric clinical officers and nurses (see Table 1). Interviews were also carried out with other specialist mental health professionals, policy makers, and ministry representatives, as well as one Acholi traditional leader.

Table 1
Details of key informants interviewed.

Professional	Organisation	Gender	Location
Social worker	Non-government organisation	Male	Gulu
Psychiatrist	Government	Female	Kampala & N. Uganda
Psychiatrist	Government	Male	Kampala
Programme director	Non-government organisation	Male	Gulu
Social worker	Non-government organisation	Male	Kitgum
Psychologist	Government	Female	Gulu
Medical professional	Ministry of health	Female	Kampala
Psychiatric nurse	Trauma centre	Female	Northern Uganda
Psychologist	Trauma centre	Male	Northern Uganda
Psychiatric nurse	Government	Female	Kitgum
Social worker	Non-government organisation	Male	Kitgum
Policy & advocacy officer	Non-government organisation	Male	Kampala
Clinical psychologist	Government	Male	Kampala
Clinical psychologist	Government	Male	Kampala
Psychiatric nurse	Government	Female	Kitgum
Acholi cultural leader	Government	Male	Kampala