

Torture against children in rebel captivity in Northern Uganda: physical and psychological effects and implications for clinical practice

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Abstract

Background: Although torture in adults is well documented, studies that document its use against children, especially during war, are rare. This study documented the use of torture against children and its physical and psychological consequences during the war in Northern Uganda.

Methodology: Changes to the skin were examined by medical assistants, photographs taken, and allegations of torture verified in an interview and the case histories filed upon admission to the rehabilitation centres. The sample included 183 children aged 12 to 18 (mean age 14.8, SD 2.9) of which 60 were physically examined in two rehabilitation centres. The impact of torture was assessed using the Impact of Event Scale – Revised (IES-R) in a multiple regression model.

Results: Medical examinations showed visible evidence of physical trauma. Torture methods included burns, beatings, carrying heavy objects, gunshots, cuts with bayonets and machetes, long distance treks, etc. resulting into scars and keloids in different parts of the body. The scars were consistent with injuries inflicted on purpose. The children scored highly on the subscales of IES-R indicating severe symptoms of posttraumatic stress. The experience of torture explained between 26 to 37 per cent of the variance in symptoms of posttraumatic stress.

Conclusions: The physical trauma is consistent with histories and reports filed upon admission to the rehabilitation centres indicating that the children were indeed tortured. As a result of the torture, the children were psychologically distressed. The challenge for clinicians is to employ a holistic approach of treating survivors of torture by recognising not only the physical complaints but stress symptoms as well. This is because the mental states of debilitation, dependency, dread and disorientation that is induced in victims may have long-lasting consequences just like the physical and psychological consequences.

Keywords: torture, children, war experiences, post-traumatic stress, Northern Uganda

Introduction

Torture is widely practised in more than 80 countries globally.¹ In Africa, torture is practised in several countries with poor human rights records to suppress dissent and freedoms and to silence political opponents. Government institutions such as the police, the army, and security organisations have been widely used as agents of torture.² The use of torture is associated with lasting physical and mental health consequences for survivors.³⁻⁵ Torture has been documented mainly in adults,⁶ although various forms of torture is meted out to children as well,^{7, 8} especially during war. Documenting cases of torture and the mental health conse-

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quences in children is crucial to understand the medical and long-term consequences on child development, provide rare insights into their experiences during war, and possibly serve as evidence for prosecution of perpetrators. This study documents the use of torture against children and its psychological consequences during the war in Northern Uganda.

Mental health problems associated with exposure to war situations

The World Health Organization (WHO) estimates that one-third of total disability and health burden is as a result of mental disorder due to the prevalence of war trauma and violence.^{9, 10} Childhood and adolescent psychological trauma appear to be a crucial aetiological factor in the development of a number of disorders both in childhood and in adulthood.¹¹ Experiences of various forms of torture associated with war such as sexual abuse, killings, beating, participation in battles and raids and being forced to kill, carry dead or wounded combatants or carry heavy loads or trekking long distances may be associated with symptoms of posttraumatic stress disorder (PTSD), behavioural and emotional problems and deficit in interpersonal relationships.^{4, 5, 11-14}

The use of child soldiers in Uganda

After the removal from power of former Ugandan dictator Idi Amin in 1979, Uganda experienced two particularly violent wars in which children were used. First, the National Resistance Army (NRA) guerrilla war against government forces from 1981 to 1986¹⁵ where an estimated 3,000 children were used as child soldiers, commonly referred to as Kadogos (meaning small one in the Kiswahili language).^{16, 17} Secondly, the Lord's Resistance Army (LRA) war against government forces from about 1988

to date,¹⁸ in which an estimated 30,000 children have been forcefully abducted and recruited by the LRA.^{19, 20} Child fighters constituted about 30 per cent of NRA fighters^{16, 17} and more than 85 per cent of LRA fighters.²¹ In both the NRA and LRA conflicts, children were used as fighters, spies, porters, "wives", human shields, and camp followers.^{16, 17, 22-26} This study will focus on the use of torture against children in LRA captivity.

Initially, the LRA targeted only government troops, but it began to engage civilians in from 1991 to 1992 when civilian militias were mobilized against it.¹⁸ This led to the abduction and forced recruitment of young boys and girls and their physical and psychological torture in rebel captivity. In captivity, the abductees lived in constant terror of sudden attacks from government soldiers, threat of death, diseases, and extreme deprivations and hardships such as lack of water, food, clothing, and above all, sexual abuse and torture by rebel commanders. The children and adolescents are forced to kill, mutilate, torture, raid, burn villages, loot and commit other atrocities against each other and against their own communities^{21, 27} in a strategy aimed at deterring them from escaping and severing the bond between the abductees and their communities: "burning the bridge".²² Despite these measures, many of the abducted children have escaped from rebel captivity, others were rescued during battles with government forces, and the rebels released some, especially the child mothers. After their escape or release, the children are temporarily housed and rehabilitated at reception centres run by non-governmental organisations (NGOs). These children are rehabilitated at several centres in Northern Uganda before reuniting with their parents or reintegrating back into their communities.

The current study

This study will focus on children formerly abducted by the LRA at two rehabilitation centres: Gulu Save the Children's Organisation (GUSCO) and World Vision Children of War Rehabilitation Centre (WVC), both in northern Uganda. The aim of this study is twofold: 1) to document the use of torture against children in LRA captivity and 2) to assess the impact of the torture on their mental health.

This article will examine torture within the framework of the torture model postulated by Suedfeld.³ In his contextual analysis of torture, Suedfeld³ identified four key elements crucial to the diagnosis of torture: *debilitation*, *dependency*, *dread*, and *disorientation*. *Debilitation* is the intentional physical and mental means perpetrators of torture use to "break the spirit" of their victims when

victims are unable to meet their own needs such as sleep deprivation, starvation, beatings, etc. *Dependency* is when victims are not allowed to be close to one another for fear of "negative influence" e.g. victims are not allowed to talk to one another, thus making them psychologically dependent on their captors. *Dread* is a state of mind brought about when victims are kept in constant "fear and anxiety" for example, that they could die or something bad could happen to them anytime. Lastly, *disorientation* is aimed at making events "unpredictable and incomprehensible" to deny the victim a sense of control and ability to cope.^{3,28} The experiences of formerly abducted children in LRA rebel captivity meet all these key elements of the torture model postulated by Suedfeld,³ 1990 (summarised in Figure 1).

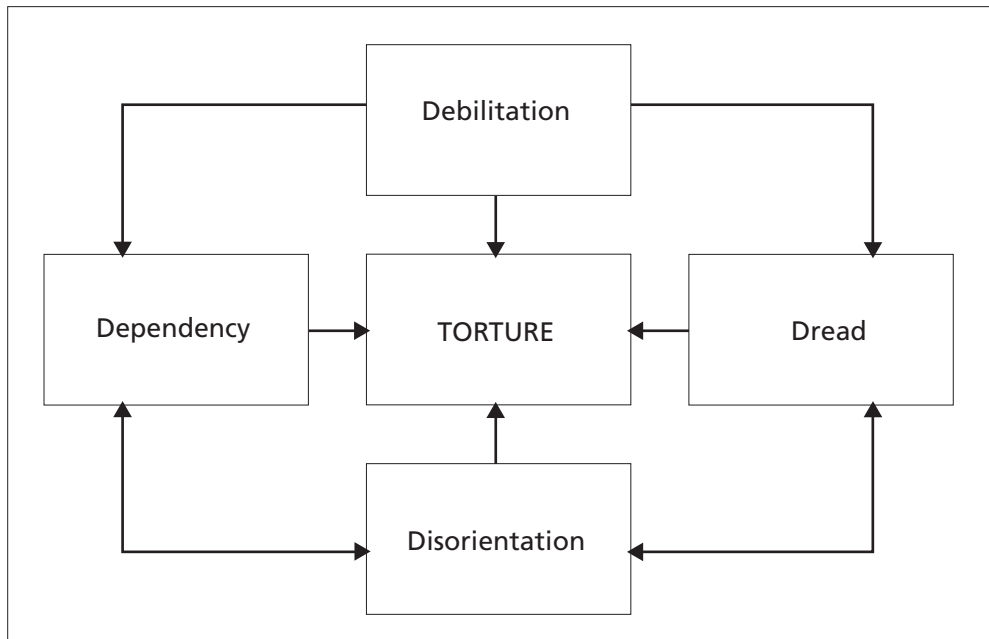


Figure 1. Torture model showing mental states induced in victims of torture postulated by Suedfeld.

Methodology

Sample

Participants were children who were abducted, lived in rebel captivity, and experienced war situations ranging from one month to ten years ($M = 7.8$ months, $SD = 2.01$) and were rescued or escaped within the previous three months ($n = 101$, 55%) and in the previous three weeks ($n = 82$, 45%). Children being rehabilitated at two rehabilitation centres: Gulu Save the Children's Organisation (GUSCO) and World Vision Children of War Rehabilitation Centre (WVC) were invited to participate in the study. All the participants were given identity numbers which were entered into the computer where a simple random sample was computer generated to select the required number of adolescents from the two centres. Participants who were above 18 were excluded from the study because the focus of the study was mainly on the children. Finally, a total of 183 children aged 12 to 18 (mean age 14.8, $SD 2.9$) were included in the data, of which 136 (74%) were boys and 47 (26%) were girls. Of these, 86 (47%) from GUSCO and 97 (53%) from WVC.

Documentation of torture

We assessed both physical and psychological impact of torture. First, 60 participants were randomly selected from the original sample of 183. Of the sample of 183, a simple random sample of 33% ($n=60$) was computer generated to select the number to be physically examined for evidence of alleged torture. Next, the participants' case histories, compiled by the centre administrators and counsellors, were examined to corroborate evidence of alleged torture in rebel captivity to find out whether they were consistent or not. Consistent here means that the alleged torture and changes to the skin agree with the information in the participants' history

taken upon admission to the rehabilitation centres. Upon admission to the rehabilitation centres, all the participants were physically examined, and their experiences, injuries, etc. before and after abduction were recorded. Similarly, parents or guardians were separately interviewed about the child's experiences, injuries, scars, etc. before abduction.

Assessment of impact of torture on the mental health of adolescents

The mental health consequences of torture and associated events were assessed by the Impact of Event Scale – Revised (IES-R) in all the 183 participants. The IES-R scale was developed by Daniel S. Weiss and Charles R. Marmar²⁹ to parallel the DSM-IV criteria for PTSD. IES-R has 22 items and respondents are asked to rate each item in the IES-R on a scale of 0 (not at all), 1 (a little bit), 2 (moderately), 3 (quite a bit) and 4 (extremely) of what they have experienced in the past seven days concerning their experience of torture. Weiss and Marmar²⁹ reported that the internal consistency of the three subscales were very high, with intrusion (7 items) alphas ranging from 0.87 to 0.92, avoidance (8 items) alphas ranging from 0.84 to 0.86, and hyper-arousal (7 items) alphas ranging from 0.79 to 0.90. The correlation co-efficient for the test-retest reliability ranged from 0.71 to 0.94.

Analyses

To assess physical torture, changes to the skin where alleged tortures were inflicted were examined by medical assistants to assess the nature, description, parts of the body, where (geographical location) the torture allegedly took place, and whether the alleged torture was consistent with information in the participants' files. Female medical assistants examined both boys and



Figure 2. 13 year old formerly abducted boy.
Examinee no. 3

1. Area of the body Alleged torture involving flogging with wires three months before examination.
2. Nature of torture Lesions above the right breast, on the chest and on the abdomen. Apparent problems in healing and development of secondary infections and keloids in some parts.
3. Description of torture Lesions consistent with external infliction.
4. Conclusion Consistent with the history of torture.
5. Place of torture LRA camp in Southern Sudan.



Figure 3. 12 year old formerly abducted boy.
Examinee no. 5

1. Area of the body Alleged torture involving flogging with sticks and wires all over the back two months before examination.
2. Nature of torture Random lines of scars all over the back.
3. Description of torture Lesions consistent with external infliction.
4. Conclusion Consistent with the history of torture.
5. Place of torture No knowledge of location.



Figure 4. 16 year old formerly abducted boy.
Examinee no. 6

- | | |
|---------------------------|---|
| 1. Area of the body | Alleged torture involving flogging with sticks and wires and stabbing under the right armpit (three weeks previously) with a bayonet. Torched with burning flame in the back (4 months previously). |
| 2. Nature of torture | Lines of scars all over the back. |
| 3. Description of torture | Lesions consistent with external infliction by blunt and sharp object and first degree burns. |
| 4. Conclusion | Consistent with the history of torture. |
| 5. Place or torture | Near Juba, the capital of Southern Sudan. |



Figure 6. 15 year old formerly abducted boy.
Examinee no. 17

- | | |
|---------------------------|---|
| 1. Area of the body | Carrying heavy munitions and foodstuff on the head over long distances. |
| 2. Nature of torture | Scars all over the scalp/top of the head. |
| 3. Description of torture | Scars consistent with external infliction of heavy objects. |
| 4. Conclusion | Consistent with the history of torture. |
| 5. Place or torture | LRA camps in Southern Sudan (movement from one camp to the other). |



Figure 5. 14 year old formerly abducted girl.
Examinee no. 14

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|---------------------------|--|
| 1. Area of the body | Alleged torture involving carrying sick or wounded rebel soldiers over long distances supported by poles on the shoulders. |
| 2. Nature of torture | Recent lesions/fresh scars on the shoulders. |
| 3. Description of torture | Lesions consistent with external infliction. |
| 4. Conclusion | Consistent with the history of torture. |
| 5. Place or torture | From Northern Uganda to Southern Sudan. |



Figure 8. 17 year old formerly abducted boy.
Examinee no. 29

1. Area of the body Injured during a battle: multiple gunshot wounds and incision to extract a bomb shrapnel from his right thigh.
2. Nature of torture Multiple scars on the right thigh.
3. Description of torture Lesions consistent with gunshot wounds and deep cut by a bomb shrapnel.
4. Conclusion Consistent with the history of participation in battle.
5. Place or torture First gunshot wounds in Southern Sudan and major injury in Northern Uganda.



Figure 9. 14 year old formerly abducted girl.
Examinee no. 37

1. Area of the body Gunshot wounds sustained during a battle.
2. Nature of torture Keloids/scars on the left upper arm and a shattered collar bone. A bullet tore through the upper left arm.
3. Description of torture Lesions/keloids consistent with external infliction of gunshot wounds.
4. Conclusion Consistent with the history of torture.
5. Place or torture Battlefield in Northern Uganda.



Figure 10. 16 year old formerly abducted boy.
Examinee no. 39

1. Area of the body Injured during a battle: multiple gunshot wounds on the ankle and fingers which was later repaired in a hospital.
2. Nature of torture Loss of three fingers on the right hand and scars on the left ankle.
3. Description of torture Lesions consistent with gunshot wounds and subsequent repair in a hospital.
4. Conclusion Consistent with the history of participation in battle.
5. Place or torture LRA camp in Northern Uganda.



Figure 11. 16 year old formerly abducted girl.
Examinee no. 42

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|---------------------------|---|
| 1. Area of the body | Send to battle field and sustained gunshot wounds which shattered her jawbone. |
| 2. Nature of torture | Keloids/scars on the jaw shattered by bullet and an operation to repair the shattered jaw. |
| 3. Description of torture | Lesions consistent with external infliction of gunshot wounds which festered and developed into fibroblast scars. |
| 4. Conclusion | Consistent with the history of torture. |
| 5. Place or torture | Battle in Northern Uganda. |



Figure 12. 13 year old formerly abducted boy.
Examinee no. 43

- | | |
|---------------------------|---|
| 1. Area of the body | Walking over long distances three weeks before examination. |
| 2. Nature of torture | Scaly feet apparently healing with fresh cuts indicated by a white arrow. |
| 3. Description of torture | Scales and cut consistent with rough terrain traversed by victim. |
| 4. Conclusion | Consistent with the history of torture. |
| 5. Place or torture | Movement from Northern Uganda to LRA hideouts in Southern Sudan. |



Figure 13. 15 year old formerly abducted boy.
Examinee no. 45

- | | |
|---------------------------|---|
| 1. Area of the body | Walking over long distances two weeks previously. |
| 2. Nature of torture | Scaly feet symptomatic of long distance travelling bare-footed. Open wounds at the sides of the feet resulting from injuries sustained during long treks. |
| 3. Description of torture | Scales and cut consistent with rough terrain traversed by victim. |
| 4. Conclusion | Consistent with the history of torture. |
| 5. Place or torture | No knowledge of where he moved. |



Figure 14. 17 year old former formerly abducted girl. Examinee no. 13

1. Type of torture Alleged torture involving tying of hands around the body and dragging on a mountainous terrain two month before examination.
2. Nature of torture Recent lesions/keloids on both arms.
3. Description of torture Rocky/rough surface.
4. Conclusion Consistent with the history of torture.
5. Place or torture Imatong hills in Southern Sudan.



Figure 16. 18 year old former formerly abducted child mother. Examinee no. 53

1. Type of torture Sexual enslavement.
2. Nature of torture Sexually abused and gave birth to three children fathered by a rebel commander-
3. Description of torture Sexual abuse
4. Conclusion Consistent with the history of torture.
5. Place or torture She gave birth to three children while in rebel captivity having been in captivity for eight years in various places in Northern Uganda and Southern Sudan



Figure 15. 15 year old former formerly abducted child mother. Examinee no. 51

1. Type of torture Sexual enslavement.
2. Nature of torture Sexually abused and gave birth to a child fathered by a rebel soldier
3. Description of torture Sexual abuse.
4. Conclusion Consistent with the history of torture.
5. Place or torture She gave birth to her baby in a sickbay in one of the hideouts of the rebels in Southern Sudan.

girls but female participants were examined only by female medical assistants. Later, any changes to the skin in a participant were corroborated in an interview with the participants and an analysis of the case histories filed upon admission to the rehabilitation centres. Pictures of changes to the skin were taken with assent from the children and consent from parents/and or centre managers.

To assess the mental health consequences of torture on participants, scores on IES-R were computed for avoidance, intrusions, and hyper-arousal subscales in addition to the IES-R total score. Next, we assessed the amount of variance in mental health problems (avoidance, intrusions, and hyper-arousal subscales in addition to the IES-R total score) that can be explained by experience of torture.

Results

Physical impact of torture

Participants were subjected to several forms of physical torture. The most common of which was beating with sticks and/or wires (Figures 2-4), carrying heavy luggage for a long period of time over long distances (Figures 5-7), injuries in battles (Figures 8-11), trekking over long distances (Figures 12-14), and tying and dragging over rocky surface (Figure 15). These alleged experiences left clearly visible scars and/or *keloids on the skin* and were consistent with history of torture and records at both rehabilitation centres. The participants did not have these scars/keloids before abduction according to their parents/guardians. Out of the 47 girls in this study, 11 (23%) had children fathered by rebel soldiers (Figures 16 and 17). According to the parents/guardians, the girls were not pregnant at the time of abduction to the best of their knowledge.

Psychological impact of torture

All the subscales of the IES-R were significantly correlated: avoidance and intrusion ($r(183) = 0.54, p < 0.001$], avoidance and arousal ($r(183) = 0.56, p < 0.001$), and intrusion and arousal ($r(183) = 0.65, p < 0.001$). The adolescents' IES-R scores (avoidance, intrusion, and arousal) are presented in Table 1.

Many of the adolescents in the sample reported that they often tried to stay away from situations or events that reminded them of their experiences such as: "I was aware that I still had a lot of feelings about it, but I didn't deal with them", ($M = 2.69, SD 0.61, range = 0-4$), "I avoided letting myself get upset when I thought about it or was reminded of it" ($M = 2.65, SD 0.71, range = 0-4$), and "I tried not to think about it" ($M = 2.63, SD 0.59, range = 0-4$) to mention but a few. Most reported arousal symptoms were: "Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart" ($M = 2.79, SD 0.66, range = 0-4$), "I felt irritable and angry" ($M = 2.65, SD 0.56, range = 0-4$), I felt watchful or on guard" ($M = 2.65, SD 0.68, range = 0-4$), and "I had trouble concentrating" ($M = 2.61, SD 0.63, range = 0-4$). Despite efforts to keep them off their minds, intrusive images and thoughts such as: "Any reminder brought back feelings about it" ($M = 2.94, SD 0.38, range = 0-4$), "I had dreams about it" ($M = 2.70, SD 0.61, range = 0-4$) and "Pictures about it popped into my mind" ($M = 2.89, SD 0.64, range = 0-4$) were reported by the adolescents.

Mental states induced by torture

In line with the model of torture outlined by Suedfeld,³ the torture methods used in LRA rebel captivity were closely related to the key elements crucial to the diagnosis of torture:

Table 1. Average IES-R mean scores.

	Mean	SD	Min.	Max.	Range
Avoidance	19.99	3.03	10	29	0–32
Intrusion	18.65	2.18	10	26	0–28
Arousal	18.72	2.49	5	26	0–28
IES-R total	57.36	6.55	25	81	0–88

debilitation, dependency, dread and disorientation. The rebel commanders flogged the abductees, summarily executing abductees who tried to escape, and force the abductees to beat and kill each other, all intended to break the spirit of the abductees and make them resigned to their fates. In this way, the rebel commanders intended to debilitate the abductees. To make the abductees totally dependent on them, the rebel commanders would ban communication among the newly abducted children and forced them to participate in raiding their own villages and killing and mutilating their relatives. This was meant to sever the bond between the children and their communities and make them forever in the rebel ranks and dependent on the rebel organisation. Further, the abductees were kept in constant fear of being killed any time by being accused of thinking of escaping, participating in battles, or dying of starvation or thirst. This made the abductees constantly fearful, anxious and full of dread. Finally, to disorient and deny the abductees any sense of control and ability to cope, the rebel commanders engaged in senseless and wanton killing, constant movement from one location to another to avoid detection by government troops and forcing the abductees to engage in grotesque acts of killing and mutilations of villagers in their areas of operations. During military parades, the children

Table 2. Experience of rituals in LRA captivity (n=183)

Rituals	n (%)
Prayers	181 (99)
Anointment with oil (sheanut oil)	178 (97)
Anointment with blood	37 (20)
Carrying head or body parts of dead people	13 (7)
Drinking blood and/or blood in food	11 (6)
Dressing in clothes removed from dead bodies	9 (5)

were asked to turn their backs to the rebel leaders who would be addressing them. This was intended to hide the identity of rebel leaders and create an aura of mysticism, a wall of fear, and awe for the rebel leaders. On another occasion, the children revealed in an interview that a notorious rebel commander suddenly appeared and accused two boys seated next to each other of thinking of escaping. He told them that he could read their minds and could also see it from their faces. The rebel commander ordered the others to beat them to death.

In addition, the abductees were forced to participate in several rituals meant to control them psychologically and bind them to the rebel group (Table 2). A former abductee narrated one of the rituals he underwent while in captivity:

“Sheanut butter mixed with soil was smeared on our bodies. The ceremony was meant to give us spiritual strength to fight. I believe the sheanut butter gave us that courage. It was also protecting us because very few at that time got injured. If you followed the rules, nothing happened to you.”

Most former abductees reported that the LRA leader could read their inner-most thoughts, can prophesy whatever will happen to them, and is endowed with supernatural powers as one of them said in an interview:

“Even now as we talk, he is listening to

Table 3. Regression analyses of gender, other war experiences, and torture on PTSD symptoms.

	Avoidance	Intrusion	Arousal	IES-R Total
	β	β	β	β
Step 1 Gender	0.21 ***	0.23 ***	0.20 ***	0.24 ***
Step 2 Other traumatic experiences	0.38 ***	0.33 ***	0.37 ***	0.39 ***
Step 3 Experience of torture	0.54 ***	0.51 ***	0.57 ***	0.61 ***
Total % of variance explained (R ²)	48.0%	42.2%	50.2%	58.1%

a) Greater likelihood for boys than girls
 *) $p < 0.05$, **) $p < 0.01$, ***) $p < 0.001$

us, he knows what is going to happen next, and can tell you what you thinking about...”

The experience of torture and other traumatic life events

To investigate the relationship between the experience of torture and other traumatic life events on the one hand and subscales of the IES-R on the other, multiple regression analyses were performed in three steps (Table 3). Gender was entered into the regression analyses in step 1 to adjust for any possible confounding by gender. Significant effects were produced for gender on all the subscales of IES-R but interaction terms did not reach significance. This could be because of the relatively small number of girls in the study. The experience of other traumatic experiences (not related to captivity or abduction) was entered in step 2, helping to explain an additional 14.4% of the variance for avoidance, 10.9% for intrusion, 13.7% for arousal, and 15.2% for total IES-R. Adolescents with higher scores on IES-R subscales experienced more torture. The experience of torture was entered in the last step explaining additional 29.2% of the variance for avoidance, 26% of the variance for intrusion, 32.5% of the variance for arousal, and 37% of the variance for the total IES-R score. The findings indicate that adolescents who experienced more torture scored higher on IES-R subscales.

Discussion

In this study, it was demonstrated that the children were subjected to torture in captivity by the LRA. Incidents of physical torture were more common among boys than girls. Many of the children were flogged with sticks and wires, others were injured during battles, and some were bruised or developed wounds as a result of long distance treks or carrying heavy weights. Sexual abuse was reported only by female participants. Although reported by girls only, sexual abuse could have happened to boys as well. Societal attitudes and the sexist and traditional beliefs that men, even as children, are invulnerable to sexual victimization often leave boys confused, ashamed, humiliated, and in denial of sexual abuse. Girls did not only endure physical, psychological and sexual abuse but had children fathered by rebel soldiers. Upon abduction, the rebel commanders first allocated the girls considered of age among themselves and others were distributed to trusted and loyal rebels soldiers as “wives”. Although a few said they were treated well by their “husbands”, most were ill-treated. They were told that the children will constitute the new “New Acholi ethnic group”. Sexual abuse was therefore used as a deliberate strategy by rebel soldiers to further their ambitions and philosophy.

Comparison with previous studies is limited because no previous studies have been conducted to document the use of torture against children during war. Previous information on torture in rebel captivity were based on anecdotal reports by humanitarian,³⁰ human rights organisations,⁶ and surveys based on reports by opinion leaders, government officials,³¹⁻³³ among others. For example, in Sierra Leone, 94 per cent of families surveyed during the war had experienced torture and sexual assaults including rape and sexual slavery³¹ and in Nepal, children as young as 10 were used as porters, spies, informants, bomb planters by Maoists rebel groups.^{32, 33} Nepalese military and police are reported to have tortured children whose parents were suspected of being Maoists rebels to extract information from them.^{32, 33} In the Democratic Republic of Congo, gross abuses were committed by both rebel and government troops: rape of women and young girls, sexually explicit torture against women such as cutting or shooting of women in their genitalia.^{6, 34}

Physical abuse

The main goals of torture methods used were as follows: First to break the bond among the children and make them totally dependent on their rebel commanders. Rebel commanders forced the children to abuse each other to create an atmosphere of suspicion and mistrust to keep them in the rebel ranks consistent with the torture model postulated by Suedfeld³ This involved inducing the four states of mind: debilitation, dependency, dread and disorientation. Second, to break the bonds between the children and their communities by making them commit atrocities against their own people. Third, to create a totally new identity that would characterise the rebel

organisation's notion of a "New Acholi ethnic group".

Another aspect to the conflict is that the LRA employs a mixture of traditional rituals, pseudo-Christian mysticism, and cult-like means to control its followers.³⁵ A former Catholic altar boy, the LRA leader Joseph Kony has said he aims to create a Ugandan government based on the Biblical Ten Commandments.³⁵ In addition to the ordeal of abduction, the abductees undergo elaborate rituals aimed at cleansing and preparing them to become new members of the rebel group. For example, immediately upon abduction, the children are anointed with oil or blood^{22, 23} the blood and oil is smeared on their forehead, back of their hands and on their backs. Some of the children are caned as a form of "combat hardening". Others are made to carry body parts of those who are killed or sleep near dead bodies to instil courage in them.^{22, 23} After these rituals, they are declared members of the "New Acholi ethnic group". All these rituals were designed to create not only a new identity but also fear. The rituals bound them to the organisation and any breach of the terms of the rituals would result in bad luck or even death.

Many of the children bear large scars/keloids on their bodies, constantly reminding them of the torture they underwent while in rebel captivity. The scars are a result of beatings, burns, bullet wounds, walking long distances, carrying heavy loads, carrying the wounded or sick commanders, carrying big guns, ammunitions and food items. Our findings agree with reports on war affected children in Rwanda and Sierra Leone after the genocide and civil war respectively.^{36, 37}

In Northern Uganda, abducted girls faced multiple traumas. Many endured abduction, witnessed atrocities, participated in

combats, lost loved ones, and were tortured and sexually abused. Even worse, many of the girls who had children fathered by rebel commanders bear new care-giving burdens and endure discrimination and stigmatisation from the community. They are often shunned by men and referred to as “widows” or “mothers of Kony’s children”. Thus, they are humiliated, ashamed, and bitter about their situations.

PTS symptomatology

The majority of the children had very high scores on the IES-R scales often associated with PTSD in many western societies. This is consistent with previous studies in Sierra Leone and Rwanda^{36, 37} and other parts of the world⁴ where the adolescents surveyed showed clinically significant PTSD symptoms and reactions. The children reported high avoidance activities, intrusive thoughts and images besides hyper-arousal symptoms. Like in the Sierra Leone and Rwanda study, several limitations need to be considered. Without a thorough and sufficient diagnosis of PTSD, it is not possible to specify that all the clinically significant cases meet the criteria for PTSD. Preferably, measures developed and authenticated for this particular culture could have been used. However, such measures are not available in many African countries including Uganda. Despite criticism of using measures developed in the West and cultural differences in registering trauma^{38, 39} recent studies show that massive trauma transcends cultural and social barriers.⁴⁰

This study has a number of strengths. First, to the best of my knowledge, this study is the first attempt to empirically document torture against children in rebel captivity in African hot spots. Second, evidence of torture was corroborated by parents/guardians interview-based reports, thus making

the evidence of torture credible. Third, corroboration with reports of interviews with parents and physical examination might have reduced the influence of informant bias.

The limitation for this study is the cross-sectional design and reliance on self-reports on mental health outcomes. Physical examination was performed on only 60 of the 183 participants for logistic reasons and time constrains. However, many with torture-induced skin lesions could easily be found in the rehabilitation centres.

Conclusion

The experience of physical trauma by the children is consistent with histories and reports filed upon admission to the rehabilitation centres. Scars/keloids were clearly visible in different parts of their bodies as a result of burns, beatings, carrying heavy objects, gunshots, cuts with bayonets and machetes, long distance treks, etc. The alleged tortures were corroborated by reports from interviews with the children and their parents/guardian upon admission at the rehabilitation centres. The children showed high degrees of psychological distress partly explained by their experiences of torture. The impact of debilitation, dependency, dread and disorientation the perpetrators induce in victims may be just as long-lasting as the physical consequences of the torture. The challenge for clinicians is to employ a holistic approach to handle survivors of torture by treating not only the physical complaints but also the psychological symptoms. Psychological symptoms may present as somatic complaints. Future studies could benefit from longitudinal multidisciplinary studies aimed at assessing the physical, psychological and other impacts of torture on the long-term development of the children.

References

1. Amnesty International Report 2008. London: Amnesty International, 2008.
2. Amnesty International Report 2007. London: Amnesty International, 2007.
3. Suedfeld P, ed. Psychology and torture. Clinical and community psychology. New York: Hemisphere Publishing Corporation, 1990.
4. Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *JAMA* 2009;302:537-49.
5. Pham PN, Vinck P, Stover E. Returning home: forced conscription, reintegration, and mental health status of former abductees of the Lord's Resistance Army in northern Uganda. *BMC Psychiatry* 2009;9:23 May 16. DOI:10.1186/1471-244X-9-23.
6. Soldiers who rape, commanders who condone: sexual violence and military reform in the Democratic Republic of Congo. Human Rights Watch, 2009.
7. Cohn J, Danielsen L, Holzer KIM et al. A study of Chilean refugee children in Denmark. *Lancet* 1985;437-8.
8. Macksoud MS. Assessing war trauma in children: a case of Lebanese children. *J Refugee Studies* 1992;1-15.
9. Yule W, Williams RM. Post-traumatic stress reactions in children. *J Trauma Stress* 1990;3:279-95.
10. Goldstein RD, Wampler NS, Wise PH. War experiences and distress symptoms of Bosnian children. *Pediatrics* 1997;100:873-8.
11. Kaplan SJ. Post-traumatic stress disorder in children and adolescents: a clinical overview. *Jacksonville Medicine*, 2001. www.tgila.com.
12. Smith P, Perrin S, Yule W, Hacam B, Stuvland R. War exposure among children from Bosnia-Herzegovina: psychological adjustment in a community sample. *J Trauma Stress* 2002;15: 147-56.
13. Thabet AM, Vostanis P. Posttraumatic stress reactions in children of war. *J Child Psychol Psychiatry* 1999;40:385-391.
14. Tedeschi RG. Violence transformed: posttraumatic growth in survivors and their societies. *Aggression and Violent Behaviour* 1999;4:319-34.
15. Museveni Y. Sowing the mustard seed: the struggle for freedom and democracy in Uganda. *Basingstoke*: Macmillan, 1997.
16. Schubert F. Guerrillas don't die easily: everyday life in wartime and the guerrilla myth in the National Resistance Army in Uganda, 1981-1986. *International Review of Social History* 2006;51:93-111.
17. Kayihura K. Uganda: the integration of child soldiers into the school system. Association for the Development of Education in Africa, 2000. www.adeanet.org
18. Gersony R. The anguish of northern Uganda: results of a field-based assessment of the civil conflicts in northern Uganda. Kampala: USAID, 1997:105.
19. UNICEF. The state of the world's children. Oxford: Oxford University Press, 2004.
20. Women's Commission Report. From the ground up: education and livelihoods in southern Sudan. New York: Women's Commission, 2007.
21. UNICEF. Northern Uganda psychosocial needs assessment report. Kisubi, Uganda: Marianum Press, 1998.
22. Amone-P'Olak K. A study of the psychological state of former abducted children at Gulu World Vision Trauma Centre. *Torture* 2004;14:24-34.
23. Amone-P'Olak K. Psychological impact of war and sexual abuse among adolescent girls in northern Uganda. *Intervention* 2005;3:33-45.
24. Amone-P'Olak K. Mental states of adolescents exposed to war in Uganda: finding appropriate methods of rehabilitation. *Torture* 2006;16:93-107.
25. Amone-P'Olak K. Adolescents caught between fires: cognitive emotion regulation in response to war experiences in northern Uganda. *Journal of Adolescence* 2007;30:655-69.
26. Ehrenreich R. The scars of death: children abducted by the Lord's Resistance Army in Uganda. New York: Human Rights Watch, 1997:78.
27. Women's Commission Report. Against all odds: surviving the war on adolescents. Promoting the protection and capacity of Ugandan and Sudanese adolescents in northern Uganda. New York: Women's Commission, 2001.
28. Melamed BG, Melamed JL et al. Psychological consequences of torture: a need to formulate new strategies for research. In: Suedfeld P, ed. Psychology and torture. New York: Hemisphere Publishing Corporation, 1990:13-30.
29. Weiss D, Marmar CR. The impact of events scale - revised. In: Keane T, ed. Assessing psychological trauma and PTSD. New York: Guilford, 1997.
30. State of the world's mothers: protecting women and children in war and conflict. Save the Children, 2003. www.savethechildren.org/jump.jsp?path=/publications/mothers/2003/SOWMP-DDFfulldocument2.pdf.

31. Rehn E, Sirleaf EJ. Women, war and peace: the independent experts' assessment on the impact of armed conflict on women and women's role in peace-building. New York: UNIFEM, 2002:9.
32. World Report 2001. Human Rights Watch, 2001. www.hrw.org/wr2k1/children/child2.html.
33. UNICEF. Head urges maoists to halt use of child soldiers. UN Wire. New York: United Nations Foundation, 2003.
34. Matheson I. DR Congo's women in the front-line. BBC News, Nov 6, 2002. <http://news.bbc.co.uk/2/hi/africa/2405563.stm>.
35. Dolan C. Understanding war and its continuation: the case of northern Uganda [PhD dissertation]. London: University of London, 2005.
36. De Jong K, de Mulhern M, Van der Kam S. Assessing trauma in Sierra Leone. Psychosocial questionnaire. Freetown Survey Outcomes, 2000. www.aerzte-ohne-grenzen.de/_media/1211_msf.
37. Dyregrov A, Gupta L, Gjestad R, Mukanoheli E. Trauma exposure and psychological reactions to genocide among Rwandan children. *J Trauma Stress* 2000;13:3-21.
38. Bracken PJ, Giller JE, Summerfield D. Psychological responses to war and atrocity: the limitations of current concept. *Social Science and Medicine* 1995;40:1073-82.
39. Sack WH, Seeley JR, Clarke GN. Does PTSD transcend barriers? A study from the Khmer Adolescent Refugee Project. *J Am Acad Child Psychiatry* 1997;36:49-54.
40. Dyregrov A, Gupta L, Gjestad R, Raundalen ME. Is the culture always right? *Traumatology* 1996;8(3):1-10.