



**Upholding the Right to Health and Life with Dignity: An Analysis of Gender and Sexual Diverse Youths' Experiences of State-Sanctioned Violence in Uganda During the COVID-19 Pandemic.**

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## **ACKNOWLEDGEMENT**

We extend our heartfelt gratitude to The Taala Foundation and its esteemed partners for their unwavering support and commitment to the cause of promoting mental health and overall well-being of marginalised gender and sexual diverse persons in Uganda. Their invaluable contributions have been instrumental in making this paper a reality.

We stand in awe of the bravery and fortitude of the individuals whose daily lives are plagued by danger and discrimination. Their resilience in the face of adversity is a testament to the indomitable spirit of the human soul. It is with deep admiration and respect that we acknowledge their courage and acknowledge their struggles. The fight for justice and equality is ongoing, and we remain steadfast in our commitment to stand in solidarity with them. A Luta Continua.

## INTRODUCTION

This research paper is a body of research compiled as a buildup of The Taala Foundation's emergency psychological response program. This program was birthed following a number of mass arrest incidents since the COVID-19 outbreak in 2020 and the lockdown measures that followed through to 2021. The paper is grounded in the detailed experiences of 40 real or perceived gender and sexual minorities that were raided by police in Nansana, in June 2021. This document "surfaces some of the worst psychological, physiological and social consequences of police brutality towards these individuals". Furthermore, it makes a case for state accountability as well as intentional systemic social change, positing their role as critical to securing and maintaining the underlying determinants of positive health.

To the best of our knowledge, at the time of this publication's release, none of these individuals was undergoing any therapeutic intervention.

### **The prevailing context**

Experiences of stigma and discrimination among gender and sexual diverse (GSD) individuals vary across sexual orientation, gender lines, social class and different age groups. While the Constitution of Uganda declares protection for all persons, GSD people continue to face stigma and discrimination from the society around them. For example, GSD youth in Uganda report enduring physical assault, and verbal and emotional abuse once their "non-conforming" sexuality or gender and expression are discovered by family members or immediate communities. In many cases, families or immediate communities will either disown those individuals or push them out of their homes in the hope that punishing them will alter or convert their sexual orientation, gender identity or expression (OutRight Action International, 2019; see also openDemocracy, 2021). GSD youth then end up homeless and without the social support that would guarantee them the right to access everyday basics. In response to the status quo, under-resourced shelters and group homes have popped up to fill the need for emergency housing and safety among this populace.

While gender and sexual diverse persons have always existed resiliently against the status quo, the ever-increasing social-political homophobia continues to subdue these communities. Since 2017, there has been a rise in state-sponsored violence targeting real or perceived GSD youth denying them freedom of association and assembly, inflicting torture, cruel and other forms of inhumane treatment. The continued disruption of social events, as well as mass arrests targeting social spaces like events, bars and, more recently, group homes, have been well documented in incidents like the 2016 Pride Event raid (Human Rights Watch, 2016) the RAM 100 raid (Observer Uganda, 2019), the COSF 20 (Ghoshal, 2020; see also Appendix I) and more recently the Happy Family 44 (African Human Rights Coalition, 2021).

## Police brutality towards gender and sexual minorities

According to the Daily Monitor of April 04, 2020, police arrested two of their colleagues and a member of a village defence unit who reportedly beat up a pregnant woman after accusing her of flouting orders against crowding in bars and public spaces. Ms. Nakate, 23, a resident of Busega, Kibumbiro village in Rubaga Division, Kampala, was reportedly beaten on March 27 by a group of policemen and village defence unit officials who were conducting a patrol. According to Ms. Nakate, who was seven months pregnant, on a fateful night, she had moved out of her house to buy a herbal remedy (emumbwa), when the rain forced her to seek shelter at a common makeshift socialization facility used by residents. "It was then that the policemen who were on patrol found us and immediately began beating us".

This is just one of many cases where Ugandan law enforcement officials are caught in broad day draconian interpretation and implementation of the law.

Such discord and torture extend to arresting activists demanding the rights of Lesbian, Gay, Bisexual, Trans\* and Intersex (LGBTI) individuals, for example; in October 2019, police arrested 16 activists of Let's Walk Uganda, a Community Based Organisation (CBO) working on economic empowerment for LGBTI youth. A mob surrounded their offices shouting homophobic insults and when they called the police to come and help them out, in an act of unfairness, the police instead arrested the victims (Human Rights Watch, 2019). According to Amnesty International, (see also Appendix I), on 23 March 2020, 23 young LGBTI people living in a shelter were arrested. Four were released on medical grounds. During the first three days after their arrest, the remaining 19 were charged with 'negligent acts likely to spread infectious diseases and 'disobeying legal orders. They were detained without access to their lawyers or to medical treatment. Some were denied access to antiretroviral medications. They were released on 18 May 2020, and in June the High Court awarded each a compensation of UGX5 million (US\$1,360) for being arbitrarily detained by the police for 50 days. It is important to note too that whereas some acts of police brutality are indirectly supported by the government like; the 2013 Public Order Management Act which provides law enforcement discretionary powers to permit or disallow gatherings, others, are not. For example, conducting anal examinations is not provided for in the law but police have been reported to subject real or perceived gender and sexual diverse persons to such cruel, inhuman and degrading treatment (Human Rights Watch, 2016, see also; ABS-CBN news, 2019) in direct violation of their right to health and life with dignity. Thus, we should place our blame partly on the personal characteristics and biases of the law enforcers, whose gross misconduct is synonymous with violent and sadistic abuse of the law at the expense of these minority populations.

According to gender and sexual minorities, the police in Uganda continue to be one of the major perpetrators of violence and instigator of hate towards such individuals, in spite of efforts by NGOs, CSOs and the like, that have laboured to train law enforcers on how to handle GSD cases. The attacks on gender and sexual diverse individuals have taken place against a backdrop of

homophobic discourse from high-ranking government officials. For example, in October 2020, the former Ethics and Integrity Minister Simon Lokodo told reporters that parliament is planning to introduce a bill that would criminalize the so-called ‘promotion and recruitment’ by gay people and would include the death penalty for consensual same-sex acts. Also, Security Minister Gen. Elly Tumwine was quoted saying that LGBTQ people are linked to alleged terrorist groups (Human Rights Watch, 2019). During the general elections held in January 2021, homophobic rhetoric heightened as the President linked homosexuals to political opposition (Nile Post, 2020). Such approaches are bound to have an impact on the physical and mental health of GSD individuals in ways unknown since this group continuously has to avoid the same individuals meant to protect them. Despite all this, no known targeted or focused mental health intervention has been extended to this group beyond the interventions that are implemented by institutions like the Taala Foundation, whose work primarily focuses on access to comprehensive mental health and wellbeing support of GSD youth.

### **Case Study: The 40 youth raided by the police.**

This paper documents some of the worst consequences of police brutality towards gender and sexual diverse persons that were recently arrested for hosting a wedding during the pandemic and further surfaces the mental health impact of police brutality on these individuals. It is unclear why they were treated in an inhumane way compared to other Ugandans who are simply detained by police and charged. These individuals were physically, sexually, emotionally, and socially violated and arrested without clear reasons. They were later charged for spreading COVID-19 during a pandemic. However, it is unclear why only these individuals got the beating and shaming that no other Ugandan caught in bars and other acts have never been violated that way.

The group of participants covered in this paper were raided while at a certain venue together having a good time. It does not matter, and it should not matter to the reader of this document whether these individuals were attending a birthday party or decided to celebrate marriage. The individuals in this report (despite being members of the LGBT community), just like any other Ugandan, have a right to shelter in and enjoy a life that any other citizen enjoys while in Uganda. Suffice to say, the judge they faced, charged them with failure to observe COVID-19 regulations and of course spreading the infections since 40 of them exceeded the number that the presidential order had detailed. In fact, no parties or celebrations of any nature had been approved by any official. So, while they were guilty of getting caught in such an irresponsible act during a pandemic we have seen and heard stories of many Ugandans caught drunk and partying but never subjected to the press, humiliation, dehumanizing, incarceration, sexual violation and threats to life like what happened to these subjects.

## METHODS

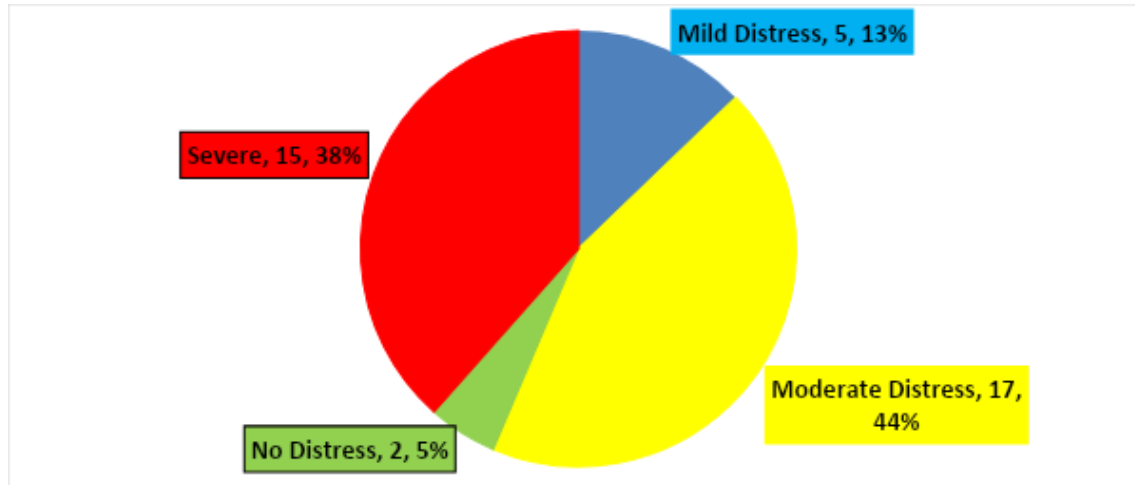
This study included 40 individuals, the majority of whom (-1) belong to the GSD community and self-identified as either gay, lesbian, trans male, trans female or bisexual. 39 individuals were 18 years and above, except one individual who identified as gay aged 14 years old. Quantitative methods of assessment were used, specifically, questionnaires screening for levels of distress, depression, functioning and trauma symptoms. The inquiry also used qualitative methods by conducting an in-depth interview that also included brief counselling. The next section presents the quantitative results which will be followed by qualitative results.

## QUANTITATIVE RESULTS

### Screening for Distress

Distress is measured using the Self-Reporting Questionnaire-20 (SRQ-20), a 20-item self-administered questionnaire. The items in the SRQ address each level of the Affective, Behavioral and Cognitive (ABC) model, such as emotional regulation, energy and interest, and concentration. Items are answered yes or no, with a maximum score of 20. If the individual scores are 6 or less, they are assumed to have no symptoms of distress, between 7 and 10 indicate mild distress, 11-15 is moderate and greater than 15 is severe distress.

**Figure 1: Levels of distress**

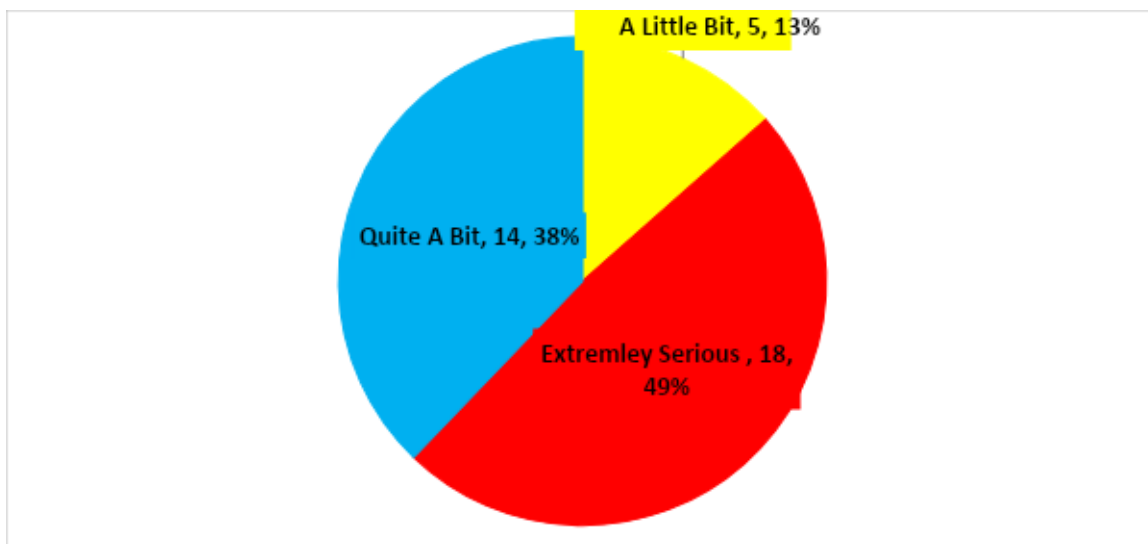


Results (See Figure 1) show that 15 (38%) of the screened clients were severely distressed and they needed thorough management. Further, results (see Figure 1) indicate that most of the clients have some distress and they need programmatic management of their problems and the underlying causes. It is important to emphasise that only 5 per cent of the respondents screened registered no distress, which is a low figure.

### Screening for trauma

Harvard Trauma Questionnaire (HTQ), a 16-item self-reporting questionnaire assessing the presence of common trauma symptoms such as nightmares, rumination and avoidance was used. Even though the purpose of administering this questionnaire was not to diagnose post-traumatic stress disorder (PTSD), many experts have used the tool to screen for PTSD. In this inquiry, we used the HTQ to screen for traumatic symptoms without the need to diagnose anyone with PTSD since the duration of this assessment did not satisfy or meet such criteria. Scores on the HTQ have meanings as follows: items are scored on a 4-point Likert scale ranging from 'not at all' to 'extremely'. If the individual scores 16 or below, they are not likely to be experiencing post-traumatic symptoms. If they score 17-32, they are experiencing mild post-traumatic stress; 33-48, moderate post-traumatic stress, and 49-64, extreme post-traumatic stress. None were diagnosed with PTSD because this was not the purpose of the assessment and individuals had not experienced traumatic events in the duration or a time that would meet such a diagnosis.

**Figure 2: Traumatic Symptoms**



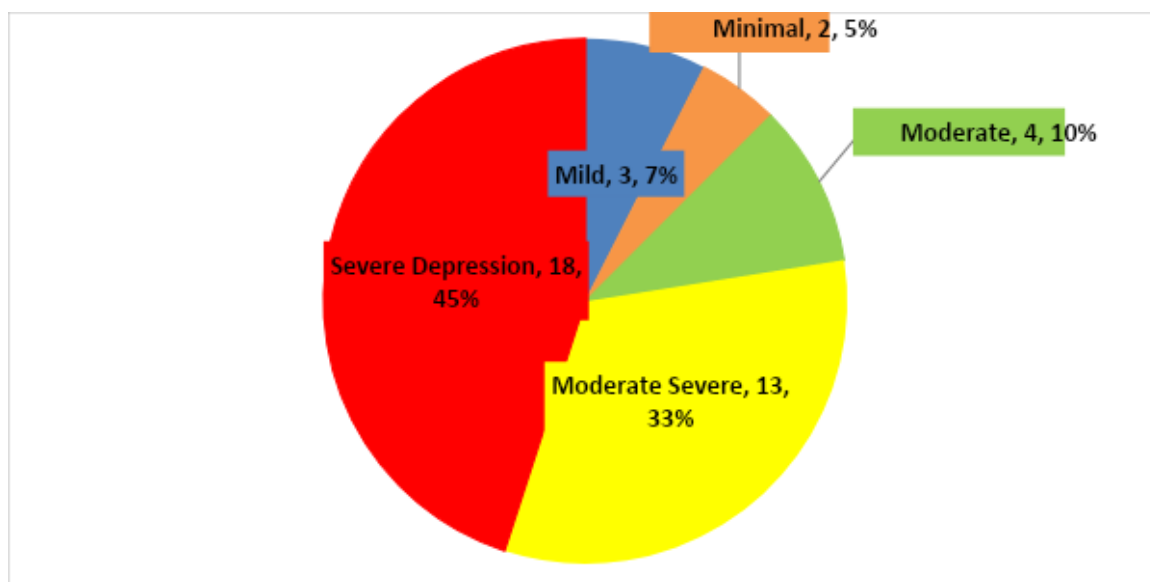
Results (see Figure 2) indicate that 18 (49%) of the interviewed clients had severe symptoms of trauma and they needed more attention to ensure that they disrupt the development of PTSD. While not everyone goes on to develop and struggle with PTSD, it is important for these individuals to get support, regardless of whether they are likely to develop PTSD or not. In addition, this population has further been alienated from friends and loved ones and many lost their jobs as a result of being exposed on national television. This might imply that they are most likely to experience more severe symptoms than reduction unless significant support is extended to them.



### Screening for depression

The PHQ-9 is a more comprehensive tool. It is known as the primary healthcare questionnaire and has been widely used to screen for depression. The PHQ-9 can be used to diagnose depression and to classify the level of depression. Depression is graded in five levels: minimal ( $\leq 4$ ), mild (5-9), moderate (10-14), moderate-severe (15-19), and severe ( $\geq 20$ ). The PHQ-9 tool also assesses whether the individual is suicidal. The table below gives the distribution of severity levels of depression and suicidality among the clients assessed on PHQ-9. Since the individuals screened would meet the time duration required to diagnose depression and the tool administered can be used to detect depression, it is noteworthy to highlight that detected cases of depression were found and highlighted accordingly.

**Figure 3: Levels of depression**



Results (see Figure 3) show that 18 (45%) of the clients had severe depression. In this case, it can be highly recommended that they receive ongoing support to ensure that their overall wellbeing and functioning improve. Many participants were struggling with some symptoms of depression and worth noting that only two individuals (5 per cent) registered minimal symptoms of depression.

### Functioning amongst the subjects screened

The functioning scale used is a 5-item self-reporting questionnaire administered to those with at least mild depression. The categories are field activities (i.e. tending to land for men, fetching water for women); household activities, work and school functioning, social functioning and personal hygiene. There is a 3-point Likert response scale which offers 'Yes', 'Yes, but not like I used to', and 'No' as response options. Should an individual score 4 or less, they are considered to be poorly functioning, if the score is between 5 and 7, they are functioning relatively well, and if the individual scores above 7, they are functioning very well. Functioning when taken alone may not paint a picture of overall well-being as some individuals might, at different times in their lives see

levels of functioning change accordingly. So, the data linking levels of functioning directly to levels of depression were analysed to try and predict whether earlier results would lead to significant conclusions as shown in Table 1.

**Table 1: Relationship between the level of functioning and depression**

<b>Functioning Level</b>	<b>Mild</b>	<b>Moderate</b>	<b>Moderately Severe</b>	<b>Severe</b>	<b>Total</b>
Functioning Well	5	2	5	2	<b>14</b>
Poor Functioning		1	3	8	<b>12</b>
Relative Functioning		1	5	8	<b>14</b>
<b>Grand Total</b>	<b>5</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>40</b>

Results (see Table 1) indicate that only individuals functioning well (5) on a day to day tasks registered mild symptoms of depression. All other subjects from poorly functioning to relatively functioning either registered severe symptoms of depression or moderately were struggling with depression. It is important to highlight the importance of getting these subjects the help they need to process and use in their day to day life otherwise what the results indicate might get worse.

**Table 2: Relationship between Depression and Distress**

<b>Level of depression</b>	<b>No Distress</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Total</b>
Mild		2	1		3
Minimal	1		1		2
Moderate	1	1	1		3
Moderate Severe		2	6	5	13
Severe Depression			8	10	18
<b>Grand Total</b>	<b>2</b>	<b>5</b>	<b>17</b>	<b>15</b>	<b>40</b>

In order to make sense of the nature of distress experienced by all the subjects and its implication on their overall wellbeing, a cross-tabulation was run to establish the relationship between distress and levels of depression. Most subjects had reported high levels of both distress and depression but it was not yet established whether there was a causal relationship between these two (see Figures 1 and 3 respectively). Results (see Table 2) indicated that as the level of distress increased so did the level of severity of depressive symptoms. This is not an automatic relationship even though one might think it is obvious. It is important to intervene and ensure that the level of distress currently experienced by these individuals is disrupted or their depressive symptoms are likely going to become chronic which is dangerous.

**Table 3: Relationship between functioning and trauma**

<b>Functioning levels</b>	<b>A Little Bit</b>	<b>Quite a Bit</b>	<b>Extremely Serious</b>	<b>Total</b>
Functioning Well	3	7	3	13
Poor functioning	1	2	8	11
Relative Functioning	1	5	7	13
<b>Grand Total</b>	<b>5</b>	<b>14</b>	<b>18</b>	<b>37</b>

Most of the severely traumatised subjects significantly registered low levels of functioning (see Table 3). It is highly recommended that these individuals receive help to manage the trauma so as to improve their level of functioning. It can be predicted with research evidence that if these individuals do not receive mental health and psychosocial support they are highly likely to develop post-traumatic stress disorder which will require specialised care and treatment and in the long run tougher to manage.

### **Qualitative Findings**

All 40 participants were interviewed. Interviews lasted between 30-59 minutes for each participant. The interviews were designed to be both therapeutic but also to conduct an assessment of the experiences of participants who had earlier completed various psychological questionnaires. The interview covered daily functioning and personal wellbeing after the arrest. This section is intended to be an extension of the quantitative results but will also uncover new findings with the aim of supporting and raising the voices of the participants. The section presents major findings from the interviews described using four themes including **experiences of the arrest**, **impact of the arrest**, and **current functioning**. This section also presents the implications of the findings and conclusion.

### **Experiences of the arrest**

Four individuals reported that they had a background of arrest while the rest were arrested for the first time. The arrest was reported with a lot of anger, pain, guilt, shock and regret attached to it.

**Anger:** Each participant except those who stayed at the home where the party was hosted (2) and two (2) others who worked for the administration of the home stressed that they specifically demanded to know about the security situation but were reassured that everything was fine. They reported that the organizers had received clearance from the police that security is guaranteed only to be ambushed with so much violence. Anger is explained by expressing that they doubted the

safety and intentions of organizers but allowed themselves to be fooled. The four individuals who weren't part of the initial organization were angry because they were observers caught being in the right place with "the wrong people." They were angry because their pleas were ignored despite efforts to explain.

**Pain:** To sum up the responses from all participants would be unfair. Pain is a word that was used by each participant. The pain was described as something that constantly reappears because of describing the experiences of the arrest. Participants reported that they were beaten repeatedly, physically, socially, emotionally and, for a few, sexually abused by both the law enforcement officers and communities that were present to witness the arrest.

**Guilt:** One participant who was hired to do make-up and was not part of the community only cared about her business which she was about to lose because she appeared alongside the individuals who had been arrested. Furthermore, she reported that she knew that some individuals had been frequenting her business, but she covered up for them whenever people asked questions. She noted that her cover was blown when news broke, and she appeared in the news alongside the same lot. She did feel guilty because since her business is mobile, she was paid and went to do a job. However, all the other participants stated that when the magistrate sentenced them to jail for having spread COVID through their party they did not have any defence. Most of them had lied to their partners and families about where they were going and what they were going to do. Appearing in the news and through social media made them feel so guilty they wanted to disappear.

**Shock:** During the excitement of the party, the happiness, the calm and the joy to be with people they had not met in a long time became a near-death experience. Many reported that they were caught unaware and without suspicion. Some had spent a night at the venue, and some had just arrived. To their surprise and shock, as soon as all the expected guests arrived, so did the police. A few people escaped and two lucky ones who had cash on them bribed one officer and were shown a way off to further the shock of those who went on to receive more beatings. The shock continued as the police reported to them that they were aware of all their plans. The police told them that one of them updated them about each development up until the point when the last expected guest arrived. This made them question the company they were in.

**Regret:** There was an argument that the country was technically not under lockdown and many Ugandans were partying at different occasions. This group had no intentions of spreading Covid, but they knew that under the law the magistrate could not use their sexual orientation to arrest them and send them to jail but used a loophole of Covid. They regretted meeting up with friends, regretted trusting friends, and regretted believing friends about security concerns when their conscience was against the party. The worst expression was when one participant reported that "I have never loved the idea of meeting others like me because they are always up to no good. My first time and I got arrested."

The rest happened so suddenly that many reported having no time to process what was happening. Some reported that they shut down and just watched everything happen. This is closely linked to the traumatic reports that are corroborated by the quantitative results.

### **Impact of the Arrest**

This is the most elaborate section of the qualitative results. The impact of the arrest can be categorized into biological, psychological and social consequences. Due to the nature of the content, this document will not elaborate on some aspects:

#### *a) Biological consequences*

Three participants reported that they have medical conditions that required them to be on medication, but they missed taking medication from the arrest until they were released. Some participants reported that due to the harsh treatment they underwent they fell sick, and no medical attention was offered. From the beatings alone, many still experience pain and they were left with scars. It is important to remember that the near-death experiences that some of the participants can only be described by referring to trauma and sometimes retraumatizing of individuals by the law enforcement official who in actual sense were and are meant to protect them.

#### *b) Psychological consequences*

The psychological consequences have already been presented through the quantitative findings. Many participants reported experiencing bouts of anxiety, depression, trauma, questions about their identity, as well as loss of hope.

**Trauma:** Throughout the arrest, the world got to see first-hand in a matter of minutes what and who these individuals looked like. Second, many participants reported that before the arrest their identities, sexual orientation, and purpose in life remained insignificant. However, as soon as the arrest took place, they were thrown into jail everyone found out that they belong to the LGBTQ community, and they experienced traumatic events while in jail. For example, one participant explicitly recounted how while in jail a fellow prisoner in the company of three others forced themselves on them. This was very difficult to report. The shame that comes with only surviving because other people came to use the washroom which scared off the rapists confirmed that one is not safe anywhere. While in jail many inmates including the leadership of the jail continued to shame them by calling them names to literally make them feel worthless. The message was very clear: You are not wanted and when given a chance or space we shall harm you. The hate experienced was so strong they still question safety even when they are in a new place.

**Anxiety:** Many participants reported that they were experiencing anxiety which was manifested through the following issues; the things that they used to do easily were now difficult. For example, taking a walk, visiting friends, passing via a security officer, and living life alone. Many participants reported that they find it difficult to sleep because they are afraid that something bad is going to

happen while they are asleep. Second, others reported that they wake up in the middle of the night having nightmares and completely fail to go back to sleep. It is important to note that the arrest had happened about two months ago, but participants expressed that it is as if they were experiencing it just now and that even talking about it was as if they were getting re-traumatized. While many expressed satisfaction talking to a helper, they all felt like their world was falling apart and that there was nothing they could do about it.

**Depression:** It is very normal for individuals who have gone through traumatic experiences and lost so much in the process to feel sad. However, it's also very important to note that many of the participants described being in a depressive state and continued to elaborate that they had been feeling that way for a very long time. Second, many described experiencing sleeping difficulties manifested through the inability to fall asleep. In fact, many said that they hadn't slept well in a long time. It has to be pointed out that very many of them reported that they wished they were dead. And they continued to express the fact that they were having suicidal thoughts which were very painful to listen to. The arrest almost emphasized, punctuated unconfirmed the feeling of worthlessness which they reported had always been there. Many of them reported that they were doing so much to distract themselves but with the sole reason of trying to escape from the sadness that seemed not to go away.

### *c) Social Consequences*

The social consequences of the arrest stand out because 90 per cent of the participants narrated them. To put matters into perspective, there was no participant who expressed that their family knew their sexual orientation or gender and expression. In fact, some shared that they had run away from home for a long time and they did not care whether their families and friends saw the video and heard the news or not. Further, at this party they attended, none of them had directly communicated to their partners, families, and friends that they would be attending such a party with friends who are a part of the LGBTI community. The following are some of the consequences.

**Family conflicts:** The participants that were still in touch with their families or living with their relatives experienced terror. First, once communities found out the identities of these individuals shown in the videos it was reported that locally the families were attacked. Also, families reiterated and attacked the individuals for bringing shame to the families. Many were chased away from home for the safety of their family or they ran for safety. It was also reported that a few were excommunicated. Generally speaking, many agreed that their families were suffering because they had just found out about their identities and unfortunately had no time to dialogue about it. These ongoing conflicts bring pain, and sadness on a daily basis since communication totally broke down.

**Social isolation:** Before the arrest, many individuals reported that they had fun and moved about anywhere with many friends. However, since the public arrest and "forced outing" it has been

impossible to go out and go about one's business. Many friends were reported to have threatened to either hurt them or wanted nothing to do with them anymore. In fact, to remain safe many had opted to go to a safe home to recover from the beatings, incarceration and family wrangles. Living in a new environment with a constant fear that someone might identify you and hurt you or retraumatize you is tough. Many spend days and nights in their rooms in fear of being hurt.

**Shame and stigma:** The nature, form, and speed at which public shaming happened will not be forgotten by these individuals. So many theories were shared in regard to how this possibly happened. However, all participants confirmed that in real-time as the videos were being taken from the safe house or during interviews at the police station or in jail it was clear that deliberate shaming was taking place. The nature of stigma the individuals experienced and continue to experience is beyond imagination. Eight (8) participants reported that they continue to receive phone calls threatening and shaming them for having appeared in the videos. It is unclear what these individuals thought or imagined would happen but it is clear that the nature of arrest and publicity was something they never imagined, let alone anticipated.

**Change in identity:** None of the participants was openly a member of the LGBTQ community. From the time they were forced out of the closet, their lives have changed and everyone refers to them as the "Homos" or any insulting slang used to refer to any member of the LGBTQ community. A few confirmed that their identities remained concealed because by chance the videos that had their identities were not as interesting, so they didn't go viral. All participants reported that they have lost the independence to be who they are. The communities have labelled them and they have to live by these new narratives and identities offered by the communities.

**Separation:** Very few couples attended this coming together. In fact, many confessed that they had not informed their partners about this. It is indeed true that some had not told their friends, family and partners the truth about where they were going. Once the news broke, who they are or are perceived to be as well as who they associate with, became clear. All the 40 people interviewed except two had been forced to explain themselves, renounce their behaviour or leave. Some had to separate because of imminent threats from local people. The most hurtful issue that they all brought up was their families forcing them out.

### **Current Functioning**

As a result of the information gathered from all the participants it was important to ask about their functioning at the time of the interview. Many pointed out some of the struggles they were experiencing. The following capture their current functioning.

**Physical Functioning:** Many had been injured during and after the arrest which left them physically in pain. Many cited back issues and ongoing headaches. In fact, there is one who clearly stated that a soldier kicked him so hard he was struggling to sit or sleep without pain. Another

mentioned that he lost his eyeglasses and currently cannot move because of visual impairment. Lastly, those who were on medication missed so many days, but due to the current situation have not refilled and returned to their medication. This has caused a lot of tension and anxiety. I also spoke to three people who emphasized that they were fine and had nothing to worry about despite their terrible experiences. Individual factors are responsible for the subjective experiences of a collective incident.

**Social Functioning:** All participants reported losing friends and being in isolation now because of the sheer threats and anger they experience. Many made the decision to stay away while some made a personal decision. More than half also reported that they were no longer going out to have fun irrespective of where they are. The majority moved to isolated shelters and feared that they could easily be recognized from the videos that went viral.

**Psychological Functioning:** The participants (85%) were struggling with either transient or full-blown signs and symptoms of anxiety, depression and trauma. It is important to note that these symptoms were not addressed partially or entirely for the most part. It is therefore not surprising that many struggled to eat, sleep and concentrate on anything.

**Economic Functioning:** Most participants lost personal property including phones and clothes when the police raided the facility where they gathered. In addition, local people who watched the videos that went viral broke into some of the participants' houses and either burnt or stole their property, and those who had jobs were fired because of employers protecting their brands. A few organizations came to their aid and provided food and accommodation but not every need was met. The participants narrated how tough it is to afford the most basic needs like credit to reach out to a doctor.

## CONCLUSION

All participants who were raided had doubts about their safety and were hesitant about joining the celebration which speaks to just how infringed these individuals are. Furthermore, while the magistrate sentenced them to jail until bail was successfully processed, many Ugandans who have been caught and sentenced to jail do not go through the trauma that these individuals and other members of the GSD community endure(d) each time they get into contact with the police. The police inflicted the worst form of torture and shaming onto this group that will persist for months and years to come. The trauma narrated by this group might become severe resulting in post-traumatic stress disorder and chronic depression if no meaningful interventions are offered to this group. While many pointed out that they struggled with suicidal ideation, most organizations did not have the resources and capacity to offer them the ideal services to ensure that their well-being is catered for. It should be pointed out that the psychological well-being of these individuals has been affected and getting worse each moment no mental health intervention is provided.



## **RECOMMENDATIONS**

### **To law enforcement**

Investigate any suspected cases of torture or ill-treatment based on real or perceived sexual orientation or gender identity and make sure that it does not happen again.

Train law enforcement field officials on human rights standards in dealing with sexual and gender diverse people so that their personal opinions and biases do not cloud their judgement each time an arrest involving a sexual minority is made. Many violations are evident during police arrests which have caused more harm.

### **To non-government organisations and institutions**

Provide support to individuals within the GSD community to file a complaint about violence, torture, cruel and degrading treatment.

Avail of mental health and psychosocial services to all the affected individuals within the GSD community. Some will need specialized care as suicidal ideation was detected during the in-depth interviews. It will be important to integrate mental health services into their structure or programs being implemented by NGOs and CSOs working with minorities because their needs are unique and will need services.

### **To health care providers**

Uganda has many individuals who do not fully understand or want to accept gender and sexual minorities. As such, they perpetuate shame and stigmatize such persons and in the process of referring sexual minorities to them for treatment, it becomes retraumatizing. Health care providers ought to commit and adhere to ethical standards of care such as: doing no harm, respect and regularly updating their knowledge base on best practices when responding to GSD persons.

### **To the GSD community**

Train some members of the GSD community in mental health and psychosocial support interventions with the aim of having individuals who understand the community, and work with and for the community.

### **To the State with regard to its State obligations.**

The right to health means that governments must generate conditions in which everyone can be as healthy as possible. Such conditions range from ensuring the availability of health services, and healthy and safe working conditions, to adequate housing and nutritious food. The right to health, like all human rights, imposes on the State 3 types of obligations:

- **Respect:** This means simply not to interfere with the enjoyment of the right to health.
- **Protect:** This means ensuring that third parties (non-state actors) do not infringe upon the enjoyment of the right to health.
- **Fulfil:** This means taking positive steps to realize the right to health.

Lastly, upstream social, political, and structural determinants contribute more to health inequities than do biological factors or personal choices. Discrimination, violence, and stigma have an impact on the overall health outcomes of GSD persons. This stems from exposure to social-political adversity and structures that function to maintain the conditions thereof, as evidenced in this paper. Because of this, very clear links can be drawn between syndemic vulnerability and the presence of gender and sexual minorities on the most at-risk populations spectrum. This state of affairs is in direct contradiction with the country's stated commitments to end AIDS in accordance with Agenda 2040, and its duty to protect the rights of all its citizens including their right to health and life with dignity.

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## APPENDICES

### Appendix I: The COSF-20 (Adopted from Taala Foundation Internal Report)

On Sunday 29 March 2020, a group of Local Defence Unit (LDU) officers led by the Defence Secretary of Nkokonjeru Cell in Kyengera Town Council, Wakiso district entered onto the premises of Children of the Sun Foundation (COSF) which housed a clinic and a shelter for homeless LGBT youth. At the time, there was about 23 youth residing at the shelter at the time, in compliance with the Presidential “Stay-at-home” directives issued on 18 March 2020 in a bid to curb the spread of COVID-19. The group was charged with ‘doing a negligent act likely to cause an infectious disease’ contrary to Section 171 of the Penal Code Act, Cap 120 and remanded to Kitalya Maximum Prison until 28 April 2020. On 18 May 2020, following successful interventions by the HRAPF legal team, the Directorate of Public Prosecutions withdrew the charges against 19 of the youth before the Grade 1 Magistrates Court at Nsangi and they were released on 19 May 2020.

The Taala Foundation provided post-incident mental health support for 19 individuals via qualified clinical psychologists. Mental health screenings were carried to test for trauma and general mental health. Based on the findings from this report, The Taala Foundation filed an application in the High Court Civil Division to join Children of the Sun Foundation (COSF) Uganda and Human Rights Awareness and Promotion Forum (HRAPF) in the court case against Prisons officer Waniala Philemon, the LC III of Kyengera Town Council, and the Attorney General of Uganda. The case relates to violating the - right to freedom from torture, and cruel, inhuman and degrading treatment. The Taala Foundation intends to contribute to the case by sharing findings from the mental health intervention to speak to the impact of the arbitrary and unlawful actions conducted by the local authorities in Nsangi.

The findings from this report can be found [here](#) or by visiting [www.taalafoundation.org/resources](http://www.taalafoundation.org/resources)