THE GHOSTS OF VIOLENCE PAST: THE IMPACT OF SEXUAL VIOLENCE ON SOCIAL CAPITAL IN POST-CONFLICT UGANDA

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ABSTRACT: In northern Uganda, sexual and gender-based violence (SGBV) is particularly pronounced in the aftermath of the country's recent civil war. Abduction, assault, and rape of civilians were widespread for over two decades, countless women of multiple generations are survivors, and violence continues to be perpetrated today. This paper examines how sexual and other gender-based violence affect the willingness and capacity of survivors to participate in their communities. Though often overlooked, these psychosocial factors play a crucial role in the rebuilding processes of post-conflict societies. As illustrated by data collected in-country, SGBV has a more significant impact on social capital and pro-social behaviors among women than other "general" trauma. SGBV is also a significant predictor of post-traumatic stress disorder (PTSD), although PTSD alone does not have a significant impact on social capital variables. This study also finds support for the influence of moderating variables of social capital and the influence of self-blame in particular. These findings corroborate, but also complicate, prominent hypotheses in the literature on the psychosocial impact of traumatic events. One critical implication, then, is a call for better methods and measurement of this complex relationship.

When you stir your rice pudding, Septimus, the spoonful of jam spreads itself round making red trails like the picture of a meteor in my astronomical atlas. But if you stir backward, the jam will not come together again. Indeed, the pudding does not notice and continues to turn pink just as before. Do you think this is odd?

Tom Stoppard, *Arcadia*

I. Introduction

After conflict, states and societies are faced with an enormous amount of work in order to rebuild. With limited resources, it is difficult to determine which interventions ought to be prioritized. Northern Uganda is currently in the middle of this scenario. In 2006, the government signed a peace treaty with the Lord's Resistance Army (LRA), effectively ending two decades of brutal civil war. Now, the Ugandan government has begun working towards important goals like stabilizing democratic institutions, reconstructing and expanding infrastructure, improving health and education, and reintegrating former abducted rebel soldiers. They are joined in their efforts by the veritable flood of international aid groups that have poured into the country in the last five years of relative security. Yet, one particular cost of conflict has been consistently neglected by both post-conflict interventions and post-conflict literature: social capital.

Social capital—or, the "networks, norms, and social trust that facilitate coordination and cooperation" (Putnam 1995, 67)—is badly weakened by conflict but of critical importance to sustainable peace, stability, and prosperity. One of the ways in which social capital is most damaged is through sexual and gender-based violence (SGBV). Like most African conflict zones, rape, assault, and other deliberate abuse of women was widespread in Northern Uganda throughout the long civil war. This has not ceased with the formal end of conflict. Indeed, some literature suggests that women are actually in greater danger after the initiation of formal ceasefires (Ormhaug, Meier, & Hernes 2009; Ghobarah, Huth, & Russett 2003). Although the international community has recently begun to devote far more resources and attention to "women's issues" in post-conflict reconstruction, very few have examined the broader social costs of SGBV. In the long run, it seems possible that other post-conflict and development efforts may fall short and peace may not last if the lingering ghosts of sexual and gender-based violence are not exorcised.

The aim of this research is to determine the impact of widespread sexual and gender-based violence on social capital in northern Uganda. Building on two prominent approaches in the

literature on traumatic experiences,[1] this study tests 1) whether experiences of SGBV have a direct effect on indicators of social capital and 2) whether experiences have an indirect effect by causing psychological distress (which would in turn affect social capital).

This paper sought to understand whether sexual and gender-based violence may be thought of as akin to the jam in the opening quote. Are its lingering affects impossible to completely "stir back out"? And if this problem is left unaddressed, does it have the potential to forever alter the society in which it is allowed to persist? The answer was not definitive. Contrary to the generally dogmatic assumptions about the impact of traumatic events found in the current literature, this study finds that the psychosocial impact of SGBV is not homogenous across respondents. Evidence based on data gathered from interviews with a quasi-random sample of 83 northern Ugandan women, supports the psychological "dose-response" theory (Johnson and Thompson 2008) that more incidents of trauma lead to greater psychological distress and that SGBV trauma has a stronger impact than general trauma. It weakly supports findings from the Survey of War Affected Youth (Annan et al 2008)—an impressive project documenting the psychosocial adjustment of northern Ugandan youth—that traumatic experiences often lead to pro-social behaviors such as greater community and civic engagement. However, the data also challenges this claim by showing that SGBV has a direct negative impact on indicators of social capital. In all models, incidents of SGBV had a greater impact than incidents of non-SGBV trauma. This provides legitimacy to the claim that addressing the psychosocial costs of SGBV ought to be made a higher priority in post-conflict interventions.

II. Trauma, Social Capital, and Psychological Distress: Theory and Literature

Ultimately, the goal of this paper is to determine the impact of widespread sexual and gender-based violence (SGBV) in northern Uganda. However, answering this specific question first requires an understanding of the impact of traumatic experiences in general. Most people can accept that, in one way or another, trauma affects the individual who experienced it. Likewise, most people view events that result in individual trauma, such as violent crime or sexual assault or warfare, as detrimental to society. Perhaps less intuitive are the connections between micro-level psychological distress and macro-level social deterioration.

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[1] Studies that look specifically at the way women respond to trauma and/or specifically at incidents of SGBV (rather than "trauma" as a single category of events) are very rare.

There are good reasons to think that psychological distress can contribute to the breakdown of societies. One critical causal mechanism is Post Traumatic Stress-Disorder (PTSD). Although there is considerable debate about the accuracy of PTSD as a measurement of trauma, its symptoms are consistently observed with high prevalence among individuals in post-conflict societies[2]. An understanding of the symptoms of PTSD provides many insights about how individual psychological distress could impact communities. For example, most sufferers will show signs of depression. They withdraw socially, and, when around others, are often agitated and irritable. They lose interest in activities they previously enjoyed, have great difficulty with concentration, and often cannot manage schoolwork or holding a job. They may suffer from extreme paranoia, outbursts of rage, and delusions. Many fall into a pattern of substance abuse.

Each of these symptoms places serious tension on professional, familial and inter-personal relationships. But PTSD also can invoke emotional stunting in individuals that is significant enough to also affect broader social norms. Many trauma victims choose to withdraw from others because they suffer from generalized anxiety; many others may be withdrawn because they have actually lost the ability to *feel* love, compassion, intimacy, and other "loving feelings" (all symptoms summarized from American Psychiatric Association 1994, 309.81). This shrunken range of emotion may pose a serious threat to communities' collective ability to forgive, reconcile, and rebuild. Due to this emotional stunting, as well as an intense psychological need to regain a sense of control, many survivors of trauma end up causing harm to others (Agger, 2001; Levy & Sidel, 2003; Pupavac, 2004, Volkan, 2000). Thus, neglecting the residual effects of individuals' traumatic experiences may "lock societies into a pernicious cycle of violence, as it is assumed that the 'abused' will later become the 'abuser'" (Clancy & Hamber 2008, 12).

There is evidence that a relationship between individual psychology and societal constructs also exists in the other direction. Namely, the broader social context in which an individual lives has a significant impact on how individuals conceptualize "trauma" and respond psychologically to traumatic experiences. In a study of Ugandan youth formerly abducted into the Lord's Resistance Army (LRA), Jeannie Annan found that individuals' readjustment into their former communities (largely measured in terms of psychological factors) was greatly eased by social factors such as social

[2] The American Medical Association has surveyed thousands of subjects in central Africa for PTSD symptoms. Of those sampled, 36% in Southern Sudan (Roberts et al 2009), 52% in Eastern DRC (Mels et al 2009), 74% in IDP villages in Northern Uganda (Vinck et al 2007) and 25% in Rwanda (eight years after the genocide) (Pham, Weinstein, Longman 2004) show significant symptoms of PTSD.

support, family connectedness and community involvement (2007). Similarly, studies of sexual assault have shown that survivors' levels of psychological distress have a significant, negative correlation to mediating variables such as social support (Turner 1983; Ullman 1999), being taken seriously by legal, medical, and/or police personnel (Campbell 1999**)**, and their perception of how violent the assault was (Bondurant 2001). Of course, social structures, norms and other societal interactions depend on innumerable factors and change depending on the context of trauma. What is important is simply that individuals' experiences of trauma, including their psychological reaction, are influenced not merely by factors endogenous to the individual but also by exogenous social factors. Indeed, according to Kleinman, one of the first psychologists to model traumatization, "social context, or what [Kleinman] would call traumatic sequences over different time periods, shapes the outcome often more profoundly than did the original violation" (Qtd. in Clancy & Hamber 2008, 15).

The cyclical relationship between individual psychology and broader social factors is illustrated in Freud's use of the term "uncanny." Freud defined the sense of the uncanny as the feeling of deep unease that is triggered by something that is at once both unusual and familiar (1919). In terms of trauma, "uncanny" describes a feeling of deep anxiety and fear when something (or someone) well known, and thus a source of comfort, becomes simultaneously a source of panic (Gampel 2000). As just one example, during conflict (especially ethnic conflict) neighbors, friends and even family members may turn against one another in violence (Clancy & Hamber 2008, 16). In a moment, someone familiar and safe becomes an unexpected enemy. This concept of the uncanny can be clearly applied in the case of domestic violence and marital rape, but it can also be extended to the majority of survivors of sexual violence, as most know their perpetrators. The psychological response of these survivors must involve reconciling the images of their abuser with the uncle who was always kind to them, or the father of their children, or the household breadwinner and so forth. Even if perpetrators are not known on a personal level, the distortion of symbols is still powerful (e.g. a soldier in the national army is a symbol of protection, but, if he rapes, becomes also a symbol of danger and fear). By turning an intimate and pleasurable action into a humiliating and violent one, sexual violence embodies the uncanny at a fundamental level. In sum, human emotion depends on social factors, and human relationships are contingent on psychological factors; mental health and social situations are reciprocal (Clancy & Hamber 2008; Lawler 2001).

Freud's concept of the uncanny provides important clues on recognizing when trauma is most destructive. According to psychologists, the sense of uncanny is so distressing because it hampers individuals' ability to process their experience in a wider social context, thereby preventing them from overcoming anxiety and moving on (Freud 1919; Clancy & Hamber 2008, 16). Logically then, the sense of uncanny is not nearly as pronounced in other types of traumatic experiences where social context is not a significant factor, such as natural disasters, serious accidents, or even a large share of combat scenarios (e.g. soldiers fighting in wholly unfamiliar foreign places or relying on technology rather than hand-to-hand combat). This implies that certain experiences are ultimately "more traumatic" than others.

Based on both anecdotal and empirical literature, there is reason to believe that SGBV has a greater psychological and social impact than other kinds of trauma. Qualitative reports from journalists and women's rights advocates consistently find evidence of the negative social consequences of SGBV, such as stigmatization and familial rejection that support this claim (Kristoff and WuDunn 2009; Thernstrom 2005; Csete & Kippenburg 2002). If one turns to psychological literature,[3] there is also quantitative evidence for this claim. First, is has been consistently shown that women seem to be more vulnerable to psychological distress than men. Women are more likely to develop depressive and PTSD symptoms after conflict and other traumatic experiences, even if they have been exposed to a lower number of events than men **(**Tolin and Foa 2006). Additionally, the type of experiences women are commonly faced with may be just as liable as women's physiology. Many studies have shown a particularly high incidence of Post-Traumatic Stress Disorder (PTSD) among survivors of sexual and domestic violence—significantly higher than the incidence among survivors of other types of trauma (Kilpatrick et al. 1989; Frazier et al. 1997; Breslau et al. 1998; Baker et al. 2005). This evidence strongly suggests that studies of the psychosocial impact of conflict and other traumatic events that fail to isolate gender and trauma type will produce a potentially flawed and certainly incomplete picture of the situation.

[3] Political science literature has little to say about this, and the articles that exist tend to minimize the issue. The initial inspiration for what eventually became this paper was the puzzle of why so few scholars seemed interested in the connections between sexual violence and social capital when newspapers and other more "personal" sources commented so widely on the concept, as well as its implications. I was troubled by what appeared to be two very different pictures of sexual and gender-based violence in Africa.

Hypotheses

Recognizing the cyclical relationship between psychological functioning and social context, "psychosocial" models are increasingly used to intervene after trauma. In the literature on traumatic experiences, two prominent hypotheses have emerged concerning the relationship between individual psychology and broader society. In this paper, I test and extend both hypotheses to the specific case of SGBV trauma.

H1: Traumatic experiences cause psychological distress, which then provokes negative social behaviors.

Proponents of this hypothesis argue that, without appropriate intervention after trauma, the victim may become the aggressor. To illustrate, in one study, 35% of former child soldiers in eastern Africa had "clinically important" PTSD (a symptom score of 35 or higher out of 51). Children who exhibited this level of PTSD were significantly less open to reconciliation and had significantly more feelings of revenge than children with lower scores. The more symptoms children displayed, the more intense these feelings were (Bayer et al 2007, 557). Another study found that 75% of internally displaced persons (IDP) in Uganda met criteria for PTSD while only 45% met criteria for depression; those with PTSD were consistently in favor of violence as a means to ensuring justice and stability, while those with only depression symptoms consistently preferred nonviolence (Vinck et al, 2007).

Further, PTSD seems to play a significant role in SGBV. First, domestic abuse is a serious social consequence of untreated PTSD (Dutton et al. 2006**)**. Second, therapists working with sexual perpetrators in the US have found that nearly all convicted rapists have previously experienced abuse in their own lives (Wodehouse 2010).[4] According to this group, trauma, including abuse, alters its victims. Some psychologists argue, in fact, that the behavior "rape" should be considered a symptom of disordered mental health (Groth and Birnbaum 1979, 4). These theorists argue that psychosocial interventions after trauma are critical because they not only benefit the immediate victims but also work to prevent cycles of violence.[5] Yet these propositions

[4] Sexual assault is very seldom prosecuted, so this distinction suggests that convicted rapists are repeat offenders or that their assault was especially brutal.

[5] This seems particularly pertinent in the case of sexual violence. Therapist Mindy Woodhouse has worked extensively with both victims and perpetrators of sexual violence. She makes two claims that suggest why treating mental illness in

remain contested. Indeed, another perspective takes a very different approach to the link between trauma and SGBV.

> H2: Traumatic experiences strengthen psychological resolve, which then provokes positive social behaviors.

To put it simply, proponents of this hypothesis argue that whatever doesn't kill you makes you stronger. The core assumption of this group is that trauma can actually, in certain contexts, have a positive impact: experiencing adversity leads to higher levels of functioning and pro-social behaviors (Tedeschi & Calhoun 1996; Linley & Joseph 2004; Blattman 2009; Bellows & Miguel 2009). For example, one study in Uganda shows that formerly abducted soldiers are more politically active and hold more leadership positions as a result of the violence they experienced (Blattman 2009); similarly, another shows that households where more members were injured, killed or displaced also became more politically active (and radical) after conflict (Bellows and Miguel 2009). These theorists argue that the international community should not divert resources to post-traumatic psychosocial interventions because individuals are remarkably resilient. In fact, some argue that psychosocial intervention is not just broadly unnecessary but actually harmful since it can weaken individuals' natural resilience to traumatic experiences (Shalev & Errera 2008; Agaibi & Wilson 2005). The aforementioned Survey of War Affected Youth (SWAY) project (Annan et al 2008) largely aligns with the logic of H2, and, due to an overlap in research questions, will be referenced a number of times throughout.

This paper asks: what if both perspectives are partly right and, as a result, our interpretation of findings from fieldwork is almost entirely wrong? In field research on the psychosocial impact of trauma in Africa, there is indeed little evidence to date that trauma explains variation in social outcomes. What if this is so primarily because the causal explanations highlighted by these opposed hypotheses each has a domain of application that, when measured too bluntly, cancels the other one out? A world in which the social engagement and political activity of some people is *enhanced* by trauma while in others it is *undermined* by trauma is clearly not the same world

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post-conflict societies could likely decrease overall sexual violence. 1) We observe "the abused becoming the abuser" among perpetrators of sexual violence with more consistency than essentially any other violent crime. 2) In terms of preventing repetition of negative behaviors, therapy for perpetrators is significantly more successful than therapy for all other issues. If the residual effects of abuse in perpetrators are dealt with, they will not become repeat offenders.

as one in which trauma simply has "no effect" on these important outcomes. And yet, statistically, the two forces might combine to create an average where the effect of trauma is zero. This is the intuition pursued below.

The argument developed in much of the rest of the paper hinges on more precise measurement of groups that may react very differently to trauma (and indeed to different kinds of trauma). This study is built on the assumption that women react differently than men do to similar traumatic experiences; also, the set of experiences women regularly face, namely sexual and gender-based violence, may have a larger psychosocial impact than does "regular trauma." Key findings from the SWAY project put forward that negative psychological and social outcomes are by far the exception and not the rule in post-conflict Uganda (Annan et al 2008, vi-ix). Yet, one statement (inadvertently) points towards a focus on the impact of SGBV specifically: "The experiences of forced wives go beyond 'sex slave': this simplistic classification perpetuates common misunderstandings which can lead to inappropriate responses in addressing their needs, particularly regarding mental health and stigma issues" (ibid, ix). This stated finding suggests that it is the *sexual and gendered aspects* of being a formerly abducted woman that lead to psychological and social problems. If there was no difference between the impacts of general violence and SGBV, emphasizing the sexual role of forced wives should not be an issue. This statement makes the case that the sexual and gendered roles of forced wives should not be emphasized because it invokes mental health and social problems (stigma); this study makes the case that, precisely because it so often leads to distress, SGBV should be evaluated separate from other types of war-time and traumatic experiences.

Generally, the goal of "science" is to take a random sample, calculate the mean outcome, and thereby produce a generalizable explanation for some phenomenon. However, in the case of the psychosocial impact of SGBV, this average reports that there is no effect when, I show below, that elements of two profound, antithetical effects actually coexist. I propose that this "average effect" is blinding us to what is really going on. In order to understand the psychosocial impact of SGBV, we must examine a *spectrum* of responses. In this study, I extend the two prominent hypotheses currently modeling the psychosocial impact of general traumatic experiences to suggest that elements of both may be occurring simultaneously. I theorize that, in the specific case of SGBV, experiences of trauma will lead to psychological distress and weakened social capital. However, I suspect that despite psychological distress, many women will be "resilient" in the sense

that they continue, with varying success, to care for their families and protect them through community involvement and other pro-social behaviors.[6]

I also propose that H1 and H2 are able to coexist because they are both complicated by a secondary hypothesis. The previously outlined idea that certain components of social capital might moderate the effect of trauma appears to be particularly true in the case of SGBV-related trauma. I theorize that the way an individual perceives traumatic experiences, particularly the level at which they blame themselves for what happened, can aggravate the negative effects of that trauma while perceived level of social support can alleviate those negative effects. These moderating factors lead to the proposed spectrum of women's responses to trauma. The proposed relationship between traumatic experiences (particularly SGBV), psychological distress (measured as PTSD), and social capital variables is diagramed in Figure 1.

III. Background: Sexual and Gender-Based Violence in Northern Uganda

Much of the impact of SGBV in northern Uganda is left over from the long civil war. Conflict in Uganda began almost immediately after independence in 1962 when leaders from rival ethnic groups began fighting for power, but civilians were largely spared from the violence until the late 1970s. (Uppsala Conflict Data 2008). In 1985, Southern rebels led by current president, Yuweri Museveni, overthrew the government, which was then dominated by Northern ethnic groups (Ibid.). Guerillas from the largest Northern group, the Acholi, initially resisted this takeover, but by 1988, most rebels had settled for peace. (Annan et al 2008, 1).

A small band of northern rebels refused to accept these terms, and, under the direction of an Acholi spiritual leader, Joseph Kony, formed the Lord's Resistance Army. Between 1987 and 2006, when the LRA was under Kony's command, nearly two million people were displaced, thousands killed, and up to 80,000 young Ugandans abducted (Annan et al 2010, 8). Due to Kony's spirituality, sexual violence in the Ugandan conflict may be different than in African wars. Kony strictly forbade his fighters from adultery and fornication. However, fighters who had pleased Kony were given abducted girls as "wives"; rank and power could be determined how many wives the fighter possessed (Annan et al 2010, 9).

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[6] I suspect that much of this resilience is motivated by the fact that many Ugandan women have no other choice. If they gave into "disabling" psychological and social problems, who would care for their children? "Forced resilience" is a concept that calls for future research.

Abductees were not the only women in Uganda to experience sexual violence. Some reports state that LRA fighters did adhere to Kony's restrictions, and the rebels raped very few non-abducted women and girls (Annan et al 2010, 10). However, staggering numbers of sexual assaults and other abuse are reported by the huge number of displaced Ugandans living in IDP camps as a result of rebel violence (International Center for Transitional Justice 2005, 16). Whether or not it is true that the rebels practiced restraint, it was their violence that forced women into their vulnerable situations in the camps.

Though the war officially ended in 2006, violence continues to be a reality for many Ugandan women. In fact, some studies suggest that, because the official declaration of "peace" are accompanied by chaotic transition periods, women are actually no safer, and perhaps in greater danger, *after* conflicts end (Ormhaug, Meier, & Hernes 2009; Ghobarah, Huth, & Russett 2003). There are many theories for why this is so. Some argue that aggression is an inherent part of masculinity, and if men have no enemy on which to direct it, they will abuse their wives and children and perhaps assault others in the community (Alison, 2004; DeLaet, 2006). Others suggest that the dehumanizing, humiliating aspects of war (losing battles, loved ones, land, fortune and so forth) may inspire in men a need to reaffirm their sense of pride and strength through sexual or domestic violence (ibid). Demobilization may also invoke an additional sense of emasculation and weakness, as some studies have shown connections between mandated disarmament and increases in SGBV (Gear 2005).

SGBV as a result of conflict only adds to a long-standing tradition of violence against women. According to the Uganda Demographic and Health Survey of 2006, 60% of Ugandan women have experienced physical violence beginning at the age of 15; two thirds of these women experienced this violence at the hands of their domestic partner (UBOS, 286). 39% of Ugandan women between the ages of 15 and 49 have experienced sexual violence; about half of these women endured this coerced sex from their current husband or intimate partner (ibid). But the frequency of incidents of SGBV is only part of the problem. The widely held belief that women who have experienced SGBV are at least partially to blame leads to survivors being viewed as damaged, dirtied, promiscuous, or, in the case of domestic violence, as bad wives. Fear of disbelief, rejection and stigma prevents countless women from reporting SGBV to local authorities.

Underreporting of survivors alongside impunity for perpetrators is pervasive worldwide,[7] but the problem is particularly acute in conservative countries, such as Uganda, where cultural norms have long prevented women from speaking out against their husbands or openly about sexuality.

IV. Methods

This research was conducted between June and July 2011 in three northern Ugandan districts—Pader, Gulu, and Lira. The study sample consisted of 83 women currently living in these districts (or within about 10 miles). The mean age of participants was 30.65. Approximately 31% have never been married, 22% are currently married, 3% are divorced, 7% are separated, 14% are widowed, and 20% are currently living with a partner. The majority of participants were the main caregiver for at least one child (72%) and nearly a third were responsible for five or more children (27%). 79% of participants have a primary school education level or lower (by far the largest concentration, 44%, had "some primary school" as the extent of their schooling). 69% of participants have a daily income of 3,000 Ugandan shillings or less (about $1.30), and 90% have a daily income of 6,000 UGX or less. 35% have received some kind of counseling, of which 100% was provided by NGOs.

Because phone or door-to-door recruitment was not feasible (due to the sensitivity of the topic as well as logistical reasons), selection of respondents was not strictly random. Respondents were mobilized by five different local NGOs: Northern Uganda Malaria, AIDS and Tuberculosis (NUMAT), Health Alert Uganda, Justice and Reconciliation Project, Gulu Youth Center, and the Grassroots Women Association for Development. After introducing the project and research team to the directors of each organization, my research team and I were invited to administer surveys during previously scheduled meetings of their beneficiaries.[8] These meetings provided an ideal forum because they tended to involve a lot of waiting time that left beneficiaries with nothing to do. Once at the meeting site, an NGO representative would introduce our research team and explain the project and its purpose. We would then randomly select respondents from the

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[7] In 2009, 10,365 cases of sexual violence were reported to the Ugandan Police and registered nationally (CEWIGO 2010, § 2.2). Of this, only 4,365 cases were taken to court, and a paltry 385 convictions were made (ibid).

[8] Meeting type varied by organization. We visited NUMAT, Grassroots Women Association for Development, and Justice and Reconciliation Program focus groups that met regularly to discuss subjects such as coping with the experiences during conflict, domestic violence, and women's economic empowerment. We accompanied the Health Alert team on trips to distribute nutritional supplements to mothers in rural villages. At the Gulu Youth Center, we sampled from those who had attended a monthly HIV/AIDS awareness and support activity.

assembled groups. If the woman we had selected agreed to participate,[9] she was then interviewed individually in a private place.

By tagging along to NGO activities rather than having them mobilize respondents directly for our research, we hoped to keep selection bias at a minimum. Even so, we worried a great deal about the candor of the responses we received. As one partial solution, after the pilot period we implemented a test for interviewer bias. Although this did not resolve the issue of women not wanting to speak to *anyone* about their experiences, it did address our concerns that some women were inclined to tell us "what we wanted to hear." Before being administered the questionnaire, individuals were randomly assigned to be interviewed by either 1) a western, female university student working with a local translator 2) a local translator only 3) a community member who knows women on a personal level. In the end, interviewer type had no significant impact on the dependent variable, which restored some level of confidence on this particular issue. (Because of its lack of explanatory power, this control was not included in regression models).

This data in this study is based on the results of a self-reported questionnaire. The questions were translated into Luo, the predominant native language of northern Uganda (spoken fluently by 100% of respondents), by a bilingual professor at Makerere University in Kampala. The questionnaire was then piloted and questions that seemed irrelevant, overly sensitive, or consistently misunderstood were adjusted or eliminated with guidance from local NGO workers. During the actual study, the translator would ask the questions and one of my partners or I would record the information respondents reported.[10]

The questionnaire had four sections.[11] The first section asked demographic questions. Age, marital status, education level, income level, history of counseling (yes or no), and number of children currently in care were used as controls in regression models. We also tested for variables such as ethnicity, location during the conflict, access to health care, religion and church attendance and other measurement approaches for critical variables like education and income (for example, home roofing material as a proxy for income), but found so little variation across the sample that these measures could not be used effectively.

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[9] All participants signed a consent form before beginning the survey.

[10] In the cases with only a translator or community member, they would translate and record answers.

[11] A fifth section attempted to understand trust in authority and perceptions of gender roles through a series of hypothetical scenarios. By changing key words in a "treatment" version of the scenarios we hoped to use an experimental design to look at these subtle, and often taboo, subjects. However, although the results were compelling, they did not fit the framework of this paper and will be saved for future exploration.

The second section evaluated individuals' exposure to traumatic events. "Stressful, frightening and dangerous events" that "often occurred during the civil war in Uganda, but many may also occur during times of peace" were listed, and the respondent was asked to indicate which, if any, she had experienced (yes or no). This section was adapted from the Harvard Trauma Questionnaire (Mollica et al., 1992) to be contextually and culturally appropriate for northern Uganda.[12] For analysis, the results of this section were summed into a "total traumatic events" score ("yes"=1). This was compared against scores generated by dividing the 28 events into "SGBV" and "non-SGBV" and summing the "yeses" in these categories.[13]

The third section measured the psychological impact of the traumatic events reported in Section 2. This was done using the Post Traumatic Stress Disorder Checklist (Weathers et al, 1993). This test used a 1 to 5 scale to assess the frequency of the 17 PTSD symptoms outlined in the Diagnostic and Statistical Manual of Mental Disorders over the last month (1=not at all, 5=extremely). Summing responses on this scale generates a score of symptom severity that can be used for diagnosis. Although there is no authoritative threshold score (recognizing that individuals respond differently despite having similar symptoms), a score of 35 is often considered sufficient for diagnosis and 50 is considered severe (Ruggiero et al. 2003, 500).

The fourth section attempted to measure the dependent variable social capital by assessing the psychosocial impact of trauma. The content of this section drew heavily from questionnaires used with previous success in northern Uganda by Jeannie Annan (2007, appendixes). The questions in this section used a 1-6 Likert scale (1=strongly agree, 6=strongly disagree)[14] and were

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[12] Before beginning this section, translators were instructed to remind all respondents that they should skip any question that they did not wish to answer. Hopefully, this reminder minimized the perceived pressure to answer all questions, regardless of respondents' level of anxiety or discomfort, and thus increased the likelihood of honesty for the questions respondents did choose to answer.

[13] The UN Committee on the Elimination of Discrimination against Women (CEDAW) General Recommendation 19 defines gender-based violence as: "violence directed against a woman because she is a woman or which affects a woman disproportionately. It includes physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty" (1993). The events making up the SGBV category were selected to best fit this definition. The event "tied up or locked up as a prisoner" is perhaps the least intuitive in this sense, but was included because in Uganda the majority of women taken prisoner (not including state imprisonment of tried criminals) are subjected to repeated sexual abuse. "Abduction" was not included because there is sufficient evidence that not all abducted girls were used for sex, but served many of the same functions (and were exposed to the same types of violence) as abducted boys (Annan et al., 2008). The linguistic difference between these events may seem subtle, but the actual implications seem incompatible.

[14] During the piloting period, I observed that, if provided with a neutral category, the majority of women would choose this option for the majority of questions. This could be related to survey fatigue, but seems most likely related to Ugandan women's habit of being deferential, especially in "important" matters, as this research tended to be

summed for a total social capital "score" and also divided into four scores of specific social capital components. The four components include: 1) social trust 2) social support 3) self-blame and 4) pro-social behavior. Questions asked to assess each component are listed in Figure 2. Another measure of social capital was an evaluation of civic engagement (a form of pro-social behavior) including whether or not the respondent voted in the last local and national elections, whether or not they had ever served on a committee or held public office, and the number of groups in which they currently had membership.

Data was primarily analyzed using ordinary least squares multiple regression models with robust standard errors. H1 was tested by regressing PTSD scores on number of total traumatic events plus SGBV and non-SGBV-related events and then regressing total social capital scores plus the four component scores on PTSD scores. H2 was tested by regressing SGBV and non-SGBV on total social capital scores plus the four component scores. Additionally, total trauma was regressed on each of the measures of civic engagement (using probit regression analysis for all models but group membership). The secondary hypothesis concerning moderating social capital variables was tested by regressing pro-social behavior on SGBV and non-SGBV modeling different combinations of self-blame, social support, and interaction effects between these variables and SGBV.

V. Concepts, Costs, and Concerns: Limitations of African Trauma Studies

One explanation for the divisiveness in the literature on the impact of trauma is that such studies face several tough methodological challenges. Three primary issues affected the quality of data in this and other related studies: measurement of psychosocial variables and terms, interviewer effect, and random sampling. The small sample sizes used in this research add to the loss of confidence caused by each of these issues.[15]

First, it is very difficult to measure the psychological impact of trauma because of the variation in perspectives across individuals, cultures, and academic disciplines. Among both academics and practitioners, there is a growing body of criticism of PTSD as a useful diagnostic tool in developing countries. The criticism most relevant to this research is that the Western,

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perceived. As such, I dropped the neutral middle option, choosing to forgo conventional wisdom (and undoubtedly, some measure of accuracy) in order to urge women towards a confident opinion.

[15] Most regretfully, incomplete data on a few key variables meant that, for best accuracy, the regressions utilized only 76 of the 83 hard-won observations.

"medicalized idiom" of PTSD does not adequately capture many individuals', and many cultures,' conceptualization of trauma (Beristain 2006; Clancy & Hamber 2008). In some cases, this diagnosis will overestimate the impact of trauma on the wellbeing and functioning of an individual, and in other cases, it will overlook individuals who do not meet the criterion for diagnosis yet are in critical need of psychiatric care.

The best measurement of "resilience" is also debated. One literature review explains that current definitions of the concept range from "absence of psychopathology in a child of a severely mentally ill parent, to the recovery of a brain-injured patient, to the resumption of healthy functioning in survivors of extreme trauma" (Agaibi & Wilson 2005, 197; see also Shalev & Errera 2008). Undoubtedly, these definitions would also fail to align with the conceptual understanding of those in developing countries. Of course, the previous discussion of connections between psychological and social factors further complicates attempts to clearly measure these phenomena. Ultimately, the functioning of the human mind remains too complex for our (relatively) spare models. Researchers are forced to choose a set of measurements and then recognize that they will inevitably misinterpret certain aspects.

And of course, social capital is also notoriously hard to measure. Selecting a sufficient, but not overwhelming, number of indicators to build an operational definition is not straightforward. Data for specific, objective indicators is often easier to access, code, compare, and analyze. It is much easier to see variance in social capital when it is defined as something like "number of group memberships" rather than as the collective activities and attitudes self-reported by community members. Unfortunately, gains in clarity come at the expense of accuracy. Selecting only the most quantifiable indicators may not provide enough information to make inferences about a community's complete social capital. The indicators and categorization of the social capital variables in this study come at the end of a careful assessment of the above trade-off; however, some measurement error indisputably exists.

Language barriers make operationalizing difficult concepts even harder. Linguistic translation is always subjective. Beyond that, however, cultural differences open doors to personal bias and large gaps in meaning. For just one example, Luo, the most common language in Northern Uganda, apparently has no word for "feelings." People refer to specific emotional states instead of this broad and abstract word. Limited time and money greatly restricted the amount of training I was able to give my translators, and I have no doubt that there was some inconsistency in how each

translated this and other words/concepts.

Second, beyond issues of concept validity, there are also issues of interviewer effects. Due to the sensitive nature of traumatic experiences and mental health, researchers must be mindful of their subjects' incentive to be discreet or even dishonest. To put it bluntly, subjects have several potential reasons to lie in interviews about their traumatic experiences. They may have an emotional need to avoid reflecting on terrible memories,[16] or simply do so out of habit; they may be conditioned to anticipate stigma and so downplay or deny certain experiences; or they may recognize an opportunity for personal gain by "gaming the system" and telling the researcher what the individual believes they want to hear. On several occasions, an NGO worker provided (unsolicited) information about a woman I was about to interview, but, when questioned herself, the respondent would report contradictory information. Of course, this example is not conclusive, but, having spent many previous hours with survivors of SGBV, there were several indications that respondents did not always answer truthfully. Additionally, it is human nature to believe that you are essentially "good." It takes self-awareness, humility, and no fear of cultural norms to honestly answer questions about personal anti-social tendencies. I suspect distorted information was also provided on these types of questions.

Third, constructing truly random samples is also a trial. Due to the nature of psychological distress, it is not only difficult to create a truly random sample, but also quite possible to overlook the most "traumatized" individuals. Ugandan infrastructure does not allow for phone calls or going door-to-door at a randomized set of households. But even if this were not the case, it would be inappropriate but also potentially dangerous to approach women in this way about their experiences with sexual and gender-based violence. With limited time and money, the best way to safely recruit subjects was by working with organizations that had already established a good reputation and relationships of trust with local women, including some groups that were known explicitly for working with SGBV survivors. We then administered surveys randomly within the groups of women mobilized by the organizations. "Pure" randomization was sacrificed in order to protect the physical and emotional safety of the respondents. However, I feel that the recruitment methods that were employed were sufficiently indiscriminate to feel confident in the results.

[16] It is also important to note that respondents may have experienced genuine memory loss about past trauma. This is a problem in all trauma studies that rely on self-reported data.

That said, the larger concern is that this (and nearly all trauma studies) overlooks the most distressed individuals. Those who are truly suffering may be too anxious or otherwise or unwell to stray far from their homes, let alone speak to strange foreigners. They may be ostracized to the point that they would be unaware of or unwelcome at the types of events where we conducted surveys. They may have committed some act of retribution, general aggression, or other anti-social behavior and be held in jail, outside the ethical bounds of this research. Going through the potential psychosocial effects of SGBV, many similar scenarios arise. The theory presented in this paper may be far more accurate than the data suggests because those with the most severe symptoms of trauma are precisely the ones who would be missed by researchers.

VI. Results

Perhaps the most powerful quantitative component of this study is the simple observational data. Tables 1 and 2 list the type and frequency of traumatic events experienced by the participants. The mean number of traumatic events experienced per woman was 13.3 (of 28 possible events). The three most commonly experienced events were witnessing beatings or torture (90.4%), regular lack of food or water (89%), and threats and other verbal abuse from family members (77%), but only two events were reported by less than 20% of participants.

Of the 83 women interviewed, 87% had a clinically important PTSD score of 35 or higher and about 40% had severe scores of 50 or higher (these data exhibit a range of 28-73 out of a possible 17-85). The mean total PTSD score was 48.7.

Testing H1: The Indirect Effect of Trauma on Social Capital via PTSD

There are two components to the hypothesis tested here: 1) traumatic experiences—particularly SGBV—will cause PTSD 2) PTSD will cause lower levels of social capital. Table 3 provides strong support for the first component: number of traumatic events experiences was a significant predictor of PTSD scores ($p<.10$). Model 2 shows that for each additional experience, PTSD score increases .46 points. When trauma is divided into indexes of SGBV and non-SGBV experiences, this picture becomes more focused. Number of SGBV experiences was an even stronger predictor of PTSD scores ($p<.05$). Model 1 shows that for each additional experience of SGBV, PTSD score increases by 2.2 points. Number of non-SGBV experiences is not a significant predictor of SGBV.

While trauma is seen to contribute to higher PTSD scores, the second component of this hypothesis does not hold up under examination. PTSD does not prove to be a statistically-significant predictor of social capital levels.[17]

Testing H2: The Direct Effect of Trauma on Social Capital

As hypothesized, SGBV trauma displays a statistically-significant negative effect on total social capital. Model 1 in Table 4 reports a decrease in total social capital score of about two points for each additional SGBV-related trauma experience. Non-SGBV trauma does not have a statistically-significant effect. SGBV also has an effect when total social capital is indexed into the four social capital components. The influence on social support and social trust is statistically significant: each additional experience of SGBV-related trauma corresponds to a 0.8 decrease in social support scores and a 0.5 increase in social trust scores.

The pro-social behavior component was isolated due to its central importance to testing H1 as it seen most in the literature. Table 5 shows that total number of traumatic events has a statistically significant positive relationship with group membership ($p<0.01$) and holding public office/being a member of a committee ($p<0.10$). However, when total trauma is indexed, non-SGBV continues to have a positive, statistically-significant relationship ($p<.01$) while SGBV now has a negative effect (not statistically significant). Total number of traumatic events has no statistical significance voting behavior.

Testing the Secondary Hypothesis: Social Capital Components as Moderating Variables

The models in Table 6 further explore the relationship between SGBV and pro-social behaviors by examining the impact of moderating social capital variables. SGBV-related trauma only has a statistically significant effect ($p<0.05$) when the model includes self-blame and an interaction effect between SGBV and self-blame. Self-blame and the self-blame SGBV interaction variable are significant predictors of pro-social behavior in all the models in which they are included ($p<0.01$).

[17] Total social capital ($p<0.8$); Self-blame ($p<0.316$); Support ($p<0.404$); Social trust ($p<0.775$); Pro-social behavior ($p<0.592$)

VII. Discussion

The purpose of this study was to produce a more precise picture of the impact of sexual and gender-based violence on social capital in northern Uganda. The antithetical claims of the two prominent hypothesis modeling the psychosocial impact of traumatic experiences average to create a statistical effect of zero. This study tested to see how the hypotheses fit when the sample was limited to only women and when "trauma" was categorized into SGBV and non-SGBV-related experiences. In the end, the data suggest that both hypotheses have some explanatory power and imply that the best approach to psychosocial intervention is to recognize that women display a heterogeneous spectrum of responses to trauma.

In discussing all of these results, I recognize again that small sample size and other weaknesses of this data may distort the true situation. This uncertainty is an unfortunate reality, and the following discussion will proceed as if the predicted parameters were indeed the best estimates.

What seems certain, according to the data, is that women in northern Uganda have experienced a large number of traumatic events and a large amount of sexual and gender-based violence specifically. The sample also suggests that there is a very high level of psychological distress, in large part as a result of this trauma, at least as measured by post-traumatic stress disorder. The total number of traumatic events and SGBV-related events both have statistically significant positive relationships with PTSD scores, but non-SGBV events actually have a negative relationship. This result is somewhat surprising. One potential explanation is that SGBV actually has a stronger impact on PTSD scores than we see here. In order for total trauma to be positive when one of its components (non-SGBV) has a negative effect, the other component (SGBV) must have a larger positive effect. SGBV's large coefficient (relative to non-SGBV and total trauma) seems to support this intuition.

This intuition supports the assumption that SGBV-related experiences have a larger impact than other types of trauma. Additionally, this seems to challenge the hypothesis that traumatic experiences lead to psychological resolve. However, the presence of psychological distress alone does not imply that H1 should be accepted. H1 being true also requires that psychological distress have a negative impact on social capital. But this relationship is not supported by the data. However, the lack of a statistically significant relationship does not necessarily mean that psychological distress has no impact on social capital. It seems more likely that PTSD is just not capturing the concept with enough accuracy. Preliminary tests suggest that when PTSD indicators

describing more "objectively debilitating" symptoms are separated and then regressed on social capital the effect becomes significant. This particular analysis was not included in the models of this study, but call for future exploration.

Despite evidence of psychological distress, the data does show some support for H2. The most notable evidence of a positive social reaction to trauma is expressed in the component of social trust. Because trust is essential to post-conflict stability and economic prosperity, this finding is worthy of attention. However, the implications of this relationship are unclear. Regardless of how important social trust may be, we cannot advocate for an increase in SGBV in order to get it. Further, the data show that SGBV leads to a decrease in the three other social capital component scores, as well as the score for total social capital. The decrease in social support corroborates the story told by most anecdotal sources on SGBV in Africa wherein stigma and familial and community rejection of survivors is extremely common. On the other hand, this finding contests the SWAY project finding that "being abducted did not impact youth's overall social support or relationships with family and neighbors. Forced mothers did not report more problems with families or communities" (Annan et al. 2008, viii). Though this study and SWAY both sampled northern Ugandan women, perhaps the effect of being abducted specifically is different enough from general SGBV to explain this contrast. The direct focus on youth also likely contributed.

Findings are more consistent with H2 when pro-social behavior is measured through objective (though still self-reported) concrete actions (voting, group membership, and service on committees or public office) rather than through the individuals' perception of more ambiguous behavioral tendencies (e.g. "I often have trouble getting along with my peers"). Traumatic experiences have a positive relationship with voting in national elections, serving on a committee or holding public office, and number of group memberships. However, the coefficients on each of these variables are miniscule. Income has substantially more impact on each of these pro-social, civic actions (although this impact is negative). When total trauma is separated into SGBV and non-SGBV, the coefficients change on group membership, the model wherein trauma has the strongest explanatory power. SGBV-related trauma has a negative effect, while non-SGBV-related trauma has a strong positive effect. This is consistent with the findings of studies driven by H2, and it makes some intuitive sense. Politically, these survivors are simply rational actors. The more traumatic events an individual has experienced, the greater their incentive to become involved and prevent further conflict. It is only when the traumatic experiences lead to extreme anxiety,

paranoia, social exclusion or other disabling psychosocial conditions that individuals would significantly uninvolved. When trauma is combined into a single measure, the negative impact of SGBV on pro-social political behavior is diluted by the strong positive impact of general trauma.

The different effects on group membership between total trauma and SGBV vs. non-SGBV-related trauma suggest another important insight. When total trauma is categorized, the only coefficients that change more than a few thousandths of a point are those one "married," "single," and "history of counseling," suggesting some connection between these variables and SGBV. One possible explanation is that these variables are acting as proxies for some other effect. It seems reasonable to conjecture that being married is a good proxy for having experienced rape and abuse at the hands of an intimate partner, while being single would be a proxy for not having these experiences (or at least less, since a former boyfriend could have also dispensed such abuse).

In an ideal quantitative world, the collected data on traumatic experiences would be sufficient. But in the real world of northern Uganda, where, legally, domestic violence is "any beating that goes beyond what is reasonable" (Uganda Law Reform Commission 2009, 2010), domestic discord is a deeply uncomfortable topic and many women are prone to downplay or deny any marital abuse. Data collected by the Uganda Demographic and Health Survey of 2006 suggest a high likelihood that respondents in my study were not willing to report the extent of their experiences. This credible, nationwide study found that 60% of Ugandan women had experienced physical violence from family members since the age of 15 (Uganda Bureau of Statistics 2006, 287). That is 10% higher than the findings of this study, but the national survey (and Amnesty International) still suggests that their numbers are too low due to underreporting (ibid, 285; Amnesty International 2010, 26). Two thirds of women who reported abuse say it was inflicted by their intimate partner (Uganda Bureau of Statistics 2006, 287). The same study also found that, of the 39% (compared to the 26% found in this study) of women between ages 15-49 who had experienced sexual violence, almost half reported that the perpetrator was their intimate partner (ibid, 291-2). This corroborating data suggests that marital status alone may tell nearly as much about a woman's experience with SGBV than her own words will. Therefore, the significant impacts of "married" (negative) and "single" (positive) seen on group membership (as well as pro-social behavior and social support) indicate that SGBV may have a much larger effect than is currently observed in this data.

A potential proxy relationship may also be implied in the variable "history of counseling."

History of counseling has a negative impact on social capital in every model except social support (where a counselor may well be perceived as a form of social support) and holding public office/serving on a committee. Though this impact is almost never statistically significant, the negative sign is telling and the size of the coefficient relatively large. With a larger sample size, this would probably be more statistically persuasive. Due to both cultural norms and a serious lack of mental health services, receiving counseling is uncommon in Uganda. It seems probable then that the women who have overcome these barriers and received counseling (and willing admitted that they received it) were those who had a particularly substantial psychological need. Thus, history of counseling may serve as a valid proxy for psychological distress. If this is the case, PTSD (or the psychological distress it represents) also has a far greater impact on social capital than this data shows.

The hypothesized moderating effect of self-blame and social support does hold with this data. By running multiple regression models, it is possible to see how pro-social behavior changes when these variables are included and not included. Self-blame has the largest explanatory power and the strongest statistical significance. Contrary to the hypothesis, however, it has a positive effect on pro-social behavior. According to this model, the more a woman blames herself for bad experiences, the more she will reach out to others. Having said that, there does seem to be a point at which this relationship is no longer positive. In both models where an interaction effect between SGBV and self-blame appear, this effect has a significant, negative effect on social behavior. This is somewhat odd considering that the coefficients of both terms in the interaction are actually positive. The most plausible explanation seems to be that experiences of SGBV and self-blame might both individually lead to pro-social behaviors, but, at a certain point, if a woman has experienced enough SGBV *and* self-blame the combined effect will counteract positive social behaviors. Such complicated results are the creation of strong moderating social capital variables. It seems most likely that it is the influence of these kinds of variables that allows elements of the oppositional H1 and H2 to coexist across the same sample.

Moderating variables make a proposed hypothesis less straightforward, but provide the potential keys to identifying what factors trigger pro and anti-social behaviors. Once such triggers are identified, it is then possible to better determine when psychosocial interventions would be most beneficial. For example, if self-blame continued to exacerbate the negative effect of SGBV on pro-social behavior, this specific social capital trigger could be avoided through measures such as

counseling for individuals as a part of other medical services (since they may feel their mental anguish is deserved) or awareness programs aimed at shifting societal perceptions about women's share of responsibility in SGBV. One can imagine that neither of these programs would work as well, or at all, if the trigger for anti-social behavior were actually a lack of social support, or something else altogether. This logic implies that the polarized conclusions of H1 and H2 (psychosocial interventions after trauma are either critical or irrelevant) may be even more incomplete. Just as there is a spectrum of individual responses to SGBV, there ought to be a spectrum of interventions as well, carefully tailored to the potential stressors of a given situation.

In sum, this study finds that the impact of sexual and gender-based violence on social capital may be too complex for the framework currently offered by the prominent hypotheses in the literature. Some women respond to violence with an increase in civic activity and social engagement; some women respond to violence with paranoia, withdrawal, or aggression. Recognizing that individual people respond differently to trauma is critical, but this in itself does not solve real-world problems. Post-conflict literature—be it psychology, sociology, political science, economics—needs to move toward developing better measures rather than continue the back-and-forth of whether or not psychosocial interventions are indeed necessary. Does sexual and gender-based violence have a unique impact on social capital? The results of this study suggest that the answer to this question is "yes." But it finds an equally significant need for better organization and much more nuanced methods and measurements of the complicated relationships between variables of psychological distress and social capital.

Appendix A

Figure 1. **Proposed Relationships Between Trauma and Social Capital**

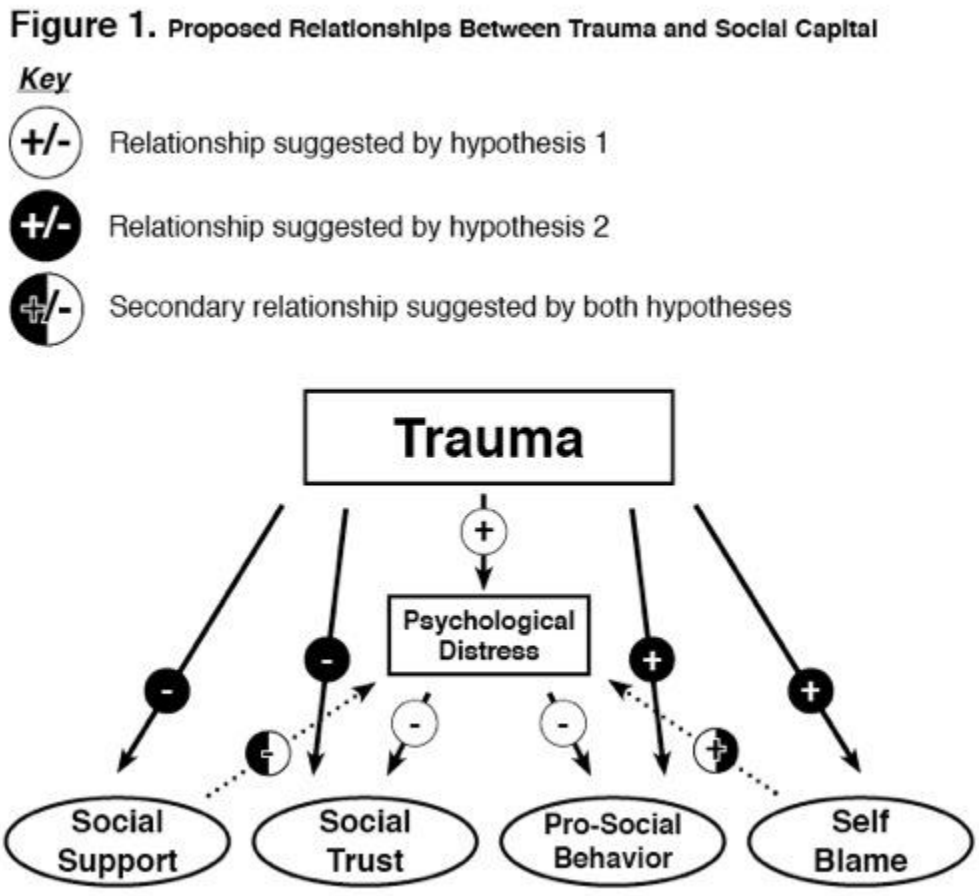

Figure 2: Survey Questions Determining Social Capital Components

Self-Blame	Pro-Social Behavior
I feel like I have caused trouble to my family.	When someone has wronged me, it is appropriate to threaten them in response.
I feel haunted by spirits.	I feel sympathy for others.
I feel hopeless, like my future is dark.	I curse or use angry language.
I think that when I feel sad or frightened it is because I am weak.	I quarrel often with my family.
I feel unloved.	I prefer being alone rather than being with family and friends.
I feel that I am to blame for bad things that happen.	I share my things with others.
I feel guilty.	I feel the urge to destroy things.
I feel that when bad things happen to me it is because I was not courageous or strong enough to stop them from happening.	I often have trouble getting along with my peers.
I feel like I do not treasure my life.	I enjoy doing things and talking with peers.
	I have confidence to be responsible for others.

Social Support	Social Trust
People in my village know me and speak well of me.	I think most people can be trusted.
I feel that people in my family understand me.	I think most people are honest.
I believe others like associating with me.	The police in my country can be trusted.
There are many people who regularly help me with things that need to be done.	The legal system in my country can be trusted.
I feel lonely.	I feel safe.
I consider the others in my group of peers to be like my brothers and sisters.	
My family is caring toward me.	
When I have a problem, there are many people who offer me advice or tell me who I should see for assistance.	
There are many people who would make time to do something enjoyable with me if I asked.	
My peers understand me.	
There are many people who will listen to me talk about my thoughts and feelings.	

Appendix B

Table 1: Type and Reported Frequencies of Non-SGBV Traumatic Events

Variable	Frequency (Percentage)
Witness of beatings or torture	75 (90.4)
A frequent or regular lack of food or water	73 (89)
Witnessed a serious accident	68 (81.9)
Serious physical injury of family member or friend	61 (74.4)
Someone shot bullets at them or their home	52 (62.6)
Witness of killing	47 (56.6)
Disappearance or kidnapping of other family member or friend	46 (56.1)
Forced to carry heavy loads or other forced labor	45 (54.9)
Another family member or friend was murdered or died violently	43 (51.8)
Disappearance or kidnapping of spouse or child	39 (50.7)
Abduction	41 (50)
Displaced from home	39 (47.6)
Betrayed and put at risk of death or injury by someone known	38 (45.78)
Serious accident (vehicle, machinery, fire etc.)	37 (44.6)
Spouse or child was murdered or died violently	31 (40.3)
Family member or friend was raped or defiled	24 (36.4)
Forced to physically harm someone who is not a family member or friend	28 (34.2)
Witness of rape or sexual abuse	21 (25.6)
Forced to physically harm a family member or friend	20 (24.1)
Prevented from burying friends or family members	15 (18.3)

Table 2: Type and Reported Frequencies of SGBV Traumatic Events

Variable	Frequency (Percentage)
Threats and other verbal abuse from a family member	64 (77.1)
Beating to the body from a family member	41 (49.4)
Attack with a panga (machete) or other weapon	36 (43.4)
Tied up or locked up as a prisoner	32 (39)
Beating to the body from a non-family member	26 (31.3)
Rape or defilement (rape of minors)	26 (31.3)
Made to have sex with their husband when they did not want to	19 (25.7)
Sexual abuse or sexual humiliation	15 (18.1)

Table 3: Impact of Traumatic Experiences on PTSD Score

Variable	Models	
	(1)	**(2)**
Intercept	38.074***	34.785***
	(7.596)	(7.462)
Total # traumatic events experienced	--	0.464*
	--	(0.245)
SGBV trauma (# events experienced)	2.158**	--
	(0.957)	--
Non-SGBV trauma (# events experienced)	-0.215	--
	(0.409)	--
Age	-0.051	-0.069
	(0.132)	(0.134)
History of counseling	-0.785	0.994
	(2.771)	(2.825)
Education	0.518	0.614
	(0.898)	(0.939)
Income	1.592	1.851
	(1.209)	(1.155)
Married	3.199	4.833
	(3.901)	(3.423)
Single	2.066	2.978
	(3.295)	(3.438)
Number of children for whom you are currently main caregiver	0.652	0.683
	(0.478)	(0.513)
n	76	76
R^2	0.2075	0.1537
SER	11.177	11.464

(Standard errors provided in parentheses, * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$)

Table 4: Direct Effect of SGBV on Social Capital Variables

Variable	Models			
	1: Total social capital	**2: Self-blame**	**3: Social support**	**4: Social Trust**
Intercept	139.554***	30.529***	39.09***	22.831***
	(12.589)	(4.335)	(3.978)	(3.086)
SGBV trauma (# events experienced)	-2.057*	-0.272	-0.801*	0.556*
	(1.117)	(0.458)	(0.409)	(0.286)
Non-SGBV trauma (# events experienced)	-0.147	-0.009	0.058	-0.124
	(0.566)	(0.208)	(0.179)	(0.143)
Age	0.097	0.042	-0.012	-0.026
	(0.214)	(0.064)	(0.064)	(0.05)
History of counseling	-3.966	-1.027	0.402	-1.16
	(4.658)	(1.586)	(1.656)	(1.05)
Education	1.287	0.647	0.887**	-0.175
	(1.608)	(0.448)	(0.434)	(0.407)
Income (in thousands of Ugandan shillings)	2.435	1.109*	0.708	-0.822*
	(1.613)	(0.615)	(0.495)	(0.417)
Married	-3.419	-3.249	-2.108	0.849
	(4.622)	(1.933)	(1.698)	(1.146)
Single	-2.215	-1.366	-5.017***	-1.279
	(5.11)	(2.168)	(1.833)	(1.233)
Number of children for whom you are currently main caregiver	-0.136	-0.338	-0.008	0.28
	(0.797)	(0.354)	(0.26)	(0.179)
n	76	76	76	76
R^2	0.1407	0.1485	0.2360	0.2281
SER	17.611	6.57	5.576	4.049

(Standard errors provided in parentheses, * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$)

Table 5: Impact of Traumatic Experiences on Pro-Social Behaviors (Civic Engagement)

Variable	Models				
	1: Vote Local	**2: Vote National**	**3: Public Office**	**4: Groups (i)**	**5: Groups (ii)**
Intercept	1.439	1.348	-1.734**	-0.726	-0.829
	(1.416)	(1.294)	(0.831)	(0.785)	(0.809)
Total # traumatic events experienced	-0.003	0.011	0.042*	0.071***	--
	(0.035)	(0.035)	(0.025)	(0.017)	--
SGBV trauma (# events experienced)	--	--	--	--	-0.01
	--	--	--	--	(0.074)
Non-SGBV trauma (# events experienced)	--	--	--	--	0.103***
	--	--	--	--	(0.035)
Age	0.017	0.013	0.020	0.027**	0.025**
	(0.021)	(0.019)	(0.015)	(0.012)	(0.012)
History of counseling	-0.621	-0.651*	0.552	-0.354	-0.263
	(0.403)	(0.390)	(0.386)	(0.287)	(0.165)
Education	-0.211	-0.228	0.217*	0.032	0.039
	(0.167)	(0.162)	(0.125)	(0.131)	(0.137)
Income	-0.388**	-0.362*	-0.623***	0.094	0.099
	(0.193)	(0.195)	(0.184)	(0.157)	(0.162)
Married	1.871*	1.907*	0.226	-0.132	-0.078
	(0.982)	(1.014)	(0.409)	(0.253)	(0.273)
Single	-0.283	-0.354	-0.353	0.491	0.516
	(0.501)	(0.471)	(0.451)	(0.353)	(0.348)
Number of children for whom you are currently main caregiver	0.145	0.119	0.163**	0.041	0.045
	(0.091)	(0.084)	(0.069)	(0.044)	(0.044)
n	75	75	76	71	71
R^2	--	--	--	0.2946	0.3070
% Correctly Predicted	84.00	81.33	71.05	--	--

(Standard errors provided in parentheses, * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$)

Note: Models 1, 2, and 3 utilize probit regressions. Models 4 and 5 use OLS with robust standard errors.

Table 6: Effect of SGBV and Moderating Social Capital Variables on Social Behavior

Variable	**Models**			
	(1)	**(2)**	**(3)**	**(4)**
Intercept	41.116***	14.775**	23.048*	3.797
	(5.314)	(6.169)	(11.832)	(11.113)
SGBV trauma (# events experienced)	-0.340	3.641**	0.237	3.500
	(0.460)	(1.498)	(2.657)	(2.918)
Non-SGBV trauma (# events experienced)	0.089	0.223	0.068	0.191
	(0.247)	(0.222)	(0.225)	(0.194)
Self-blame	--	0.809***	--	0.750***
	--	(0.179)	--	(0.163)
Social support	--	--	0.463	0.326
	--	--	(0.317)	(0.244)
Interaction of SGBV and social support	--	--	-0.006	0.010
	--	--	(0.070)	(0.061)
Interaction of SGBV and self-blame	--	-0.123***	--	-0.122***
	--	(0.044)	--	(0.038)
Age	0.102	0.090	0.106	0.099
	(0.082)	(0.074)	(0.087)	(0.081)
History of counseling	-1.745	-1.152	-1.922	-1.358
	(1.848)	(1.784)	(1.738)	(1.693)
Education	-0.137	-0.328	-0.528	-0.614
	(0.669)	(0.639)	(0.652)	(0.617)
Income	0.390	-0.322	0.063	-0.489
	(0.636)	(0.686)	(0.658)	(0.672)
Married	-0.084	1.340	0.848	1.921
	(1.929)	(1.863)	(1.930)	(1.859)
Single	5.167**	5.562**	7.387***	7.301***
	(2.027)	(2.103)	(2.122)	(2.202)
Number of children for whom you are currently main caregiver	-0.226	-0.157	-0.223	-0.172
	(0.306)	(0.275)	(0.277)	(0.250)
n	76	76	76	76
R^2	0.1369	0.3033	0.2500	0.3793
SER	6.778	6.778	6.416	5.9302

(Standard errors provided in parentheses, * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$)

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