



EDID-GHDI Research/Thematic Report

Disability and the Women, Peace and Security Agenda: Learning from experiences in post-conflict northern Uganda



EDID-GHDI

Engendering Disability-Inclusive Development | Genre, handicap et développement inclusif

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About this report

This study was conducted between April 2023 and March 2024 in Gulu City, northern Uganda by Alice Kathleen Lakwech (Bachelor's degree in Law, Uganda Christian University), Abiya Fatuma (Bachelor's degree in Law, Women's Advocacy Network), Atyeno Docus (Justice and Reconciliation Project), Liliane Pari Umuhoza (Master's of Public Policy and Global Affairs, University of British Columbia), and Khayria Mansouri (Master's of Public Policy and Global Affairs, University of British Columbia), with guidance by Erin Baines (School of Public Policy and Global Affairs, University of British Columbia). It was funded by the Engendering Disability-Inclusive Development (EDID) Social Sciences and Humanities Research Council of Canada Partnership Grant as a thematic country study on gender, disability, and women in post-conflict settings, with a view to feed into the UN Security Council Women, Peace and Security Agenda (UNSCR 1325). The goal of the study was to both learn from the lived experiences of women with disabilities, while also creating a space for dialogue that fostered a sense of community and offered opportunities for advocacy to the aid community and Parliament. We would like to extend our deepest gratitude to all the participants in this study, as well as the NGOs and Community Organizations that supported us throughout this research. Your contributions and insights have been invaluable. We also want to thank EDID for funding this important work, which we believe will have a positive impact on women with disabilities in Uganda and inspire others facing similar challenges.



THE UNIVERSITY OF BRITISH COLUMBIA
School of Public Policy and Global Affairs



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1. Executive Summary

A primary objective of this study is to explore the unique experiences and challenges faced by women with disabilities in post-conflict settings. The findings are to inform policy making, advocate for policies that improve the lives of women with disabilities, raise public awareness, as well as advocate for their increased inclusion in the United Nations Women, Peace and Security Agenda (UNSCR 1325). The research was carried out in Gulu City, Acholi subregion in northern Uganda between April 2023 and March 2024.

The research employed a multi-faceted methodology, including semi-structured interviews with thirty women with disabilities and body mapping, a visual storytelling technique. The semi-structured interviews allowed for in-depth, one-on-one interactions with participants. Body mapping gave participants a platform to share their views and experiences through verbal communications, drawings, shapes, and colour.

Participants are survivors of the war in northern Uganda, led by the Lord's Resistance Army (LRA) under Joseph Kony, which took place in 1987 and lasted for over twenty years. During this conflict, the abduction and rape of women were used as weapons. Consequently, women survivors gave birth to children born of war and acquired disabilities from stepping on landmines or other war-related experiences. This had a profound and lasting impact on the population, particularly women with disabilities.

These women recalled at length the mental and physical exhaustion, as well as ill health, resulting from stigma, discrimination, and marginalization in various aspects of social life. These challenges span familial homes, marriages, interactions with in-laws, neighbours, government officials, service providers, teachers, doctors, landlords, employers, and customers. The nature of stigma, discrimination, and marginalization was shaped not only by their disability but how they came to acquire their disability.

For instance, as outlined in this report, women abducted as children who acquired their disability while in captivity endured multiple forms of harm due to their gender, disability, poverty, and perceived status as perpetrators. This marginalization has led to significant social and economic repercussions. The institution of marriage, for example, has suffered, leaving many women as single mothers. Land ownership remains a critical issue, with 95 percent of participants stating that they do not own land because land ownership is central to one's sense of belonging and it is passed through the paternal line and in marriage. Additionally, many women with disabilities have migrated from rural to urban areas, citing reduced stigma in towns, which they attribute to higher levels of education and awareness compared to villages. Other challenges include poverty, which hampers access to quality healthcare and basic needs, gender inequality, human rights abuses, and unemployment due to workplace discrimination and mistreatment in marketplaces.

Despite enduring emotional, physical, economic, and societal hardships, the women demonstrate remarkable resilience, a strong sense of family responsibility, and spiritual fortitude. The majority identify as Christians and find solace and healing through prayer in the face of challenges. Participants took several measures to improve their circumstances. These include ensuring accessible facilities for people with disabilities in hospitals, schools, and offices; advocating for equal employment opportunities in the public service; providing rehabilitation

through reparations, psychosocial support, and vocational training; and, crucially, including women with disabilities in the Women, Peace and Security (WPS) agenda.

2. Introduction

This research examines the intersections of gender, disability, peace, and security in post-conflict northern Uganda, with a purpose of highlighting the unique experiences and challenges faced by women living with disabilities in the region. The urgency of this topic arises from the need to address the marginalized status of women with disabilities in post-conflict settings and advocate for policies that enhance their lives. Disability is frequently accompanied by isolation, indignity, and various challenges such as financial, psychological, and emotional difficulties, as well as discrimination across multiple life domains. Participants in the study told us they encounter distinct barriers, including pervasive poverty and social, economic, and political exclusion. The study was conducted in Gulu City, northern Uganda between April 2023 and March 2024, conducting semi-structured interviews with 30 women with disabilities, and body maps as an arts-based method with five women with disabilities.

This research project specifically centres on disability to amplify the voices and wisdom of women who have experienced disability in the context of conflict and displacement in northern Uganda. The region's history of prolonged conflict, marked by displacement, abductions, and the tragic consequences of landmines, has left a lasting impact on the lives of countless women and girls. It is estimated that upwards of 65,000 persons—of whom up to 35,000 were children—were abducted during the conflict by the armed group, the Lord's Resistance Army (LRA), to fight, labour, and, in the case of women and girls, to force into marriages and motherhood (Pham, Vinck, & Stover, 2008). Many of the women in this study who experienced abduction acquired disabilities as a result. During their stay in captivity, they acquired their disability due to malnutrition, exhaustion, exposure, and impact by bombs, bullets, and shrapnel, as well as domestic violence, detention, and torture. Those who escaped often returned with children, and were faced with compounded discrimination due to the return with children of 'the rebels' who targeted civilians during the war. For those who returned with a disability, or with children with disabilities, they encountered compounded challenges and discrimination.

The study found that women with disabilities in post-conflict settings face challenges in all areas of life, including profound challenges in familial relationships, marked by family rejections from parents, siblings, and spouses, often leaving many as single mothers to navigate the complexities of providing for their children alone. Stigma and discrimination further compound their struggles, as they face derogatory nicknames and isolation stemming from societal ignorance and victim blaming. Without a strong familial network, women are sole income earners, yet they face multiple barriers to accessing education required for professional jobs, applying for and receiving loans for small business, and discrimination and low payment in trade jobs and the informal sector. Further, women with disabilities in this study experienced land insecurity, which has a generational impact on their children who, without the security of land, are placed at a greater social and economic disadvantage.

While such experiences have had a negative impact on self-esteem and the ability to meet basic human needs, women with disabilities in the study outlined several strategies they employ as they work towards the future, including pooling resources for savings and loans, building their

businesses, and finding lasting and meaningful relationships with their peers. They take pride and find dignity in their ability to raise their children and when they are able to support their education in schools. As Lalam told us:

Something that I love to do is a small business. It is from this business that I feed my children and provide the few basic needs for my family. I do not want other members of the community to undermine me just because I am a victim [of the war] living with disability. I don't want to live on people's pity only. I can do something for myself. It is very difficult for me to improve my life but as a human being, I always try so hard to avoid hearing people say, "Ohhh look at Lalam and her children, they are suffering so much."

Thus, while the study outlines challenges women with disabilities face in a post-conflict setting, it also highlights their strategies for realizing social and economic security and a sense of peace and dignity in their daily lives.

Finally, women with disabilities in this study have been exposed to high levels of gender-based violence, including domestic violence, marital rape, sexual assault, and exploitation. This is compounded when women with disabilities are unaware of their rights, some expressing the notion that they are assaulted by spouses or other family members as a form of discipline. Access to social services and healthcare are restricted by a lack of consideration for women with disabilities, a violation of their fundamental human rights.

By focusing on northern Uganda, this research seeks to unravel the intricate web of experiences of women with disabilities in a region scarred by conflict, aiming to inform policymaking, elevate public awareness, and advocate for the increased inclusion of these women in the broader Women, Peace and Security agenda. Ultimately, the goal is to foster community building and contribute to the development of disability-inclusive policies and projects that address the unique needs of this often-overlooked demographic.



Figure 1. Body Maps workshops, TAKS Centre, Gulu City, May 2023

3. Background to the Conflict in Northern Uganda

The war began in northern Uganda in 1986, shortly after the present-day President of Uganda, Yoweri Museveni, and the National Resistance Army (NRA) assumed control of the state in a coup-d'état. Resistance to NRA acts of terror against the predominantly Acholi inhabitants of the north came in the form of demobilized soldiers retreating and regrouping in the north, who eventually followed Alice Lakwena, a spirit medium who hailed from the north and formed the Holy Spirit Mobile Forces (HSMF), proving to be a formidable opponent until their defeat (Behrend, 1999).

In the late 1980s, Joseph Kony emerged as a spiritual leader, attracting civilian followers and the remnants of formerly defeated rebel groups—including the HSMF—to amass a significant army devoted to Kony under the name the Uganda People's Democratic Christian Army, eventually renamed the LRA in 1988. Following a series of military operations by the NRA—later renamed the Ugandan People's Defence Forces (UPDF)—the two parties entered peace talks with the rebels in 1993. When the talks failed, the LRA relocated to Sudan with support from the Sudanese Government, which was embroiled in its own war against the Sudanese Armed Forces, further aggravating regional tensions between Museveni and Sudanese President Omar al-Bashir. The war in Uganda soon morphed into a transnational one, with militias, community defense councils, foreign intervention, and state and non-state alliances fighting by proxy.

The so-called global ‘war on terror’ renewed US support to the UPDF post-2001, escalating the war significantly and with devastating consequences. Operation Iron Fist (OIF) (2022) displaced the LRA from bases in Sudan, triggering a counter-offensive in the north and east of Uganda (including the districts of Gulu, Kitgum, and Pader in Uganda, and Magwe County in southern Sudan). At the height of these military campaigns, more than 90 percent of the population were forced into overcrowded, poorly protected, and underserviced displaced persons camps where people were subjected to gross human rights abuses, war crimes, and crimes against humanity (Dolan, 2009). Upwards of 2.3 million persons lived in camps across the north and east, including the Teso and Lango region consisting of the districts of Apac, Lira, Soroti, and Katakwi.

The LRA’s main ‘recruitment’ strategy was to abduct men, women, and children, to labour and fight for their army. While in Sudan, girls and women had been forced into marriage to senior LRA commanders and to bear children. As the war escalated, a large contingent of mothers and children moved in a group to ‘safety,’ but they were exposed to helicopter gunships, bombs, severe exhaustion, dehydration, disease, hunger, and other forms of injury. As the war grew more intense, many commanders released them, or they otherwise found an opportunity to escape the devastation wrought by war and displacement in Uganda.

The violence and insecurity caused by the LRA’s attacks against the civilian population left around 200,000 people dead; an unknown number acquired disabilities as the result of landmines, direct bullets, torture and mutilation, and others as the result of lack of access to basic human needs. It must be noted that many of the population in Northern Uganda are still suffering from the impacts of the war such as high levels of poverty, missing persons, shortage of efficient health facilities, lack of adequate education, and many others. Where so many people had suffered at the hands of the LRA, women and their children who escaped long-term LRA captivity are often blamed for their actions, and so faced discrimination and exclusion, leaving them on their own to rebuild their worlds with their children.

Close to twenty years since the war ended in Uganda, and despite various international and national court trials and humanitarian programmes, the survivors continue to live precarious lives. The lack of housing and land for farming, food and economic insecurity, discrimination and stigma, and chronic illness compose the landscape of daily struggles in post-conflict Uganda. Following failed Peace Talks in Sudan (2006–08), the LRA retreated to the Democratic Republic of Congo (DRC) and Central African Republic (2006–) where it continues to be led by General Joseph Kony, but granting affected regions in Uganda a reprieve—to date, all the camps have been closed and all the people have returned to their villages. The following subsections further detail the devastation of the war.

3.1 Impact on women and girls

The LRA’s tactics disproportionately affected women and girls, many of whom were abducted and subjected to severe abuse. These women often endured forced marriages, sexual violence, and forced labour. The conflict also left a significant number of women disabled, either directly through physical violence such as landmines and bullets or indirectly due to the harsh conditions in displacement camps and lack of medical care. Women abducted by the LRA faced a multitude of hardships; they were not only victims of physical and sexual violence but also bore the

psychological scars of their experiences. The forced roles imposed on them disrupted their lives and futures, leading to long-term social and economic challenges upon their return. The stigma associated with their abduction and the children born from forced unions further complicated their reintegration into society (Carlson & Mazurana, 2008).

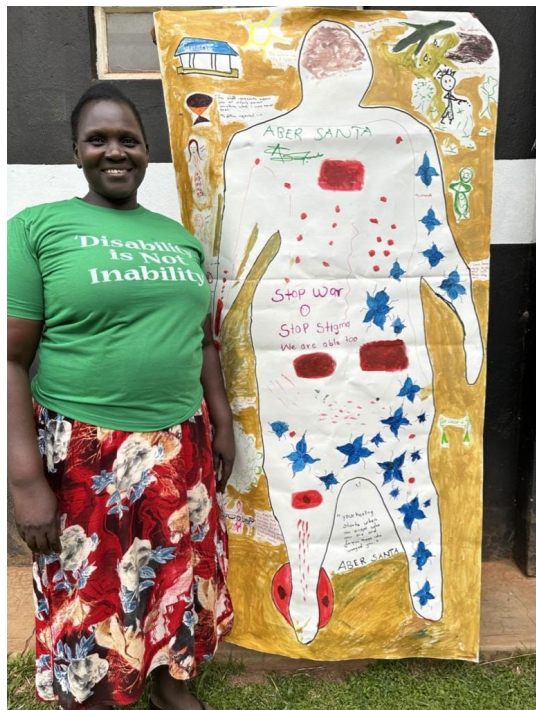


Figure 2. Body Maps workshops, TAKS Centre, Gulu City, May 2023

3.2 Displacement and humanitarian crisis

The Ugandan government's response to the LRA insurgency included multiple military strategies, one of which was forcibly displacing up to 90 percent of the population into poorly protected camps (Branch, 2013). These camps, intended to protect civilians, instead became sites of further suffering. The living conditions in the camps were deplorable, with inadequate access to food, clean water, sanitation, and healthcare, exacerbating the humanitarian crisis. During the peak of the conflict, approximately two million people were displaced, primarily in the Acholi region, but also in other northern areas such as Teso and Lango. The mass displacement disrupted traditional social structures and livelihoods, leading to increased poverty and dependency on humanitarian aid. The lack of adequate health facilities in these camps resulted in many preventable deaths and untreated injuries, further contributing to the high number of individuals with disabilities (Annan, Blattman, & Horton, 2006).

3.3 Continuing impacts and current challenges

Although the intensity of the conflict has decreased since 2008, with the LRA's activities shifting to neighbouring countries such as the Democratic Republic of Congo, South Sudan, and the Central African Republic, the legacy of the war continues to affect northern Uganda. The region still grapples with high levels of poverty, inadequate healthcare, missing persons, and

insufficient educational opportunities (Pham, Vinck, & Stover, 2009). Women who were abducted and acquired a disability during the conflict remain among the most vulnerable groups, facing significant barriers to rehabilitation and reintegration. The physical and psychological traumas they endured require comprehensive support systems, including healthcare, psychosocial services, and economic empowerment programs. The legacy of abduction, violence, and displacement continues to challenge the social and economic fabric of northern Uganda. Addressing the long-term impacts of this conflict requires sustained efforts from the government, non-governmental organizations, and the international community to rebuild lives and restore dignity to the affected populations (Okello & Hovil, 2007). It also requires an approach that prioritizes the needs of the most vulnerable, including women who were abducted and acquired a disability, to foster a sustainable recovery and long-term peace.

4. Ugandan and International Legal and Policy Frameworks

In this section, we introduce the legal framework in which our study is situated in order to understand the broader circumstances that may have influenced the lived experiences of women with disabilities in post-conflict northern Uganda.

There are international, regional, national, and policy frameworks that govern the protection of Persons with Disability in Uganda like The Universal Declaration of Human Rights, International Covenant on Civil and Political Rights, The UN Convention on the Rights of the Child, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), The United Nations Convention on the Rights of Persons with Disabilities, The African Charter on Human and Peoples' Rights (ACHPR), The Protocol of the African Charter on the Rights of Women, commonly known as the Maputo Protocol, The African Charter on the Rights and Welfare of the Child, The African Charter on the Rights of Persons with Disabilities, which was ratified in Uganda in 2023, The Constitution of Uganda (1995), Mental Health Act of 2019, The Children Act, Cap 59 and the Persons with Disability Act (2020), Revised National Policy on Persons with Disabilities 2023, National Children's Policy 2020, and Draft National Legal Aid Policy.

All these are designed to address the needs of individuals with disabilities. Additionally, Uganda, as a signatory to the Convention on the Rights of Persons with Disabilities (CRPD) (2006), is committed to an international instrument that establishes a framework for respecting the rights of persons with disabilities. However, despite these legal provisions, gaps persist in the implementation and protection of the rights of individuals with disabilities, as revealed through interviews conducted for this research.

While Objective XVI, Article 20, and Article 35 of the Constitution of the Republic of Uganda all provide that society and the state recognize the rights of persons with disabilities and uphold and protect their rights, interviews conducted illustrated that many individuals in the community instead abuse the rights of persons with disabilities.

Sections 3, 52, and 60(1) of the Mental Health Act provide for the protection of the rights of persons with disabilities, safeguarding their dignity, and recognizing their legal capacity. This aligns with Section 12 of the CRPD, which affirms their right to manage their affairs and make

decisions independently. However, in practice, many persons with disabilities find their decisions frequently disregarded by both the community and society at large.

Section 9 of the Children's Act as well as the National Children's Policy 2020, which are in line with Article 7 of the CRPD and the African Charter on the Rights and Welfare of the Child (ACRWC), provide for the duty to protect children with disabilities. However, during the interviews, we were able to understand that many children in Uganda with disabilities are abused by their own families, where they are locked up in the house and some even ignored and discriminated against by refusal of the payment of their school fees.

While Article 3 (of the CRPD), the Protocol to the ACHPRs on the Rights of Persons with Disabilities, and Articles 2 and 3 of the ACHPRs align with Section 3 of the Persons With Disability Act (2020), emphasizing dignity, non-discrimination, and equal opportunity, discrimination against persons with disabilities is pervasive, both within families and in broader community contexts. Interviews revealed that opinions of persons with disabilities are often undervalued during family meetings. Barriers such as poor roads and insufficient assistive tools limit their access to crucial locations, and the existing technology in Uganda fails to sufficiently cater to their information needs.

Article 9 of the CRPD focuses on accessibility, aiming to enable persons with disabilities to live independently and participate fully in all aspects of life. It obliges States Parties to take appropriate measures to ensure access for persons with disabilities, on an equal basis with others, to the physical environment, transportation, information, and communications, including information and communication technologies and systems, and other facilities and services open or provided to the public. These measures include identifying and eliminating obstacles and barriers to accessibility, which should apply to buildings, roads, transportation, and other indoor and outdoor facilities, including schools, housing, medical facilities, and workplaces, as well as information, communications, and other services, including electronic services and emergency services.

The interviews underscore the heightened vulnerability of persons with disabilities to various forms of abuse, from sexual and physical to emotional and verbal. Article 13 of the CRPD, Section 15 of the Persons with Disability Act (2020), the CEDAW General Comment No. 33, and the International Principles and Guidelines on Access to Justice for Persons With Disabilities (2020) emphasize access to justice for persons with disabilities. Unfortunately, individuals with disabilities, especially those facing sexual and gender-based violence, encounter challenges reporting abuses at police stations, where they are often ignored. Article 16 of the CRPD addresses freedom from exploitation, violence, and abuse, highlighting the stark reality that many persons with disabilities are subjected to such mistreatment.

Article 20 of the CRPD emphasizes personal mobility developments by states for persons with disabilities. Article 21 of the CRPD and Article 9 of the ACHPR address freedom of expression and access to information, but are not explicitly stated in the Ugandan Persons with Disability Act. Despite constitutional guarantees of freedom of speech, the practical application of these rights is lacking in Uganda.

Regarding education, Article 24 of the CRPD stresses the right to education for persons with disabilities. However, the ground reality does not align, as accessibility and inclusive education for persons with disabilities remain significant challenges. Lastly, Article 27 of the CRPD promotes work and employment for persons with disabilities, yet interviews reveal that many qualified individuals with disabilities are overlooked in workplaces.

The Maputo Protocol explicitly upholds the rights of women with disabilities, focusing on eliminating discrimination against them and ensuring their right to dignity, life, security, and integrity. It also provides robust protections against violence and addresses various other essential aspects such as their health, economic and social welfare, participation in decision-making, and protection in situations of armed conflict.

The CRPD does not at all create a distinguishing aspect between men and women with disabilities. The Act categorically places both women and men with disabilities at the same level. Disability, under the Persons With Disability Act, is referred to as a substantial functional limitation of a person's daily life activities caused by physical, mental, or sensory impairment and environmental barriers, resulting in limited participation in society on an equal basis with others and included an impairment specified in schedule 3 of the Act.

It is evident that Uganda's legal framework for persons with disabilities, specifically women, exhibits substantial gaps in implementation and practicality. The dissonance between legal provisions and lived experiences calls for urgent attention to ensure that the rights and dignity of persons with disabilities are genuinely upheld and respected in all aspects of life. It is crucial to also emphasize the need for enhanced implementation and localized measures to bridge the gaps in safeguarding their rights and ensuring inclusivity.

5. Women, Peace and Security (WPS) Agenda

In October 2000, the United Nations Security Council adopted Resolution 1325 (UNSCR 1325) on Women, Peace and Security, marking a pivotal advancement in integrating women's rights and gender equality into the UN's peace and security agenda. This resolution mandates member states to incorporate gender perspectives across all conflict prevention and peacebuilding efforts and reaffirms women's rights to participate in decision-making and leadership roles. The resolution emerged from extensive advocacy by civil society organizations and several member states dedicated to these issues, and it continues to be upheld by a dynamic and widespread network of activists, researchers, and practitioners.

Despite its comprehensive framework, the WPS agenda has notable gaps in addressing the intersection of gender and disability. As addressed by Stienstra (2019) in "WPS, Gender and Disabilities," women with disabilities often face compounded discrimination and marginalization, because of both their gender and their disability, which can exacerbate their vulnerability in conflict and post-conflict settings. Despite global recognition of both gender and disability rights, there remains a substantial gap in addressing the intersections of gender and disability within the Women, Peace and Security (WPS) agenda. The WPS agenda does not sufficiently account for the unique needs and challenges faced by disabled women, such as barriers to accessing relief services, heightened risks of gender-based violence, and exclusion from peacebuilding processes. For instance, Oyella, a participant from northern Uganda,

highlighted the double stigma faced by barren and disabled women, particularly in rural areas where support systems are scarce.

This oversight in the WPS means that the unique experiences and contributions of disabled women are frequently overlooked in peace and security initiatives, yet they face compounded forms of discrimination and violence in conflict and post-conflict settings (Grönlund, 2019.) This marginalization is evident in the testimonies of women like Adoch, who faced direct insults and deprivation of entitlements, and Lagum, who experienced severe discrimination and lack of support from both NGOs and government facilities. Atim described the communication barriers and refusal of villagers to buy from her due to her disability, reflecting the deep-seated discrimination women with disabilities encounter within their families and communities.

Additionally, a study on Liberian disabled women's experiences (Grönlund, 2019) reveals similar challenges, underscoring the need for more inclusive policies. These examples highlight the pervasive mental and physical exhaustion, stigma, and marginalization experienced by these women, which are deeply rooted in their traumatic pasts and present societal attitudes. Adoch shared how her disability led to hatred and eventual separation from her husband, showcasing the profound impact of social exclusion on personal relationships.

To fully realize its goals, the WPS agenda must expand its scope to explicitly include the needs and rights of women with disabilities. This involves implementing inclusive policies and practices that ensure disabled women have equal access to protection, participation, and resources in conflict and post-conflict settings. Integrating a disability-inclusive approach into the WPS framework would not only address the intersectional discrimination faced by disabled women but also enhance the overall effectiveness and equity of peace and security efforts (Stienstra & Nyerere, 2016). By recognizing and valuing the diverse experiences of all women, the WPS agenda can better contribute to sustainable peace and gender equality.

6. Literature Review

The literature on disability in conflict and post-conflict scenarios reveals a complex interplay of gender, peace, and security, particularly in northern Uganda. The challenges faced by persons with disabilities, especially women, are manifold, encompassing social, economic, and political dimensions. United Nations Security Council Resolution 2475 is pivotal, recognizing the unique impact of conflict on persons with disabilities and advocating for their inclusion in peacebuilding processes (UN, 2019). Despite this progress, significant barriers remain, necessitating ongoing efforts to implement inclusive practices effectively.

Historically, perceptions of disability have been rooted in marginalization and exclusion. Munyi (2012) explores how cultural attitudes towards disability have evolved, noting a shift towards more inclusive and rights-based approaches in recent decades. This transition aligns with the objectives of the United Nations Disability Inclusion Strategy, which emphasizes the need for comprehensive frameworks to address barriers faced by persons with disabilities in peace and security sectors (Mitra, 2021).

Generally, educational barriers are significant for students with disabilities in African higher education institutions. Obiozor, Onu, and Ugwoegbu (2010) discuss systemic obstacles that

hinder the full participation and inclusion of these students. The importance of adopting comprehensive policies on disability rights is emphasized, resonating with the UN Committee on the Rights of Persons with Disabilities General Comment No. 3 (2016), which advocates for mainstreaming disability rights across all areas of development, including peace and security.

Understanding disabilities requires a nuanced approach. The intersectionality of gender and disability is crucial, as it highlights the compounded vulnerabilities experienced by women with disabilities. This intersectionality is particularly evident in land-related issues in northern Uganda, where women with disabilities face heightened risks of displacement and exclusion (Mabikke, 2021).

The experiences of women with disabilities during the conflict in northern Uganda are profoundly marked by discrimination and violence, reflecting a complex interplay of gender, disability, and the brutal realities of war. These women faced multiple layers of marginalization, exacerbated by their physical and psychological impairments. During the conflict, the LRA systematically abducted women and girls, subjecting them to forced marriages, sexual violence, and labour, which often resulted in long-term disabilities (Carlson & Mazurana, 2008). The physical injuries sustained, combined with the lack of access to adequate medical care in displacement camps, left many women with permanent disabilities (Allen & Vlassenroot, 2010). Social stigma further compounded their plight, as women with disabilities were often perceived as burdensome and faced exclusion from community support systems (Okello & Hovil, 2007).

Gender-based violence (GBV) was rampant, both within the ranks of the LRA and in the broader society, where the breakdown of social structures due to the war left women with disabilities particularly vulnerable to exploitation and abuse (ReliefWeb, 2010). The psychological impact of such violence cannot be overstated, with many women experiencing trauma, depression, and anxiety, often without access to mental health services. Efforts to reintegrate women with disabilities into post-conflict society have been hampered by ongoing discrimination and the lack of targeted support services, highlighting the need for more inclusive and comprehensive rehabilitation programs. The intersectionality of gender and disability necessitates a nuanced approach to peacebuilding and development, one that prioritizes the rights and needs of women with disabilities, ensuring their inclusion in all aspects of societal rebuilding (UN, 2019). Addressing these challenges requires sustained efforts to dismantle discriminatory practices and provide accessible healthcare, education, and economic opportunities for women with disabilities in northern Uganda.

7. Methodology

This research employed a comprehensive method and design, consisting of mapping organizations, ethics approval, and obtaining consent to effectively engage with participants. Data collection methods include body maps and interviews, to help understand participants' complex experiences. The study also addresses the researcher's positionality, ensuring reflexivity and awareness of biases. Ethical considerations and care are central to the process, ensuring the well-being, respect, and protection for participants. Lastly, the research acknowledges its limitations, recognizing potential constraints and areas for improvement.

7.1 Mapping of the organizations and recruitment

The study began by mapping out organizations and survivors' networks working with persons with disabilities. Pre-visits to the organizations were conducted to understand their operations and introduce the project. Formal letters were sent out to the organizations detailing the research and requesting each organization to reach out to their beneficiaries to identify two participants that would then take part in the research project. Out of 10 organizations, five recommended participants to interview, resulting in a total of 20 participants. The remaining 10 participants were recruited from the Women Advocacy Network (WAN). Most interviews took place at Taks Art Centre in Gulu, northern Uganda, with a few conducted in participants' homes to accommodate for health reasons. A total of 30 interviews were conducted between April and June 2023. (Attached in the appendix is the list of the organizations mapped).

7.2 The participants

All participants are women with disabilities who currently reside in Gulu City, northern Uganda. The majority of women identify the war as the cause of their disability, be it through direct harm or structural, such as lack of access to adequate health care. At the time of the study, they were between the ages of 20 and 50 years old, living in different parts of Gulu district in Acholi subregion, in northern Uganda. Twenty-five participants have children. Only two own land. Most of them conduct small-scale businesses ranging from selling vegetables in the market to tailoring, while others are domestic workers.

The majority are single mothers. Some were abducted by the LRA and returned with children. The majority of the participants have a visible disability, while few are with an invisible disability. To identify participants, we started by mapping 10 different NGOs, CBOs, and survivors' networks working with women living with disabilities in Gulu City from the 22nd of July to the 27th of August 2022. It is through those institutions that we were able to identify the participants. In 2023 from the 30th of March to the 3rd of April, a follow-up visit was made to the organization that was mapped in 2022, and a letter was delivered requesting their support in a research project with EDID.

This was followed by a discussion about involving those organizations' beneficiaries in the research. We explained the research goal and participant criteria, and allowed time for questions. We then asked them to identify two female participants, aged 18 to 50, who acquired any form of disability as a result of war. We obtained 20 participants from those organizations and 10 more from the Women Advocacy Network (WAN). The research team contacted each participant and arranged an introductory meeting to explain the research and ensure they met the requirements. Participants reviewed and signed consent forms before we began conducting interviews.

7.3 Consent forms, ethics, and care

Before conducting each interview, the research team explained the research purpose and assured participants that their information would be kept confidential and used only for research purposes. Consent forms were provided for participants to sign, acknowledging their willingness to participate in the research process. Before each interview, participants were informed of their right to withdraw or skip questions at any time. We prioritized ethical care for research

participants by creating a welcoming interview environment, ensuring location accessibility, and providing T-shirts to participants and workshop facilitators for visibility. Participants received transportation support to facilitate easy access to the interview venue. Water was available, and counseling services were offered for emotional support, with a follow-up on their well-being post-interview. During the body map session, relaxation techniques were employed to foster a relaxed and comfortable atmosphere, promoting a positive and respectful experience for the participants.

7.4 Body mapping

Body mapping is an arts-based visual story-telling technique where individuals use drawings and symbols on a life-sized outline of their body to depict their personal experiences, emotions, and identities. According to Denov and Shevell (2021), art serves as “a method used to tell a story that visually reflects social, political, and economic processes, as well as individuals’ embodied experiences and meanings attributed to their life circumstances that shape who they are.”

Body mapping is a powerful tool for fostering a respectful space where participants’ views and experiences are prioritized, highlighting the perspectives of those frequently marginalized in society. It effectively and powerfully communicates participant experiences to the public, influencing policy makers by vividly conveying the lived experiences and perspectives of marginalized individuals through visual narratives. By presenting these experiences in a compelling, accessible, and evocative format, body mapping draws the viewer’s attention to specific issues with a level of urgency and relatability. Body mapping can thus have an empowering effect—used to advocate for people on a political level and for social change.



Figure 3. Body Maps workshops, TAKS Centre, Gulu City, May 2023

To gain further insight into the experiences of women with disabilities living in post-conflict settings, we invited five participants who were women leaders to participate in a one-day body mapping workshop in May 2023 at the Taks Centre. We built a relationship with the women prior to the workshop by meeting with them several times to explain the aims and scope of the workshop, answer questions, and give them time to prepare their children, homes, and accommodations. The workshop began with a trust-building exercise and an explanation of body mapping and its purpose. Each woman was paired with one facilitator, and a counselor was on site for the duration of the workshop for emotional support. Following introductions, the facilitator explained the concept of body mapping and how the day would proceed. To illustrate the concept of body mapping, the facilitator drew her own as well as the story of her own grandmother with a disability as she faced discrimination. Using the body map, she was able to explain growing up during the war in her country, and her personal struggle raising a family in a post-conflict setting.

Each participant created a full-sized body map by lying down on a large blank sheet of canvas as the facilitator drew an outline of their body. Afterwards, they worked with paint to visually represent in the body their response to four questions: (1) to depict with colour, shape, and image where in the body they locate their disability; (2) to map significant moments in their life stories as women with disabilities during and after the conflict; (3) to identify sources of strength, hope, and joy; and (4) to convey a message they would like to send to the world.

Throughout the day, we paused for games, breath work, singing, and dancing. We shared food together. The sense of community was high as we ended the day with a gallery, each woman presenting their body maps to the others. We ended in song and offered words of appreciation to one another.

7.5 Interviews

Participants were asked 14 open-ended questions reflecting on their lived experience during the conflict, daily life post-conflict, challenges they face, strategies they adopt, and the kinds of hopes and dreams they have for the future. Considering the sensitivity of this topic, the questions were developed in collaboration with local researchers to ensure they are culturally appropriate. Also, the team conducted a thorough assessment to avoid the possibility of re-traumatizing the participants. Originally in English, the questions were then translated in Acholi language for participants to understand. These open-ended questions allowed participants to fully share their experiences, focusing not only on their challenges but also on their resilience and aspirations.

7.6 Positionality

To locate ourselves in the study, we wish to introduce ourselves within the context of work in northern Uganda:

Abiya Fatuma: I am a law graduate from Uganda Christian University, a passionate human rights activist, and a peace practitioner. I served as a Research Assistant for the following report and as a Project Assistant at the Women Advocacy Network, a civic and social organization dedicated to the reintegration, reconciliation, and justice for women and children affected by the war. My passion for this work is rooted in my personal history. I am one of the children born as a result of the war in northern Uganda. The ongoing effects of the war such as the loss of lives, disability, and trauma, remain profoundly real to me and continue to affect many other victims to this day. This research resonates as it relates to my first-hand experiences with war and war victims. From the research, I learned that the challenges faced by persons with disabilities differ by gender, with women, especially those formerly abducted by rebels, suffering more than men and other women with disabilities.

Alice Kathleen Lakwech: My name is Lakwech Alice Kathleen, a Ugandan by nationality and an Acholi by tribe. I am a graduate of law from Uganda Christian University where I obtained a Bachelor's of Law Degree as well as a Post Graduate Diploma in Legal Practice from the bar. I am passionate about activism and human rights, particularly for vulnerable individuals who are unable to advocate for themselves. Currently, I serve as a Research Assistant and photographer for this project, as well as a Project Assistant at the Women Advocacy Network, an organization centred around the empowerment, reintegration, and justice for war-affected women and children.

Atyeno Docus: I work as a Project Officer at the Justice and Reconciliation Project, a national NGO that has been instrumental in transitional justice (TJ). Our mission seeks to understand and explain the interests, needs, concerns, and views of communities affected by conflict. I work in the Gender Justice Department, focusing on the transitional justice needs and concerns of vulnerable groups uniquely affected by conflict due to gendered experiences. These groups

include formerly abducted men and women, victims of sexual and gender-based violence (SGBV), and children born in captivity. My experience working with war-affected women in northern Uganda has greatly informed my participation in this research project as a lead researcher. For instance, I got involved in documenting personal history books to inform the experiences of war-affected women, enrolling women in livelihood projects, integration of their children, and advocating for their rights, etc. In this research project, I learned that women with disabilities face unique challenges and often remain under-recognized by NGOs, highlighting the need for specialized support for these individuals.

Liliane Pari Umuhoza: As a Rwandan student pursuing a Master's degree in Public Policy and Global Affairs at the University of British Columbia in Canada, my research positionality in examining the experiences of women with disabilities in Uganda is multifaceted. Having previously worked extensively with women genocide survivors in Rwanda and engaged in community-based initiatives throughout my career journey, I bring a profound understanding of trauma, resilience, and marginalization within post-conflict contexts. Drawing from my lived experiences and academic training, I approach this research with a commitment to amplify the voices of marginalized communities whilst advocating for inclusive policies and interventions that promote social justice and empowerment. However, I also recognize my limitations as an outsider in Uganda—a community with distinct cultural norms, language barriers, and unique challenges faced by women with disabilities. As an able-bodied researcher, I am acutely aware of the importance of humility, curiosity, and cultural sensitivity in navigating unfamiliar terrain. I approach this research with a deep commitment to learning from and respecting the ways of knowing local communities, acknowledging their expertise and lived experiences as invaluable resources for informing inclusive and contextually relevant interventions.

Erin Baines: I am a Canadian researcher and professor at the University of British Columbia who has collaborated for close to 20 years with a collective of women who were abducted during the war and formed the Women's Advocacy Network, a partner in this study. My approach to research and documentation is relational, that is, I value reciprocal and respectful relationships to co-create knowledge of relevance to the lived experiences of persons who endured the war and seek to remake their lives afterwards. Collaboratively, we consider the complexity of victimhood and justice, everyday acts of social repair, and the political possibilities of story and storytelling. Such efforts are focused on different communities affected by war, including working with fathers to children born in the LRA, persons with disabilities, mothers, their children, and families of the missing. The research effort of this study was inspired by meeting Prof. Deborah Stienstra, my former PhD examiner and the Principal Investigator of EDID, during a Women, Peace and Security Symposium in Montreal, Quebec, and the need to learn from and with women and girls with disabilities in conflict and post-conflict settings. I draw on the wealth of relationships with WAN and my co-authors to guide me in this study as a continuation of my commitment to working with new generations of scholars to challenge the normative assumptions of the WPS agenda, learning from lived experiences.

Khayria Mansouri: I am a second-year student in the final year of the Master's of Public Policy and Global Affairs (MPPGA) program at the University of British Columbia, with a Bachelor's degree in International Relations, specializing in peace, diplomacy, and security. I was honoured to work as a research assistant, co-authoring the following report. Having lived in Libya as a girl during the Arab Spring, much of my research is informed by the ways in which political and

social institutions inform each other. I view social relationships as sites of producing or reproducing entrenched power dynamics. This framing guides my research in security, enabling a critical examination of how power is distributed and maintained across institutional structures, often reinforcing the exclusion of central voices such as women with disabilities. Further, with a familial connection to disability, I am deeply connected to the commitment needed to challenge normative frameworks that frequently overlook those most affected by global security policies.

7.7 Limitations of the study

The study was limited to an urban city centre, excluding rural experiences, although a number of respondents had migrated to the city where they stated life was easier for them as they had greater access to humanitarian resources and employment opportunities. A second limitation was the inability to capture the lived experiences of young girls, as most had no memory of the war.

8. The Aftermath: Consequences Faced by Women Who Acquired Disability from War in Gulu

The interviews conducted shed light on the pervasive gender inequality faced by women with disabilities in northern Uganda, revealing complex challenges that exacerbate their already marginalized status in society. Interview transcripts consistently highlighted the harsh material reality women with disabilities were and are forced to encounter on a daily basis. The prevailing empirical evidence gathered in this report reveals stories of physical and emotional abuse, a limited ability to defend oneself, and an increased vulnerability compared to men with disabilities. Additionally, the societal custom of favouring men in terms of resources such as land further compounds the challenges faced by women with disabilities. The social landscape, as described by most interviewees, perpetuates discrimination, making it harder for women with disabilities to find meaningful relationships and contributing to their economic disadvantage. The interviews also emphasize the disparity in marriage dynamics, where men with disabilities are more likely to marry abled women, while the reverse is a rare occurrence due to societal perceptions. Economic struggles, limited job opportunities, and biases in the marriage market contribute to the hardship faced by women with disabilities. The societal expectations and responsibilities placed on women, paired with the prevailing cultural norms, create a challenging environment for women with disabilities to navigate.

Women with disabilities live in severe poverty, struggling to afford basic needs such as food, water, shelter, and clothing. Many cannot afford proper medical care or school fees for their children, leading to their children often choosing to not attend school. Disabilities often come with constant pain requiring treatment, but these women can typically afford painkillers only occasionally.

The challenges facing girls with a disability during the war were compounded by the lack of security which rendered people susceptible to disease, depression, alcoholism, suicide, and other health issues (Dolan, 2009). The constant state of insecurity and fear generated by warring parties within and around camps compounded the sense of insecurity. People were unable to farm their land and were fully dependent on humanitarian aid, yet frequent attacks on aid convoys meant it arrived sporadically. The underserviced camps at the height of the war resulted in more than 1000 deaths due to malnutrition and diseases (Human Rights Watch, 2010). The

challenges of such a setting were compounded by discriminatory practices against women living with disabilities and physical limitations of being able to run and hide from danger. One participant described life during the war as “survival of the fittest,” with limited access to food, water and health care.



Figure 4. Body Maps workshops, TAKS Centre, Gulu City, May 2023

As Sharon recalls,

There was suffering everywhere, getting food and water was difficult for everyone but for me, it was more difficult because I had epilepsy. Whenever there was an attack, everybody ran for their lives while those with a disability were abandoned at home at the mercy of the rebels. Mothers would typically run with their children, however the children living with a disability were often left behind. They were considered “useless,” leaving participants to feel disposable, and as if nobody cared for them.

Participants were interviewed to understand how the more than two decades of conflict and forced displacement shaped their lived experiences. As difficult as life was during the war and living in displacement, participants argued that post-conflict and reintegration upon return to

their respective villages posed a new set of challenges and painful experiences, each of which diminished their sense of peace and security due to gender and disability.

8.1 Broken family relationships

According to participants, family social status greatly influences participants' experiences, affecting how they are treated, the type of support they receive from family members, and their access to resources within the family. Ninety percent of the participants stated that they started experiencing stigma from their families in the form of rejection, discrimination, segregation, and ill-treatment or were treated differently from other family members like from their parents, siblings, spouses, in-laws, and other relatives. For example, Launu Susan stated that her mother did not love her the same way she loved other children because they thought she was dangerous.

While this is a near-universal experience of women with disabilities, it is also exacerbated by poverty, displacement, and abduction. Instead of finding comfort, love, care, and acceptance from the family members, participants reported facing rejection, discrimination, segregation, and lack of love and support. Their parents treated them differently from other siblings, and stigma within their own families compounded that in the general community. Most participants are denied access to land, education, other's food, or shelter by their own relatives because of the disabilities. Achan Mary gave an example that her parents did not leave any assets for their children with disabilities after their death. Further, women who returned from captivity reported rejection from their family members. Lalam shared her experience that she faced stigma from her biological father. Two weeks after her return from captivity, her father told her: "From today onwards, I do not want to see you around my compound because you are no longer my child. Your name has been deleted from the list of my children." These experiences underscore the profound and multifaceted challenges faced by women with disabilities, highlighting the urgent need for comprehensive support systems that address their unique circumstances and promote their inclusion and well-being.

Many women we interviewed mentioned that they are using their power and abilities to build their own support systems, despite the challenges. Some of them stated that they made the difficult decision to leave their family members and move to centres or towns where they struggle to survive on their own. For instance, Akello Sunday recalled how her siblings constantly made fun of and laughed at her, eventually leading her to disown them. Secondly, Lamunu recalled how "her family did not care [for her]" leading to her leaving home. The sting of being forced to leave continues each time she attempts to reach out to them: "When I call to check on them, they over-complain that I call too much, and they say I am [only] looking for support. This made me stop calling them." Amony is among the many people with disabilities who, like Achiro, left her village and migrated to town due to the stigma from her own relatives and neighbours. The stigma surrounding disability has driven these women to seek autonomy and better opportunities in urban areas, demonstrating their resilience and determination to improve their lives. This brings into question who then forms the care systems they rely on for protection and support. These women, too, should be afforded a supportive community.

Thirteen participants in the study are currently single mothers, each of whom struggles to provide basic needs to their children such as school fees, shelter, food, health care, and clothing. Childrearing is further complicated by the fact that their own children may internalize the

discriminatory perceptions of their motherland and may thereby disobey their mothers. Further, women with disabilities in the study pointed out that all mothers raising children alone, or who are unmarried, hold little to no status in northern Uganda. They are publicly shamed, referred to, and treated “like a prostitute” or “a lazy woman” who failed to manage her home. One participant stated that even when a man fell in love with her, he spoke to her only in the dark. He told her that if she got pregnant with him, she should tell people that it was the Holy Spirit responsible for the pregnancy.

8.2 Impact on marriage

Marriage is a central institution in northern Uganda, as in any society, and is expected to provide protection for women and children through a complex web of roles and responsibilities within extended families. This system includes the process of cuna, where marriage terms are negotiated between two clans. The war greatly strained marriages, resulting in the breakdown of such institutions and a high number of underage marriages. This experience is compounded, the study found, for women with disabilities.

During the interview, 12 percent of the participants stated that they are currently “cohabiting” with a man, meaning their marriage is not legally recognized, affording them little legal and financial security. Within their relationships, they face frequent insults and domestic violence. Polygamy, socially sanctioned in northern Uganda, often results in women with disabilities receiving unequal treatment compared to their able-bodied co-wives, leading to feelings of devaluation and public shame from their husbands. For instance, Atoo reflected:

I have always lived in self-regret because my disability has led to my inability to have a stable relationship or settle in life. No man wants to take you to their homes [to live in the paternal village] because their relatives see you as a burden. For example, there was a strong statement that came from my husband's people that, why was he bringing a [woman with a disability] and of what value will I add to their home?

Atoo admitted that it was necessary for her to overlook such painful comments in her marriage to move on. Many participants agreed, saying that insults, rejection, stigma, and discrimination within their romantic relationships were the greatest sources of strain, especially at the hands of their in-laws. Lakot, for example, shared that her in-laws rejected her because of her disability. Another participant, Akwero Scovia, said she was once wrongly accused of grave wrongdoing by her in-laws to coerce her into leaving the marriage, but she stood firm. Another participant, Akot, added that stigma negatively permeated her relationship, eventually leading her in-laws to force her husband to marry someone else. Adoch Fiona said her in-laws did not want her because she has a disability and encouraged the husband to leave her. She is now a single mother. In another example, Lagen Prosy mentioned that her able-bodied co-wives told her husband “Why are you wasting time with this lame woman who was in captivity, she might even hurt you or burn you one day.”

Finally, it is important to note that within the study, four participants stated they feared getting married. Aneno Norah said she made the decision to not marry or have children after witnessing how her colleagues were so badly treated by their partners and in-laws. Another participant

called Lakisa Prisca also reported that she is afraid of entering into a relationship and only mixes with men when she is doing business.

8.3 Denied access to land and accommodation

Access to land is crucial for women with disabilities in northern Uganda, particularly in Gulu, as it serves as a vital resource for their economic empowerment and social inclusion. Land ownership provides a means of livelihood through agriculture, ensuring food security and income generation (Mabikke, 2021). Moreover, secure land tenure helps mitigate the vulnerabilities associated with displacement and social marginalization, which are often exacerbated by disability and gender-based discrimination (Adoko & Levine, 2004). Ensuring that women with disabilities have equitable access to land is essential for fostering their independence and contributing to broader post-conflict recovery efforts.

Most participants interviewed had at one point lived in rural areas or were internally displaced during the war; others were abducted from rural homes but returned only briefly before relocating to Gulu City. Ninety-five percent of the participants stated that women with disabilities are better off living in the town centres of cities than in their home villages located near farmland or gardens. While land ownership is central to one's sense of belonging and security in the north, it is passed through the paternal line, and in marriage, women generally move to and their children inherit their paternal land. One is more likely to have access to land for agriculture, housing, and food in the village.

For instance, Lalam said that when you acquire a disability from war, you receive no sympathy. Those with non-war-related disabilities often have better access to property ownership. Women with disabilities frequently face denial of house rentals by landlords. Most of these women rent in towns or trading centres, and if a landlord discovers that a woman was abducted, she will lose her housing or be mistreated. They are often given derogatory nicknames like “olum olum” (people from the bush) for those who were abducted and lagoro (person living with disability) or “langolo” (mental disability or total inability and often used as an insult).

A woman's access to land often depends on her relationship with her extended family, either by birth or marriage, and the level of mutual support within that family. Participants stated that they were often treated with disrespect within their families and marriages, frequently being called ‘useless’ and, in some cases, experiencing physical abuse from family members. These challenges are compounded by the lack of recourse: there are few to no paid employment opportunities, making women dependent on family or husbands for basic necessities. Access to land for agriculture, housing, and food in the village is typically contingent on family relationships and support. This issue becomes profound as family members often refuse to share property, such as land, with their siblings who have disabilities. As Amony describes: “Another challenge is the future of our children. We don't know their fathers' homes, and they are not accepted at our parents' homes. When we are gone, these children will need to work hard to buy their own land, or they will become wanderers and die miserable like us.” This poverty is worsened by a lack of land ownership. Many women spend their limited savings on rent, living in small, inadequate spaces. They often share single rooms with their grown children, causing embarrassment and discomfort. Land is a crucial livelihood source in many African

communities, yet women with disabilities are often excluded from land division within families, seen as unproductive and undeserving.

8.4 Community rejection and stigma

Community rejection and stigma are significant issues faced by individuals with disabilities in post-conflict regions. During the war, many participants were displaced from their homes, making them vulnerable to rebel attacks, landmines, and car accidents, which resulted in disabilities (Allen & Vlassenroot, 2010). This displacement and resulting disabilities have had long-lasting effects on their lives, particularly in terms of social acceptance and access to resources.

Participants recalled the severe impact on their lives as children. For instance, Lagum shared her experience of being abruptly excluded from her childhood friends' group: "I was not allowed to play with other children, and neither did the children ever want to play with me. This really took me by surprise because, before the disability, I used to play with the other children normally." Children of disabled parents also face stigma from teachers and schoolmates, often being called derogatory names based on their parents' disabilities or perceived affiliations, such as "children of the rebels" for those whose mothers were abducted. Participants reported that community members stigmatized them for various reasons, including fear, jealousy when they received support from NGOs, and anger from those who lost loved ones during the war, holding the women responsible for atrocities committed during the conflict. Women with disabilities are often seen as useless or a burden due to their dependency on others for support and their inability to perform certain tasks.

Participants recounted emotional and physical abuse, including verbal insults and derogatory comments. For example, a woman shot in the face was referred to as "otike" (one with a chin), while others were called "mulema" or "langolo" (lame person), and "lagoro" (weak). Such slurs are often yelled at on the streets or used as direct insults. Lamunu, who frequently visits the hospital for medication, overheard a neighbour say: "Look, the mad girl is going to the hospital to get her medication." These stigmatizing words and references to women with disabilities highlight the deep-seated discrimination they face.

Participants also described the significant emotional toll of stigma and rejection. They spoke of loneliness and isolation, often avoiding social interactions due to fear of judgment and rejection. Name-calling has led to a loss of self-esteem, bitterness towards family and community, and an unwillingness to associate with others. As a result, many individuals with disabilities live impoverished lives, struggle to care for their children, and suffer from low self-esteem due to community disrespect and belittlement.

The stigma extends to their children, as Lamunu recalled: "Even presently, my children are insulted because of my disability, and they find it hard to go to school as they are constantly mocked for the appearance of my mouth."

Despite the diminishing effects of stigma on their self-worth, participants are aware that these negative perceptions do not define their capabilities. Abali shared: "I acknowledge that there has

been a change in how I look at myself because of my disability. I feel that I am missing something, but I believe I can do anything I set my mind to, even with this disability.”

Adol, a woman who survived abduction and returned with a disability, noted: “When you speak up for yourself, people say it is the demons you came back with from the bush [a reference to abduction by the LRA], which hurts a lot and has made most of us fear talking or expressing our opinions in public.” Achiro reflected on the impact of stigma on her participation in public life.



Figure 5. Body Maps workshops, TAKS Centre, Gulu City, May 2023

As a person living with a disability, my rights are not respected. For example, if there is a general community meeting, we are not informed, and if we are informed, we are never given the opportunity to air our opinions. They think that people living with disabilities do not have anything sensible to communicate. For instance, I have been to meetings where they only speak in English, yet I speak Acholi only, and there was no translator. I felt so useless sitting there because it was like nobody cared about me.

Discrimination extends to public spaces and gatherings, such as village meetings, where people with disabilities are often not informed or included. In leadership positions, such as clan leadership, individuals with disabilities are not prioritized. In community forums or NGO workshops, participants stated they are not given the opportunity to speak, even when they raise their hands to contribute to discussions.

8.5 Urban vs rural

Women with disabilities in urban areas have more independent business opportunities, access to group savings, skill development, and role models. They reported experiencing less intense stigma in towns, attributing this to higher education levels and greater awareness compared to villages. Urban areas also offer more support from well-wishers and NGOs, including training, psychosocial support, livelihood support, and financial aid. In contrast, village life demands physically challenging domestic labour, such as gathering firewood, hauling water over long distances, food preparation, and gardening, placing additional burdens on women.

8.6 Education

Many of the participants reflected on the relative ease of life before the war started, with fond memories of girlhood. They enjoyed playing with other children and exploring their surroundings together. As children, they shared a passion for education and big dreams to become teachers, doctors, nurses, or business women. As Sharon recalls, “I used to go to school and I loved it so much.” Unfortunately, their dreams were short-lived, as the war and forced displacement negatively impacted all aspects of their lives. Their opportunities and life circumstances were compounded by disability. The war severely disrupted their education, allowing attendance only during ceasefires, relative periods of peace, or within makeshift schools in displaced persons camps, many of which were overcrowded and poorly resourced.

Even in these circumstances, extreme poverty meant parents were unable to raise school fees, so many lost years of education. Those women who were abducted as children by the rebels and taken to captivity for many years completely lost the opportunity to study (Annan, Blattman, & Horton, 2006). Even when they returned, the level of poverty and disruption of displacement, compounded with their disability, meant they were the last in their families to be supported to go to school; their parents often prioritized the education of their able-bodied children, relegating their disabled children’s education to a lower priority. Additionally, many of these women lack the financial resources to access education.

8.7 Employment

Women with disabilities encounter substantial obstacles in the job market due to pervasive biases and a profit-driven value system. Employers often hesitate to hire them, prioritizing efficiency and profit over inclusivity. For instance, if a woman with a disability works more slowly when serving customers, employees may view this as lost time and missed opportunities. This perspective leads them to favour able-bodied individuals, who they believe can maximize business productivity and profitability.

As a result, women with disabilities rarely have stable jobs and often resort to casual work. Even when they possess the necessary qualifications, they are frequently overlooked, as employers prefer to hire less qualified individuals without disabilities. This bias stems from societal criticism and the misconception that people with disabilities cannot be productive employees. Even in cases where the participants are or had been employed, they report precarious and low-paid employment because they have been denied an education alongside the perception that they are unemployable.

Delayed salary payments are a significant issue for women with disabilities, marking a significant challenge to financial security. Dismissive and discriminatory responses are a common occurrence from employers as they question the right of the woman with a disability to ask about their pay. Oyella says upon inquiring of the employer, the response was “Who are you to question us? You a disabled woman who just survived from captivity, what do you know about money? Do you have your own capital?” As a result, many people with disabilities find themselves avoiding certain jobs and the discrimination that comes with it.

Some women with disabilities have received training in specific skills but are unable to secure employment in the sectors for which they are qualified. For these individuals working independently, a significant barrier to profit generation is a lack of customer base. According to participant Nyeko, customers are hesitant to give them work, such as tailoring, because they believe it will be done slowly or poorly. Oyella, who studied fashion and design, shared that no one employs her as a teacher because they reduce her to her disability rather than her knowledge and capability. Additionally, many women with disabilities do not get jobs because the job site is not accessible. Facilities often lack features like ramps or elevators, making it difficult to reach their offices, and rarely are there sign language interpreters available. As a result, people mistakenly believe that individuals with disabilities cannot be productive, despite their capabilities and intelligence.

8.8 Access to social services and infrastructure

Access to essential facilities such as hospitals, schools, and transportation is a significant challenge for women with disabilities in northern Uganda. These challenges are particularly acute in rural areas where infrastructure and services are often lacking. The disparities between urban and rural settings further complicate the lives of women with disabilities, affecting their health, economic opportunities, and overall quality of life.

a) Sanitation:

Villages are often not designed with the needs of people with disabilities in mind. Participants frequently mentioned the challenges of using pit latrines and outhouses, which expose them to unhygienic conditions and degrading experiences. Many public toilets are not well-structured for people with disabilities, are dirty, and require users to touch unclean surfaces, increasing the risk of disease and infection. There is a lack of support from NGOs or government facilities to address these issues, leaving women with disabilities particularly vulnerable. This neglect not only affects their physical health but also their dignity and mental well-being.

b) Transportation:

Access to transportation, such as taxis or buses, is difficult, making it hard for women with disabilities to travel to city centres or towns for medical services, employment, or other needs. In urban areas, although transportation options are more available, they are often not equipped to accommodate people with disabilities. In rural areas, the situation is even worse, with limited or no transportation services, making it nearly impossible for women with disabilities to access essential services and opportunities. This lack of mobility further isolates them and limits their ability to participate in community life.

c) Healthcare Facilities:

Women with disabilities face significant challenges in accessing efficient healthcare facilities, particularly in villages. The few available health centres are often far away, requiring long walks to reach them. These centres are inadequately equipped, often lacking medication and special accommodations for people with disabilities. For example, labour wards do not have special walkways or beds, causing additional suffering for women with disabilities during childbirth. In urban areas, while healthcare facilities might be more numerous, they still lack the necessary accommodations to effectively serve women with disabilities. The overall inadequacy of healthcare services exacerbates the health disparities faced by this population, leading to poorer health outcomes and a lower quality of life.

d) Schools:

Access to education is another critical issue for women with disabilities. In many cases, schools are not equipped with the necessary facilities to accommodate students with disabilities, such as ramps, accessible restrooms, or specialized learning materials. This lack of accessibility prevents many girls with disabilities from attending school regularly, limiting their educational opportunities and future prospects. In rural areas, the problem is compounded by long distances to schools and the absence of transportation, making it even more difficult for girls with disabilities to receive an education.



Figure 6. Body Maps workshops, TAKS Centre, Gulu City, May 2023

8.9 Various forms of abuse

The vast majority of participants in the study face a number of human rights violations from their families as well as the community. The violence is inclusive of sexual, physical, emotional, and verbal abuse. The violations include things like corruption where services meant for them do not reach them and many times they have to pay such that their rights are respected. Rights at their workspace are abused, where they are denied access to jobs because of their disability. In their marriages, many of these women are physically and verbally abused by their spouses.

Through the interviews conducted, there is an obvious distressing reality of abuse for women with disabilities in northern Uganda, reflecting the intersectionality of disability and gender. The narratives encompass various forms of abuse, with sexual abuse being a prominent and disturbing aspect. Aneno and Lamunu shed light on the prevalence of sexual abuse against women with disabilities and girls, with Lamunu sharing a deeply personal experience of her father orchestrating an assault to force her into marriage. The accounts underscore the vulnerability of women with disabilities to sexual exploitation and the impunity perpetrators often enjoy. Physical abuse is also highlighted, as Aneno describes the harsh reality of women with disabilities facing physical harm.

Domestic violence also emerged as a prevalent issue, with Maa recounting a harrowing experience of being tied and hung by her former husband. Emotional abuse compounds the plight of women with disabilities, with insults, victim-blaming, and community harassment being

recurrent themes. Ato and Lagen speak of the emotional toll, including insults, abuse from in-laws, and the community's judgment. Victim-blaming is evident, as Atim shares the unjust accusation of her disability being a consequence of her actions during the war. The narratives collectively portray a bleak landscape where women with disabilities endure multifaceted abuse, often with little recourse to justice or support. These harrowing accounts underscore the urgent need for comprehensive interventions that address not only the physical safety of women with disabilities but also the complex layers of emotional, sexual, and domestic abuse they face in their daily lives.

9. Senses of Peace, Security, and Resilience

In the aftermath of conflict, the concepts of peace and security take on deeply personal meanings, particularly for women living with disabilities in northern Uganda. These women's experiences reveal that peace is not merely the absence of war but encompasses a broader sense of well-being, security, and the fulfillment of basic needs. Their understanding of peace is intricately linked to their ability to access health care, secure stable income, maintain harmonious relationships, and live free from the lingering effects of conflict. Based on their interviews, this section delves into how these women define and experience peace and security in their daily lives, offering insights into the complexities of their post-conflict realities.

9.1 What is peace?

The perspectives shared by the women in the interviews illuminate a nuanced understanding of women with disabilities' sense of peace and security in the context of post-conflict northern Uganda. Lalam, a once-abducted woman living with a war-related disability, emphasizes the significance of easy access to basic needs, connecting good health and family well-being with her sense of peace. Lamunu and Aneno define peace as happiness and living harmoniously with others, noting the safety and income-generating opportunities in the absence of war. Maa, however, points out the lingering challenges and suffering that persist even in peacetime. Angeyo contemplates the idea of peace, and at times, she admits, she thinks life as a former captive of the LRA was easier for her children. Ayenyo reflects on the struggles in her marital home, indicating that peace remains elusive without the stability of a marriage. Arach Concy expresses a lack of peace due to continuous suffering, while Akello Sunday notes a slight change without the constant threat of war. Anena associates peace with freedom from long-distance running and receiving good news. Lajara, Akunu, and Lamunu offer varying perspectives on the changes in their lives following the end of the war, with some finding peace in improved health, financial stability, and legal protection for persons with disabilities.

Akanyo emphasizes she has found peace in the companionship of her daughter, referring to the importance of strong relationships. Lagum connects peace with good health, while Agom and Labol find peace in love, support, and the hope of a better future. Akot identifies financial stability as a source of peace, and Lakica Prisca associates peace with accomplishing unique tasks and having people around. Achiro seeks peace in a thriving business and the well-being of her children. Lamaro finds peace in realizing her dreams and the success of her children. Lawoko Brenda defines peace as good health, education for her children, household sufficiency, and harmonious relationships with co-wives. Collectively, these diverse narratives reveal the multifaceted nature of peace for women with disabilities in northern Uganda, encompassing physical

well-being, financial stability, family, social connections, and the absence of conflict. Adol acknowledges that life is better post-war, finding contentment in connecting with others. In summary, participant responses indicate that the cessation of war does not automatically translate into peace or security, but rather locates such senses in the relationships and basic needs that afford a meaningful life with dignity, love, and care.

9.2 Healing, love and care

The spiritual resilience of the women in the study is evident, with a majority identifying as Christians who turn to prayer in the face of challenges, finding solace and healing through their faith. Storytelling plays a crucial role in their coping mechanisms, as women with disabilities share their diverse experiences with colleagues, friends, and community members. Opening up about their challenges fosters a sense of connection and mutual support, leading to collaborative problem-solving. Many participants are part of savings groups, meeting weekly to pool resources for various needs, including education. These meetings serve as platforms not only for financial support but also for sharing personal stories, especially among those who acquired a disability due to conflict. Forgiveness emerges as a powerful theme, offering participants a means of healing from the stigma and segregation prevalent in society. Many find strength in forgiving perpetrators, especially those who acquired a disability by the war, viewing it as a crucial step towards emotional well-being.

Additionally, self-acceptance is identified as a foundational aspect of healing, as participants embrace their disabilities and the circumstances surrounding them, viewing acceptance as the initial phase of their journey towards recovery. Finally, participants acknowledge that their friends are the only support system they have, they run to friends for emotional support and material support, and they are just like part of their family. Without friends, they would not have survived, e.g., some when they got injured with landmines, others when abducted and returned home.

The participants wish for a peaceful and just world where every human being is treated equally without discrimination. A world where people living with disability are supported to live just like other people. It is their prayer that the laws on the rights of people living with disability are strengthened enough to protect them and make the world a better place for them. Lawoko asked us to pass along the following message: “I want the world to know that we are able and if given the opportunity, we can contribute a lot to the world.”



Figure 7. Body Maps workshops, TAKS Centre, Gulu City, May 2023

9.3 Navigating post-conflict realities

In post-conflict northern Uganda, women with disabilities have demonstrated remarkable resilience and determination to thrive, despite the challenges they face, by developing and honing various skills that empower them economically and socially, helping to combat stigma and inequality in their communities. The body maps method has been instrumental in revealing the depth of this resilience, allowing women to express their experiences and aspirations visually and narratively. For instance, Fatima, who returned to school to study journalism, has emerged as a powerful leader and advocate, using her voice to champion the rights of women with disabilities. Similarly, many women have successfully established themselves in tailoring and market vending, organizing communal unions that provide mutual support and collective empowerment. These activities are not merely about economic survival; they are about reclaiming dignity and creating spaces where their voices can be heard. One participant noted, “Playing basketball helps me feel strong and respected,” highlighting how involvement in sports has allowed these women to combat stigma and assert their presence in the community. Through

these efforts, women with disabilities in northern Uganda are redefining their identities, fostering social and economic security, and contributing to a more inclusive and equitable society.

10. Conclusion

The study on gender, disability, peace, and security in northern Uganda reveals the complex challenges faced by women with disabilities in post-conflict settings. It employed semi-structured interviews and body mapping to gather in-depth insights into their lived experiences, aiming to inform policy makers and raise public awareness about the critical issues facing women with disabilities in northern Uganda, thereby fostering sustainable peace and development in the region.

The findings show that women with disabilities, especially those who acquired a disability throughout conflict, face significant barriers in familial relationships, economic opportunities, and social inclusion. The legacy of the Lord's Resistance Army (LRA) conflict has left many women with both physical and psychological scars, compounded by societal stigma and discrimination.

Key challenges include the breakdown of familial units, land insecurity, poverty, and limited access to education and healthcare. Despite these adversities, women with disabilities demonstrate remarkable resilience, often relying on spiritual faith, storytelling, and mutual support within savings groups to cope with their circumstances. The study emphasizes the importance of self-acceptance and forgiveness as crucial steps toward healing and recovery.

The research advocates for a holistic approach to rehabilitation and reintegration that prioritizes the dignity and rights of women with disabilities, ensuring their inclusion in all aspects of societal rebuilding. It stresses the need for comprehensive support systems to address the unique needs of women with disabilities in post-conflict settings. Additionally, there is a need for better facilities to support the mobility of persons with disabilities and equal employment opportunities in public service. Recommendations include enhanced government enforcement of disability rights laws, community sensitization to reduce stigma, and the inclusion of women with disabilities in the Women, Peace and Security agenda.

11. Recommendations

NGOs:

1. Support persons with disabilities with Psychosocial support.
2. Ensure that their programs and initiatives are designed with a gender-sensitive and disability-inclusive approach. This means recognizing the intersectionality of gender and disability and addressing the unique needs of women with disabilities in all aspects of NGO work.
3. Offer microloans, grants, and mentorship programs to support individuals in starting and sustaining their businesses.
4. Conduct campaigns to raise awareness about disability rights and reduce stigma and discrimination in communities.

5. Ensure that persons with disabilities are included in decision-making processes within the NGO and broader community initiatives.

Community:

1. Implement community-based initiatives that raise awareness about the challenges faced by women with disabilities and promote their full inclusion in all aspects of community life, including leadership roles.
2. Facilitate the creation of support groups and networks for women with disabilities to share experiences, offer mutual support, and advocate for their rights.
3. Launch community awareness campaigns to challenge and change negative perceptions and attitudes towards women with disabilities. Educating communities on the rights and capabilities of these women can help reduce stigma and promote greater social inclusion.

Government of Uganda:

1. The government should enforce the law that protects persons with disabilities in Uganda, and the perpetrators of the different violations should be held accountable for their actions.
2. The government should provide community sensitization programs on the different disabilities to avoid stigma as well as sensitizing the persons with disabilities on their different rights.
3. Legislators should table issues that concern persons with disabilities on the floor of parliament so that it is discussed and appropriate measures are taken.
4. The government should ensure that there is equal opportunity for persons with disabilities to get employed in public service just like any other abled persons.
5. The government should provide rehabilitation of the victims of conflict through reparation, e.g., landmines survivors, victims of abduction who are now with a disability, etc.
6. The government should ensure good facilities that support movement of the persons with disability to access their premises like hospitals, schools, offices, etc.

Women, Peace and Security Agenda:

1. Strengthen legal frameworks that protect the rights of women with disabilities in conflict and post-conflict settings. This includes advocating for the enforcement and strengthening of legal frameworks that protect the rights of women with disabilities in conflict and post-conflict settings, ensuring that states are held accountable for their obligations under international law.
2. Push for inclusion of women with disabilities in the Women, Peace and Security agenda. This includes specific policies and practices that enhance their participation in peacebuilding processes and access to resources.
3. Improve data collection on the experiences of women with disabilities in conflict and post-conflict settings. This will help to identify gaps in the current WPS agenda and inform the development of more inclusive and effective policies.
4. Support programs that provide economic opportunities for women with disabilities, such as vocational training, microfinance, and entrepreneurship initiatives. Economic independence is crucial for their security and ability to contribute to peacebuilding.

UN/Gender inequality:

1. Enact policies that address gender inequality and protect women with disabilities from physical abuse, ensuring their safety and security.
2. Implement measures to provide equal access to resources such as land, addressing economic disparities and empowering women with disabilities economically.
3. Challenge societal norms and cultural biases through awareness campaigns and education, promoting inclusivity and respect for the rights and agency of women with disabilities.
4. Facilitate job opportunities tailored to the needs of women with disabilities, enhancing their economic independence and social inclusion.

UN/Peacebuilding:

1. Prioritize accessible healthcare and social services to address basic needs, ensuring the well-being of women with disabilities.
2. Implement programs for income generation and economic empowerment, aligning with the women's views on peace tied to financial stability.
3. Provide legal protections and support systems for women with disabilities
4. Foster strong social networks and support structures, acknowledging the significance of companionship and relationships for peace, as emphasized by many women.

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13. Appendix

LIST OF 10 ORGANIZATIONS MAPPED

1. NATIONAL UNION OF WOMEN WITH DISABILITIES OF UGANDA (NUWODU)
2. GULU WOMEN WITH DISABILITIES UNION
3. GULU PERSONS WITH DISABILITIES UNION
4. TPO UGANDA
5. CENTER FOR VICTIMS OF TORTURE
6. EXPLOSIVE ORDNANCE NETWORK SURVIVORS
7. CHILDREN CARE UGANDA
8. YOUTH LEADERS FOR RESTORATION AND DEVELOPMENT
9. GULU DISTRICT HEADQUARTERS
10. NATIONAL UNION OF DISABLED PERSONS OF UGANDA (NUDIPU)

LIST OF 5 ORGANIZATIONS WHO SENT IN 20 PARTICIPANTS FOR EDID RESEARCH

1. NATIONAL UNION OF WOMEN WITH DISABILITIES OF UGANDA (NUWODU)
2. EXPLOSIVE ORDNANCE NETWORK SURVIVORS
3. GULU WOMEN WITH DISABILITIES UNION
4. GULU PERSONS WITH DISABILITIES UNION
5. GULU DISTRICT HEADQUARTERS

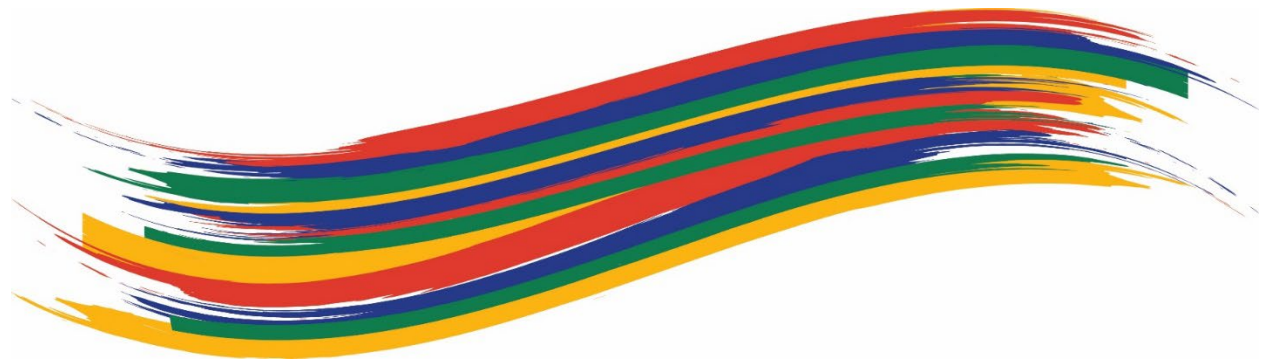
WOMEN ADVOCACY NETWORK (WAN) SENT 10 PARTICIPANTS FOR THE EDID RESEARCH



EDID-GHDI

We acknowledge our presence and work on Indigenous Territories. We respectfully recognize the persistent and unequal effects of colonization on Indigenous peoples and all Canadians.

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