BREAKING THE SILENCE OF MENTAL HEALTH AND IPV
Greetings our dear readers,

I salute you all in your different capacities. Mbalamusizza nnyo mwenna mu bitibwa byammwe.

I am excited to finally bring to you our fourth issue of Bombastic Magazine. Please accept our (my team and myself) apologies for the rather long delay in producing this particular issue. As you will see throughout this address, KTMG like most LGBTIQ community organisations, is being greatly frustrated, especially in project implementation by the constraints resulting from lack of funds and the much-needed donor support.

Before I get to that, however, I would like to introduce the magazine. This year, we are focusing on very urgent issues that the LGBTI community needs to openly address - that is intimate partner violence (IPV) and mental illness. It is time to stop focusing on HIV because it is not the only health problem that affects Uganda's LGBTIQ community. It is no secret that many people within the community continue to succumb to different forms of cancer, suffer from different forms of mental illnesses like depression, anxiety and being suicidal as well as being victims of IPV but they choose to silently bear with the situations they are caught in. With this issue, we seek to bring these matters to light and break the silence that surrounds them. There is no shame in being a victim or having a mental health issue. Our objective is to start the conversation and hopefully, have people investigate further how best to deal with these two silent killers.

While we are committed to bringing to light all these problems, our efforts are crippled. How are we supposed to implement projects or even tackle the problems when the funders continue to either downsize their support or withdraw it altogether? Uganda continues to be a red-hot zone, especially for the people at the grassroots level and the ideology that the repealing of the Anti-Homosexuality Act made this nation safe for sexual and gender minorities couldn't be further from the truth. If anything, now would be a great time for funders to help us re-strategize for a repeat of 2014. From what we have seen and heard, the Anti-Homosexuality Bill (AHB) will find its way to Parliament soon or later. It is time to support this movement more than ever because if we strategize correctly, we can make use of this breathing space that we have. We can lay a solid ground for if and when they spring another bill on us so that we are not caught off-guard ever again.

I would like to thank each one of you that heeded to our call and sent in stories for this edition. Thank you for sharing your stories and lives – sharing and owning our narratives is the only way we will be sure that they won't be used against us and you can also be sure that they will change someone's life out there. I also know that sharing deep parts of yourselves is not an easy process, but you did it for the greater good of our community. Thank you for your selflessness, for refusing to be ashamed yet you are the victims, for wearing your truths and realities with boldness and courage. It is because of you that we keep doing what we do. And we pledge our continued commitment to serving our community. Please utilize all the Kuchu Times Media Group's platforms i.e. website, radio, television; they are at your disposal.

Don't forget to get in touch with us with feedback; carry on with this work for we need your support morally, socially but MOST IMPORTANTLY, financially.
My name is SANDIE (not real names) and I’m sharing my story in the hopes that someone out there who has been brutally abused by people they trusted can reclaim their life.

I was in a one-sided relationship that tore me apart until I painfully chose to walk away from both the physical and psychological abuse that had sadly become part and parcel of my life.

I am an out transgender woman who, like many trans persons, has treaded through the self-delivery road. When I first got with my ex-partner (let’s call him Sam), I thought I was gay although I was very sure that I did not like the body I was in. With time, it became very clear to me that I was a transgender woman and I have since started my transition process.

Sam and I were each other's first same-sex relationship- and it is because of this that I believe there were way too many expectations on both sides as well as very little willingness to compromise - a character duo that led to the quick demise of our relationship. Sam was also 10 years my senior and we had dated for well over a year before we got married. While we were dating, we had quite several arguments and every once in a while, Sam would hit me. This should have been a clear sign of trouble, but I was in love and believed we could make things work.

Soon after our wedding, Sam became increasingly violent. He also started spending many nights away from home, was drinking heavily and on most days didn’t make it to work because he was hangover. These red flags did not stop me from giving my marriage everything I could to make it work.

He was strongly opposed to my transitioning and on several occasions ridiculed me for being a trans person. “No, you can’t be a transwoman because that is not who I married. If you want to be a woman, we could as well call it quits,” he would say every time I brought up how I felt. Because I was in love, I convinced myself that the right thing to do was stay and cater to my man.

Six months into our marriage, the violence got worse. He started speaking to me disrespectfully even when we were in public. A minor disagreement - from my failure to cook to not being in the mood for sex - would lead to a thorough beating. As if all this was not suffering enough, Sam stopped me from seeing my friends or having any visitors at home. He was not only abusive but also controlling yet we were living in my house- a gift from my elderly grandmother.

I was raised by my grandmother and I saw how she treated her husband - she knelt for him, made sure he had food even when he returned home drunk and she never left her marital home no matter how many times he beat her. I believe that I stayed with Sam for as long as I did because of these beliefs that I had picked...
from my grandmother.

When things got really bad, I resorted to talking to some of his friends. I hoped that they would make him see reason and help him get his life back on track. This alienated him—he started staying away from home for longer. However, the one thing I realized from these conversations was that Sam was telling a very different story about what was happening at home. He made his friends believe that I was sleeping with other men and disrespecting him. In fact, many of our friends were in complete shock when they heard my side of the story.

One night, he came home drunk and we got into a fight. Tired of all the beatings I was receiving stoically, I fought back. I had never seen him that outraged and thought he would kill me. It was then that I decided it was best for us to go our separate ways.

I reached out to friends that he had forced me to cut communication with. Many were supportive and I clearly remember one of my closest friends saying, “Sandie, I know you are a strong person. This man isn’t going to take away all that you’ve worked for.” Just like that, I let go of a man I loved very deeply but I know this decision saved my life.

What is ironical though is that Sam did not expect me to be submissive and do all things that are traditionally expected of women. One of the things that hurt me most was how quickly he moved on. Within two months of our separation, he moved in with someone else and shortly after that, they were expecting their first child. I have never even heard about them having a fight which makes me wonder what it was about me that made him that violent.

I must admit, I sank into a jealous pit and started obsessing over him. In my head, I wanted to prove to his wife that she wasn’t better than me. I wanted to compete with her to prove I could have her man if I wanted to. And for a while, I think it worked but all he talked about when we were together was his wife and child. I was not going to put myself through any further psychological torment and chose to let him go for good.

It has been quite the healing process and because of the emotional trauma and the physical abuse, it took me a while to settle with someone else. I still have trust issues that I’m working on. Unfortunately, these have affected all my relationships after Sam. I hope to one day be able to move on and not have my past experiences affect my relationships.

I am currently undergoing hormonal therapy and I hope to steer clear of relationships until I have fully completed my transition.
Nakato Nabukenya is a 34 year-old mother of four. She has been a sex worker since she was 16. Orphaned at an early age and raised by her step mother who was by no means kind to her, Nakato grew up with very little ambition and self-worth. At the age of 14, she was defiled and had her first child as a result. She confided in her stepmother who outrightly blamed her for the defilement and unwanted pregnancy. In fact, she called her a harlot and accused her of luring her defiler. The defiler was a man living in their village and he got off scotfree because no one believed the 14-year-old Nakato’s defilement story. Nine months later, Nakato who was still a child herself gave birth to her first born.

At the age of 19, Nakato met a young man whom she had a brief relationship with. With him, she sired her second born child. She quickly learnt that being a mother came with responsibilities which she could barely meet since she had no money or job. She was determined to fend for her children and with no skills or education, she entered the sex trade.

A few years in, she met another gentleman with whom she settled and hoped she would build a life with. He was a truck driver and was away from home for long periods of time. Together they had two children. When their second child was three years old, Nakato and her husband got into a fight like they often did and he stormed off into the night. She did not think much of this as their fights often ended this way. However, that was the last time she saw him. Next she heard, he was settled with another woman. Once again, she was left on her own to fend for her children and she fell back to sex work.

As fate would have it, on one of her nights out, her little shack house in the slum caught fire and she lost her two youngest children. While she does not fully know what transpired that night, Nakato believes, a candle fell on the mattress on which the two little children were sleeping tragically cutting their lives short.

Shortly after the death of her two children, Nakato also discovered that she was HIV Positive. She says this period was the darkest time in her life. She could barely tell night from day and sank into depression. Here she was still mourning the loss of her children and now she had to deal with the fact that she had HIV. The reality of her surviving children needing food and shelter forced her to put all emotions aside and get back to sex work.

Nakato says she was numb and went through the motions with very little care. What snapped her out of this phase was another tragedy that made her realise that she had to fight tooth and nail to provide for her children. While on one of her night work shifts, she met a client who paid her the amount they had agreed upon. The next day, however, she was woken up by a heavy banging on her door only to be arrested for allegedly stealing her client’s money. Nakato swears she never saw the money she was accused of stealing. She was arrested and thrown into jail for nine months, during which time, her fellow sex workers made it a priority to provide food for her children, send them to school and pay rent for their house.

She came out of prison a changed woman. She was done with the self-pity and was determined to make the most of what life had to offer. She quickly got in touch with her old clients and got back to work. Nakato, says these acts of generosity from her colleagues not only helped her children but they also saved her life. She realized that if other people could stand in the gap for her, she owed it to herself and her children to give them the best life she could afford. While for many this kind of life sounds plain awful, for Nakato, it is the closest she will ever get to providing a decent life for her children. Hers is a story of a woman beating depression, great loss and the stigma of being HIV Positive and continuing to work towards bettering her life and the lives of her loved ones.
Mental illness is a common ailment in the LGBT community - an ailment that is perhaps not given the attention it deserves. While most people think of mental illness as that unknown man on the street you go by every day - the one in tattered clothes, unkempt hair and seems to live on handouts from sympathetic by passers, that’s just the tip of the cake.

Mental illness ranges from severe depression to anxiety, personality disorders, panic attacks, substance abuse, eating disorders, bipolar disorder among others. Recently, Dr Paul Nsubuga Semugoma, the founder of Frank & Candy Uganda who currently lives in South Africa opened up about his battle with mental illness. This intimate and sincere disclosure could be viewed as an opportunity to start the dialogue on how best to handle mental health problems within Uganda’s Lesbian, Gay, Bisexual, Transgender and Intersex community.

Mental illness is a problem that many continue to battle silently out of fear that they will be shunned or viewed as outcasts. However, now more than ever, the dialogue must begin. We must all chip in, in whatever capacity we can, to help our brothers and sisters to courageously battle this ailment.

Below is Dr Semugoma’s missile as shared on his Facebook page. Therein, he highlights his personal journey of acceptance and willingness to seek professional help; practices that sufferers could also embrace.

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My name is Invisible V. I am a transgender man, above 18 and I work with Tranz Network. I am a social, kind and loving person. Biologically, I was born the only female and I'm the last born after three boys. My siblings and I are orphans - I never saw my father and I lost my mother in 2006. I didn’t complete my education, I dropped out in Senior Four. From then till now, I have been struggling with life, but I thank God that I found another family in Tranz Network - they accept me as I am.

Growing up, I have always felt like a boy. I don’t wear dresses, ‘girlie’ outfits look funny on me. I grew up wearing sneakers, shorts, buggy pants and my hair was always chopped. It wasn’t just about the dressing, I really did feel like a boy but had no idea this was a natural occurrence.

Initially, I fought it and my brothers fought my boyish tendencies even more. They always told me that I am not supposed to be a boy but a girl and when it became clear that I would not be furthering my education, they quickly reasoned that I was now mature and ready for marriage.

Most transmen have identified as lesbians before. I was very aware of my attraction to women and identified as a stud - I didn’t know about transgender persons or non-gender conforming persons so I thought I was just gay and called myself as thus.

I got introduced to Williams but still I didn’t really understand what it meant to be trans. William started sensitizing and offering me several resources to help me understand what I was feeling and generally understand what it meant to be trans. Everything I read opened my eyes and mind, I felt like all the resources were describing me.

I didn’t go through your typical journey of self-acceptance like most people in the LGBTI community. First of all, since I was a little boy, my mother dressed me up in sneakers, shorts and t-shirts. Whenever the neighbours complained, she would tell them to go and dress their daughters whichever way they preferred but they most certainly wouldn’t be deciding how she dressed me.

After my mother’s death, I went to live with my brother in Tanzania. His wife is a very religious person and she made it her mission to ‘change me’. I was rebuked for indulging in boys’ games, which I strongly enjoyed and she did everything to feminise me with house chores or encouraging me to play more girlish games. All her attempts did not yield much result. I vividly remember when playing the “mummy and daddy game”, a number of times I opted to be the visitor since I never wanted the mother’s role and my playmates never allowed me to take the father’s role.

When I first heard about trans persons, I did all the research I could, read everything I got my hands on. Suddenly, I started to feel a sense of belonging. I have since grown in understanding and knowledge and finally, for the first time in my life, I fully appreciate myself.

As a straight transgender man, I have had numerous relationships that have been psychologically torturous. My ex-girlfriend, although she knew I identified as a transman, would sometimes point out the things that I hate the most about myself- the vagina and breasts. I already know I have them and I hate
them, why would anyone who claims to love me throw these facts in my face every time we got into an argument? It is almost as though she was out to deliberately hurt me where she knew it would hurt the most.

That relationship ended and I moved on to someone else who was most probably sent by God to renew my faith in love and the human race as a whole. My girl understands me; could be because she is a doctor and it is easy for her to understand these things. Right now, I am focusing on keeping in this happy space and I’m very much looking forward to transitioning.

The one thing I know shocks people about me is the fact that I want to carry my own children. So, while I am thinking of transitioning, I will keep my uterus until I have had at least two children. Many people say I am confused when I share this desire with them, but I have seen a few trans men that have had children and I don’t see why I can’t either.

STUCK IN THE CRUEL CLAWS OF DEPRESSION

My name is Crystal and I am bipolar. I have been battling depression and Bipolar disorder (BPD) for a very long time. I have also tried committing suicide countless times but never been successful. No one seems to understand what I am going through. It is not easy having all these thoughts in your head with no one to talk to but yourself. Eventually, you resort to a ‘poison’ that makes you feel sane.

For me, that poison is drugs, alcohol and cigarettes. I know this is a destructive path, but these are some of the very few things that validate me. Everyone around me thinks I am weird, something I have come to realise is both good and bad. I wake up one day very positive about life and the next day I am contemplating taking my own life. It is a real struggle that no one in my circles understands. Sometimes you meet someone who, for a minute makes you feel understood only for them to break you further.

How did I get here, you might wonder? I guess I started to lose my way after the deaths of my mother and brother. I was an A+ student, but spiraled down the drain and never rose up again. Being bisexual doesn’t help matters either. I lost many friends after I started dating a girl. I was labelled all sorts of things and this only added to my depression. After this relationship ended, only one friend stayed true to me. This person has held my hand and continues to encourage me to seek out the positive in life. The one thing this friend has pushed me to do is to keep myself busy researching about depression and bipolar and how to deal with it. This has not only taken my mind off the realities of my life but also grown my knowledge on my condition.

I wake up one day very positive about life and the next day I am contemplating taking my own life

People should know that we laugh and say we are fine, but we really aren’t. Mental illness is real, and I struggle accepting the fact that I am sick.
INTRODUCTION

Recent research suggests that men who have sex with men (MSM) experience intimate partner violence (IPV) at significantly higher rates than heterosexual men. Few studies, however, have investigated implications of heterosexist social pressures namely, homophobic discrimination, internalized homophobia, and heterosexism – on risk for IPV among MSM, and no previous studies have examined cross-national variations in the relationship between IPV and social pressure.

Intimate partner violence (IPV) is common in LGBTQ communities, although it is often overlooked or misunderstood. Research shows that IPV may take on forms that draw on the experiences of LGBTQ individuals, such as ‘outing’ or restricting a person’s access to items that are central to their gender or sexual identity. Furthermore, existing strategies to address IPV and the support available to survivors in Uganda often focus on the experiences and needs of cisgender heterosexual women in relationships with men.

TARGET GROUP

Team Uganda identified Intimate Partner Violence as an issue which has not been handled in Uganda within the LGBTQ community. Our focus has always been on men having sex with men and transgender women. Anecdotal information resulting from observations and personal experiences led us to believe that we needed to have honest conversations about the IPV scourge as a public health concern.

We targeted a total of twenty (20) participants among whom ten (10) were cisgender men (MSM) and ten (10) transgender women, who also have sex with men. Some of the sampled participants are sex workers. These groups were tasked to open up on their realities, where we noticed similarities affecting the entire community but also unique manifestations of violence occurring among MSM and Transgender Women.

FINDINGS

Intimate partner violence encompasses all forms of violence between individuals in a romantic or sexual relationship, including physical, psychological/emotional and sexual violence. While IPV is often considered in the context of monogamous, heterosexual relationships, it also occurs in relationships involving sexual and gender minority
individuals. In such cases, IPV may take on specific forms that reflect particularities of LGBTQ identities. The estimated prevalence of IPV in LGBTQ communities varies widely. Research generally shows that physical violence is less prevalent in LGBTQ relationships than psychological or emotional violence (Bartholomew & Regan, 2008; Bimbi, Palmadessa, & Parsons, 2008; Kelly et al., 2011; Matte & Lafontaine, 2011; Messinger, 2011; Porter & Williams, 2011; Barrett & St-Pierre, 2013; Badenas-Ribera et al., 2015).

Challenges of assessing IPV among MSM and Trans women in Uganda

Assessing prevalence of IPV in LGBTQ communities is difficult. Intimate partner violence often goes unreported - internalized homophobia, stigma, sexism, and a lack of recognition of abusive behaviours are all reasons why this is so.

Those experiencing IPV may not recognize it as abuse. Furthermore, researchers have tended to rely on convenience samples that may not reflect the experience of LGBTQ communities more broadly (West, 2002; Lewis et al., 2012).

Common Forms of IPV among MSM and Transgender Women in Uganda

i. To understand IPV, we must consider the entire context in which it occurs. While gender and sexual identity may influence the forms that IPV takes, other aspects of identity, such as race (Kasturirangan, Krishnan, & Riger, 2004), ability (Brownridge, 2006), or class (Goodman, Smyth, Borges, & Singer, 2009) may also be salient. A confluence of multiple, unique actors informs each person's experience of IPV (e.g. Cramer & Plummer, 2009).

ii. Certain forms of IPV unique to LGBTQ populations draw on homophobia, biphobia, transphobia, and transmisogyny and may include the threat of outing. IPV may also involve the undermining of an individual's queer or trans identity, specifically, a perpetrator may dismiss their partner's claim to a specific identity or tell them that they insufficiently embody that identity (Ristock & Timbang, 2005; Barrett, 2015).

iii. Transphobia and transmisogyny may inform the type of abuse that transgender individuals face (Goldmark, 2013; Greenberg, 2012; Goldberg & White, 2013). For instance, an abuser might mock or assault body parts that are important signifiers of their partner's gender identity, or they might impede access to objects that are central to their partner's expression of their gender identity, such as clothing, binders, or wigs (Goodmark, 2013). Immigration status may influence both the forms that IPV takes, as well as the likelihood that survivors will seek help (Raj & Silverman, 2002; Erez, Adelman, & Gregory, 2008; Goodmark, 2013). An abuser might use their partner's immigration status as a means of control, threatening to compromise their application (especially in the case of spousal sponsorship) or reveal their undocumented status.

iv. An abuser whose partner is living with HIV/AIDS might threaten the victim, either leveraging it as a form of abuse or as a means of preventing their partner from ending the relationship or seeking help (see Symington, 2013; Adam et al., 2014). This has the potential to isolate individuals who are both living with HIV and experiencing IPV.

v. Other common forms are a result of unemployment where financially less privileged victims end up in relationships with men way older than them (cross generational sex), being denied the opportunity to work, over dependency on partners who are financially stable, having relationships with bisexual men – who tend to replicate violence basing on power dynamics and bringing a heteronormative perspective of relationships in same sex relationships; denial of using condoms by some partners in relationships.

vi. Some of the participants acknowledged the fact that they have experienced physical abuse in the form of battering from their partners. Some of the emotional and psychological issues raised included silent treatment from partners, destruction of property such as mobile phones.

vii. Another highlight was the intersection between homelessness and IPV. Some of the members highlighted that because of being disowned by their families due to their sexual orientation, gender identity and expression (SOGIE), they ended up being homeless and therefore were willing to stay in an abusive relationship provided they had access to free shelter.

The impact of IPV among MSM and Transgender Women in Uganda

REPORT
IPV may lead to poor physical and mental health. Research has linked both the perpetration and experience of IPV with poor mental health outcomes such as depression, suicide ideation, including post-traumatic stress disorder among young MSM survivors of IPV (Ristock & Timbang, 2005; Houston & McKirnan, 2007; Stults et al., 2015), which explains why some members within the target group developed suicidal and isolationist tendencies.

Numerous studies have explored the relationship between IPV and substance abuse in LGBTQ communities. Research shows co-occurrence of alcohol use and IPV among lesbians (Bimbi, Palmadessa, & Parsons, 2008; Lewis et al., 2012), gay and bisexual men (Houston & McKirnan, 2007). Because of the tumultuous experiences members of the target group go through, substance abuse tends to be the means to liberation, which makes them vulnerable to IPV and its attendant implications.

The discussion also highlighted that negotiation of safer sex practices may be difficult in a violent relationship. Participants reported being forced into having sex. Likewise, they reported feeling unsafe asking their partner to engage in safer sex practices and/or that they feared their partner’s response to safer sex (Heintz & Melendez, 2006). Why don’t MSM and Transgender women seek for help?

Because many existing resources presume a heterosexual female audience, sexual and gender minority survivors of IPV may not know where to turn for information or services that addresses their experiences (St. Pierre & Senn, 2010).

Individuals may be reluctant to acknowledge or address IPV for fear of it reflecting negatively upon LGBTQ people (Davis & Glass, 2011; Turell et al., 2012). This concern may be particularly pertinent to contexts in which the community is small and/or isolated, such as rural settings. In these contexts, LGBTQ people may fear that drawing negative attention to their community could add to stigma or discrimination they already face (see Davis & Glass, 2011; Duffy, 2011).

If both persons experiencing IPV are members of the same community, it may be difficult for the individual experiencing IPV to seek support from this community without their partner’s knowledge (Walters, 2011). Accordingly, perpetrators of IPV in these contexts may actively seek to isolate their partner and undermine their ability to seek support from their community.

Even when survivors are aware of services or resources available to survivors of IPV, previous negative experiences with service providers—or the perception that they could have a negative experience with a service provider—may discourage survivors from seeking help. Existing research documents these concerns and experiences across LGBTQ communities (Seelau & Seelau, 2005; Bornstein et al., 2006; Blasko et al., 2007; Brown & Groscup, 2009; Stephenson, 2011; Greenberg, 2012; Basow et al., 2012). Some members highlighted the lack of reliable and confidential options to navigate a path for healing and living a dignified life within the community.

Similarly, LGBTQ people experiencing violence may be reluctant to approach the police. Research highlights mistrust and low-confidence of the police in LGBTQ communities (Moran & Sharpe, 2004; Eaton et al., 2008; Durish, 2011), which is still often seen to embody homophobia (Durish, 2011). Bisexuals face barriers when attempting to access services designed for heterosexual people; more surprisingly they also face barriers in accessing services designed for queer people. Bisexual individuals may encounter difficulty accessing support for survivors of IPV in both queer and heterosexual communities. This may be particularly true for bisexuals experiencing IPV in the context of a male-female relationship. While services aimed at heterosexuals may not be affirming of their identities, they may encounter resistance or hostility when accessing support aimed at individuals experiencing IPV from a same-sex partner (Barrett, 2015).

Transgender individuals may experience barriers to access resources or services for survivors of IPV. For instance, certain shelters or support organizations for women fleeing violence may turn away transwomen (Goldberg and White, 2013). Research with transmen shows that shelter policies result in survivors having to decide between hiding their identity and accessing women’s shelters, or, putting themselves at risk of violence in the men’s shelters (Brown, 2011).

RECOMMENDATIONS

Poon (2011) suggests
that individualistic approaches to understanding IPV are not helpful. The perpetrator-survivor binary often does not reflect reality. There is a tendency to see perpetrators as wholly evil or deranged and survivors as passive, all of which may prove unhelpful when trying to address IPV. He advocates approaching IPV on a case-by-case basis without jumping to conclusions about how power is exercised in the relationship.

ii. If service providers are to address IPV, they can first create environments in which gender and sexual minority clients are more likely to feel comfortable accessing services. They can do so by adopting inclusive practices.

iii. Service providers can ask a patient about their 'partner,' a term that does not presume a gender identity.

iv. Service providers can promote inclusive practice through adopting intake paperwork that allows patients to self-identify outside of a gender binary. For instance, a form might include a field that reads: “None of these categories describes my gender identity. My gender identity is _.” Both providers and administrative staff can ask what name and pronouns the patient uses. When the name and gender listed on a patient's identification differs from those provided by the patient, use the latter.

v. In a similar vein, service providers can ask patients how they name their body parts. Gender minority patients, in particular, may use different anatomical terms that are better aligned with their gender identity.

vi. Furthermore, service providers should not base assumptions about a patient's sexual practices on their sexual orientation or gender identity. We would encourage health care providers to make open-ended inquiries about the types of sexual behaviours that their patients engage in.

vii. Health care providers can maintain resources specific to LGBTQ people, where such resources exist. This might include a list of LGBTQ-specific support groups or web-based resources.

viii. As individuals may not recognize IPV, service providers can ask their clients about specific behaviours. This may yield more useful responses than simply asking clients whether they have experienced IPV.

ix. Current IPV resources need to be made more inclusive of gender and sexual minority people's experiences (Parry and O’Neal, 2015). For instance, a pamphlet aimed at female identified survivors of IPV should not use language that assumes a male abuser.

x. Healthcare providers can support LGBTQ survivors of IPV by providing services specific to their communities (Bornstein et al., 2006). Hiring sexual and gender minority staff is a necessary step in making services more inclusive for LGBTQ survivors: one study found that lesbian and bisexual women experiencing IPV would prefer to reach out to those with similar identities and life experiences (Turrell & Herrmann, 2008).

xi. Service providers can best meet the needs of LGBTQ communities by providing services and resources that acknowledge the diversity in these communities. For instance, bisexual survivors of IPV have expressed feeling left out of both services aimed at heterosexuals and those aimed at lesbian or gay survivors (Turell et al., 2012). Transgender survivors of IPV may not feel comfortable accessing services designed for or frequented by cisgender sexual minority survivors (see Greenberg, 2012).

xii. Service providers can also directly address the needs of LGBTQ Black, Indigenous, and People of Colour. Waldron (1996) specifically calls on service providers to advertise their services not only among LGBTQ communities, but also among racialized communities. Service providers can also promote a racially inclusive environment by hiring BIPOC at all organizational levels.

xiii. Strengthen social support networks. Research shows that social support has a protective effect against mental health problems brought on by IPV (Coker et al., 2002). In light of this finding, service providers and organizations that address IPV can combat isolation of LGBTQ survivors of IPV by partnering with LGBTQ organizations in the community, thereby expanding opportunities for those experiencing IPV to reach out for assistance (Parry & O’Neal, 2015).

CONCLUSIONS

Intimate Partner Violence is a common problem facing MSM and Transgender Women in Uganda. There is need for a comprehensive study of a wider community, and conducting a gaps assessment in the existing measures. LGBTQ organizations should also be empowered to develop inclusive and diverse programs tailored to address IPV as a public health concern.
DR SEMUGOMA’S MISSILE AS SHARED ON HIS FACEBOOK PAGE

Most difficult admission to make in public...! I am gay... now, that admission was tough. I am black.... of course there is racism, and one finds oneself in difficult situations because of that.

But, the admission that one is mentally sick? It’s a tough one. But I have been mentally ill for 20 years plus. Of course many of my acquaintances came to know of it. I am a medical doctor. And the STIGMA of being mentally ill is more problematic to such as me!!

This year, I was not able to work for 6 months plus. I was hospitalised. First privately, and then at the famed Valkenberg Psychiatric Hospital. True, this year, I spent a total of 6 weeks in hospital, 4 of those weeks at Valkenberg Hospital. To fellow Ugandans, that is the ‘Butabika’ of the Western Cape. Or to my Zimbabwe in-laws, it is the Ingutsheni equivalent. Why am I sharing such a ‘shaming’, ‘shameful’, hurting, personal detail? Shame, haven’t I ever been told NEVER to air dirty laundry in public?

After discharge from Valkenberg, I felt so happy about my chances of getting healed that I actually wanted to post it here on FB. But, I hesitated. Because, whether I like it or not, stigma against mental illness is a real issue. So, I hesitated.... And then, I find that ‘rumours’ are out about it......

I guess a person with mental illness is a source of horror to those who have never had issues...... So, some seem to expect that I am going to come out naked running on the road? Others are fearful for their lives?

Okay, okay, okay.....

Ignorance is such an aid to stigma....., and of course I am not able to read into people’s minds. But it is there. I am one of the many that are mentally ill. No, it’s not likely that I am going to get a panga and start swinging it at you...... Of course, you can unfriend me. Doesn’t have to be malicious. I know, that is what I was fearing, that your friendship is so important that I have to keep you in the dark about my illness.

So, go ahead and defriend me! Cross to the other side of the road when you see me..... It's okay. It's fine. My thanks to all those who have held my hand when I was sick. Those who didn’t fear the contagion and believed in me even when I was not believing in myself. Thanks. From the bottom of my heart. That's the meaning of true friendship. One thing that I loved to learn at that hospital, that infamous hospital?

That, I didn’t mind at all what anyone said, because it gave me back a chance at life. And I am proud, very proud, and happy, and honoured, and really really joyful to be alive, and feeling alive. Those are my Challenges with Mental Illness. And guess what? I WIN.
DOMESTIC VIOLENCE: The Unaddressed Issue in Same Sex Relationships

oftentimes, domestic violence has been portrayed as only affecting people in heterosexual relationships - where, in most cases, a man physically, emotionally and psychologically inflicts pain on his wife. Domestic violence, however, also occurs in same sex relationships.

When I got into the university, I was desperate to find out if anyone in the universe felt the same way about women like I did. I needed to be sure someone could find love in my warm heart. Then I met a dark and beautiful woman whose lips made my eyes swirl. She is the only woman who made my wide eyes shrink like I was in that noble moment of adoration.

She was a classic temptress; no sinner resisted dealing with her. I drew plans and gave myself timelines on how to clearly lay a trap for her. I was not alone, even the guys too; their penises gave a standing ovation at the sight of her. She is the reason I had a retake in one of my exams the very first year of my university!

One dark Sunday morning, I woke up and tried to make love to her-I wanted to explore her body and take her to the height of ecstasy but she wasn't in the mood. She shrugged meoff and admittedly, hurt my feelings.

The first thing that came to mind was an assuption that she had cheated on me- a common stereotype for men. In that moment of rage, I rained several slaps on her with the magnitude of the horn that I had. She didn't know I had the devil part in me. She was too shocked to cry but the hurt and disappointment was clear in her eyes. Like any other “man”, I paused and banged the door. I was guilty but at the time, I only cared about my anger.

As I walked away my hands shook, my knees trembled, my weight became too heavy for my feet. I sat down trying to catch some air. I remembered how often my arms held her like a guitar, now the same arms and hands had hurt her. The hands that caressed her like a key board had marked bruised her face. My hands that ran through her hair had slapped her painfully. My heart that longed for her had fueled my anger and insecurity. My brain was far away because it came back after the act. The melody she sounded for me turned to a scream and alarm.

The guilt that came over me was chilling. I wanted to apologize but the damage was done. No amount of tears could make her understand how stupid I was. She was too hurt to forgive me. I lost the one woman I loved.
MENTAL ILLNESS: Personal and social wellbeing of LGBTQ youth

Definitions

Psychological: refers to that which has to do with the mind.

Phobia: irrational fear or hate of a particular something or someone.

Trauma: a bad feeling resulting from having a bad experience and re-living it.

Mental health: state of complete physical, emotional and psychological wellbeing.

Psychosocial: refers to that which has to do with both the mind and social environment.

Isolation: one’s deliberate or forced separation from particular people physically and mentally.

Disorder: an abnormal functioning of the physical, emotional and mental aspects of a person.

Mental illness: wide range of mental conditions-disorders that affect mood, thinking and behaviour.

Social Isolation: one’s deliberate or forced physical and mental separation from her/his community members.

Coping skills: practical abilities and experiences that help someone to recover from a condition or situation. usually includes physical and psychological techniques.

Social exclusion: of leaving one out (deliberately or otherwise) out of equally deserved community activities, services and thoughts of one’s community members.

Discrimination: unappreciated action or perception of a particular individual and/or group in a way that is different from others, under equal expectation of action and/or perception.

Double stigma: used in this context to refer to stigma because of; sexual identity, gender identity or a mental illness.

The Kenya Mental Health Act No. 11 of 1993.

The Kenya Mental Health Act No. 11 was amended to consolidate the law relating to the care of persons who are suffering from mental disorder or mental sub-normality with mental disorder for;

- The custody of their persons and management of their estates,
- The management and control of mental hospitals and,
- Connected purposes.

The law was assented on 27th November 1989 and commenced on 1st May 1991. According to the context of the Kenya Mental Health Act, ‘a person suffering from mental disorder’ means a person who has been found to be suffering under this Act and includes a person diagnosed as a psychopathic person with mental illness and person suffering from mental impairment due to alcohol or substance abuse.’

LGBTQ youth wellness and mental health.

- The Kenyan law still stands, that any person(s) found and proven to be engaged in same-sex conduct is punishable with up to 14 years imprisonment. This stipulation is constant even for consenting adult person(s). This law backs Kenyan authorities’ bias against LGBTQ people’s identities and expressions.

- Religious and traditional beliefs (the dominant way of life) allow strict discrimination against LGBTQ people through taboos and enforcement practical exclusive activities like rejection, out-casting and sometimes corporal punishment.

- The discrimination by law and traditions install stigma into LGBTQ Persons, their friends and families. Friends and family may reject, disown, intimidate, attack, spy on or coerce an LGBTQ person into conformity.

- LGBTQ persons often find themselves in isolation and experience social exclusion because of phobia of themselves and their expressions, and phobia from their societies.

- Because of self-isolation and social exclusion, LGBTQ people - who are seen as betrayers of tradition and law-breakers remain vulnerable. With few social networks and
sometimes unreliable support structures. In this state, they risk coercive activities like physical and verbal attacks, intimidation, arbitrary arrests, bullying at school, work and social media.

• While Chapter 4 of the Kenya Constitution 2010 provides for a comprehensive set of The Bill of Rights for all persons in Kenya, a majority of Law enforcement authorities are reluctant to take up action to protect LGBTQ persons in need of protection. As a result, LGBTQ people do not trust their own police system. They hardly make reports of violence or threat to violence.

• With no social networks, no reliable protection and inclusive support structures, LGBTQ persons from an early age develop stigma, self-hate and sometimes run away, drop from school or quit jobs if not fired.

• Having said that, isolation, social isolation, social exclusion and resultant hardships in life lead to development of mental challenges.

Factors influencing mental health

**Biological factors** - inherited genes, brain chemistry impairment, brain damage, traumatic brain injury (serious injury to the brain), previous mental illness.

**Environmental factors** - stressors, inflammatory conditions, toxins, alcohol, or drugs while in the womb, traumatic experiences like attacks, abuse or neglection, few social networks, loss of job, separation from loved one, unhealthy relationships.

Situations that can lead to mental illness:
• Having a blood relative such as parent with mental health illness
• Stressful life situations such as financial problems, a loved one’s loss or divorce
• Ongoing chronic medical conditions
• Brain damage because of serious injury (traumatic brain injury) like violent blows to the head
• Traumatic experiences such as being assaulted, witnessing assault of a loved one
• Use of alcohol or recreational drugs
• Being abused or neglected as a child
• Having few friends or being in unhealthy relationships
• A previous mental illness

Examples of common mental illnesses

**Dependant Personality Disorder**
• Does not want to be left alone

**Bipolar Disorder**
• Alternating between extreme activity/excitement and feeling low/depression

**Insomnia**
• Sleeping problems
PARANOID SCHIZOPHRENIA
• Hallucination
• Assuming a different personality

AGORAPHOBIA
• Fear meeting people

PTSD
• Stress from Re-living bad experiences like attacks

ANOREXIA NERVOSA
• Need to remove perceived weight, eat less and appreciate lean bodies

OCD
• Repeated tasks and mental acts

DEPRESSION
• Feeling extremely low, and often does not want to go anywhere
SOCIAL ANXIETY

- Irrational fears of people and public spaces

Other mental illnesses include; borderline personality disorder, autism spectrum disorder, anorexia nervosa, dissociative personality disorder (multiple personality disorder) among others.

General symptoms of mental illness.
- Feeling of sadness
- Eating too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained pains or aches
- Feeling helpless or hopeless
- Smoking, drinking or abnormal use of drugs
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, scared
- Yelling or fighting with family or friends
- Severe mood swings in relationships
- Persistent thoughts and memories you can’t get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming oneself or others
- Inability to perform daily tasks like taking care of kids work or school

Effects and complications resulting from mental illness.
- Family conflicts
- Unhappiness of decreased enjoyment of life
- Relationship difficulties
- Social isolation
- Problems with tobacco, alcohol and other drugs
- Poor performance at work, school
- Legal and financial problems
- Poverty, homelessness,
- Weakened immune system, so the body has a challenge resisting opportunistic infections
- Harm to self and others, and sometimes suicide

Benefits of good mental health of LGBTQ youth.
LGBTQ youth with good mental health can lead to the following in their lives and to their communities:
- Realizing full potential, increased goal focussed objectives e.g. school or work
- Coping with stress of life
- Working productively, less distraction
- Making meaningful contributions to their communities
- Increased emotional intelligence
- Improved physical fitness
- Improved safety for workers, patients, friends
- Diversity appreciation
- Increased preparedness for change

How LGBTQ youth can maintain good mental health.
- Getting professional help such as counselling, counsellor-led therapy among others

- Connecting with others, building healthy social networks
- Staying positive and focused on life goals like school, employment, business among others
- Getting physical activity
- Helping others
- Getting enough sleep
- Diversity appreciation
- Developing coping skills
- Less substance abuses
- Higher employee engagement at workplace
- Less smoking
- Be flexible and able to manoeuvre challenges in the community

What community leaders should do to prevent and control mental illness:
- Engage in dialogues and strategic partnerships to develop and ratify inclusive and comprehensive policies
- Listen and understand the concerns of LGBTQ persons
- Be willing to be sensitized on topics of the LGBTQ spectrum, and practice a multiplier effect to their friends and networks.
- Have at least one professional network who specializes in mental health
- Create and maintain safe spaces and safe posts
- Keep an updated data base of psychosocial issues, threats and disownment among others.
- Include an assessment plan in program activities involving LGBTQ people. This can help detect psychosocial challenges early in time.
- Discourage the mass misconception that LGBTQ people are mentally ill, and instead explain that hostile environments/members of the community are a major cause of mental illness to LGBTQ people.
- Participate in education and campaigns aiming at creating mental health awareness.
• Faith leaders should emphasize the good news, and discourage discrimination and forced conformity.

Existing referral mechanisms for psychosocial welfare.

Kenyan LGBTQ community

• Youth Health and Psychosocial Program (YHEPP)
• HOYMAS Center
• Nairobi Women’s Gender Violence Recovery Center
• UNHCR –Nairobi
• Hebrew Immigrant Aid Society (HIAS)

“Our society tends to regard as a sickness any mode of thought or behaviour that is inconvenient for the system and this is plausible because when an individual doesn’t fit into the system it causes pain to the individual as well as problems for the system. Thus, the manipulation of an individual to adjust him to the system is seen as a cure for a sickness and therefore as good.’

-Theodore J. Kaczynski

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3. Notes: https://en.wikipedia.org/wiki/Mental_health
5. Refugee/Asylum seeker psychosocial support: (https://www.hias.org/psychosocial-care)

Report by Youth Health and Psychosocial Program, Kenya. (YHEPP)

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I am Abdul Bravo, 23 years of age, I live in Makindye and work in a boutique in the city center. I am gay (top) in the relationship. My partner and I have been together for close to a year now. We first started talking on Instagram and later met in a bar. It hasn’t been all rosy because he was a married man when we met, and his partner wasn’t treating him well. Eventually, they separated and we started seeing each other officially. Before long, I realized that he was a cheat and con. He took me on a rollercoaster of lies and no matter how many times I confronted him and he promised to change, things only got worse.

One thing was for sure though, I loved this man. He even moved out of the house we were sharing and went back to his family, but I wasn’t ready to let him go. I’d call him so that I could see him but he would claim to be busy even though I was very sure he wasn’t. Other times, he would claim to be in church yet I knew for a fact that he wasn’t. Whenever such incidences occurred, I would be so mad. I would go to a bar and get drunk. Every once in a while, he comes home and I’m pulled back in hoping this is his way of making an effort to work on our relationship.

He has other partners that he is seeing and sadly some of them are my friends. I neither talk nor fight them but I have decided to find solace in alcohol and drugs. He likes to put the blame on his other partners. “You know, honey, forgive me! It’s just so- and- so flirting with me,” he claims each time I find out about someone new that he is seeing.

I am holding on to hope because I know he can change. I remember being jumpy like him when I first came out and joined the community. I slept with anyone who flirted with me or hit on me. Eventually, I tired of that lifestyle and decided to settle down. I think that he is going through the same thing and will eventually calm down.

Don’t let this sad tale fool you, I have dreams. In the future, I want to travel, study fashion and become one of the best fashion designers in Uganda. I have worked as a sex worker before, I have worked in Owino, I have been a restaurant cleaner and I am now rising. I will, one day, achieve my dream.
My name is Phyllis Wanjiru. Earlier this year I was hanging out with a group of friends somewhere in Namuwongo where we had gone to a vigil. A friend of ours had lost a brother to depression and we had gone to offer him our support and condolences during that sad moment. I remember it was the weekend before the start of lent season, the fasting period for Christians. We went with a group of other people, people I considered friends as we have known each other since 2015 and I related with them because they are Kikuyus like me. I grew up in Kenya and my mother being a Ugandan mostly interacted with fellow Ugandans in Kenya so I never really had the opportunity to experience Kikuyu culture. In Uganda, I got a chance to associate with my kinsmen, so of course I excitedly took up socializing with them.

During the vigil, the man whose brother had died stood up and said we are supposed to support each other more, especially when it comes to emotions and finances. He said he discovered that when someone within the group was going through something, others would call and simply invite you out, buy you alcohol but no one ever bothers to buy you food or ask how you are coping with a situation. He spoke of how it was easy for someone to take you out and buy you beer worth Ushs300,000 rather than give you this cash to spend on home food or piling bills. He also spoke about the backbiting within the group and advised that instead of focusing on back biting each other we could build a more supportive Kenyan community in Uganda, more about uplifting each other than tearing each other down.

In our socializing, we had a WhatsApp group and I often tried to explain and share information on how diverse human sexuality is. These are men who cursed out with disgust when discussing anal sex, calling gay men disgusting but in their late-night drunkard confessions shared experiences of having anal sex with women. Some even went as far as speaking about how they wouldn’t mind having sex with a cute boy if he was dressed as a woman and covered his face.

I had a “social boyfriend” — a male friend within this group whom I referred to as “hubby”. It was a harmless reference, you know that egos that penetration is satisfaction, I don’t know why!) These opinions never bothered me before because I understood the ignorant belief of entitlement by the heterosexual man towards all women bodies. It is a cultural disease most heterosexual men proudly wear, so disgustingly. I have always brushed these off these sexual innuendos. When you are in a place where people don’t really understand human sexuality and are more about having an opinion than knowledge, you consider your own safety and just leave it at that.

After the speeches, being a Friday night, we were all drinking celebrating life. I had come to the vigil with my girlfriend and the men within the group openly discussed the lack of sexual satisfaction between lesbian women apparently due to the absence of a dick in the equation (it is a common belief by male
friend in the group who drinks so much and
nights always end in vomiting and blackouts?
That’s him. My girlfriend and I often had to look
after him during those nights, and I guess this
created some sort of familiarity/entitlement
in his head. I am very protective of my body
and don’t like unwanted touches. Contrary to
my gentleness, this guy was too aggressively
touchy. I detest that act by men when you
shake hands with and they do that finger
scratch, yuck!! I find it annoying and always
avoided shaking hands with him because of
this. So that evening, we were sitting on long
table with about seven women and sixteen
men.

As the night went on, conversation kept being
directed at my girlfriend and I: “between the
two of you, who is the man?” or “tell your
girlfriend she is hot we want to have her”. I
kept protesting this disrespectful talk and
because we joked a lot, they did not seem
to understand I was not okay with these
remarks. My girlfriend kept reminding me to
not get worked up about silly comments. I did
until the “social boyfriend” moved towards me
and started roughly tickling my back. I asked
him to stop it three times until my girlfriend told
him it was really not cool what he was doing.
I remember his response to her was “wewe ni
takataka utafanya nini “meaning “what are you
going to do you are rubbish”?

During all this, we are sitting on a table with all
these other women and men, none of whom is
doing anything to stop him. They all stayed put
watching me get violated.

In frustration, I stood up. I had a glass in my
hand and it fell to the ground as I was pushing
him away from me. Next thing I remember is
someone throwing a bottle of Uganda Waragi
Gin towards my head. Luckily, it missed me. It
fell somewhere near the gate. Three men from
the table came up, lifted me and threw me by
the gate, I landed on pieces of the broken
Uganda Waragi bottle and hurt my head.

To this day I wonder, why they became
defensive when I reacted and their actions
were to protect this man. If I had been dating
one of the men at the table or was a sister
to any would they have looked on while this
man violated my body and called my partner
rubbish? Did the other women at the table
simply look on because they were afraid and
vulnerable too or did they think I deserved it
because I am a lesbian? Did the men only
react by violating me in defense of a violator
for their male privilege and my refusal of his
action towards my body was threatening their
entitlement?

I remember one of the guys who threw me
violently at the gate remarked, “Damn lesbians,
we never want to see you here again. You do
not belong here.” Another guy from the table
came to our rescue and took me and my
girlfriend to his car. I was bleeding profusely
from the cut on my head. I remember staring
up at these guys when they hit me down
and thinking; “Fuck, this is how I die.” I saw
flashes, like a movie about my life. I thought
of Moze Radio the Ugandan musician whose
love ballads were dear to me had died the
week before from injuries to his head after he
was assaulted in a similar manner. And here
I was, on the floor head bleeding and three
monstrous men hovering over at me with hate.

I asked my girlfriend to take photos just in
case I died that night. The man who rescued
us drove us back home, he had his wife in

the car. I uploaded these pictures that night
to my Facebook and exited that WhatsApp
group. That was about 4:00am in the morning.
I was feeling beaten, defeated, violated,
shamed. Over 16 men and 7 women whom I
considered friends and had taken care of on
nights they were too drunk and vulnerable sat
back, doing nothing while I was being violated
and brutally beaten. They stood with the
aggressor because to their understanding, my
sexual identity made me a lesser being only
comparable to rubbish.

Later that day, a girl called me and told me to
come back to the WhatsApp group and explain
myself. In itself, this was insulting to but I agreed. She added me back into this group and all I found were insults talking about how fucked up I am. I exited the group for good.

My workmates got to find out after they saw my Facebook post and immediately came over to my house. It was a beautiful feeling to see and be surrounded by warm and loving energies from people who understood violations and trauma suffered due to one’s sexual orientation and gender identity. In that moment, I felt loved. You know that feeling when you have been violated and abused and thrown away. I felt no one loved me, I felt like takataka (rubbish) as he had called my girlfriend. I could not call my mother to comfort me in this. My workmates showing up in that moment touched me, I felt cared for and loved. This did a lot to help my mind accept to start healing. I had lost my spectacles during the attack and did not know how I would replace them. With support from boss, I did get medical attention and had my spectacles replaced. Unfortunately, to date my right eye still has problems. There are times I can’t see through it. I get this misty thing over it.

The safety and protection officer at my workplace advised me to report this violation to police. I wondered how I would explain to these police officers it was a homophobic attack. I was very confused and worried about my very private girlfriend and what it would mean for her to have to explain as a witness or victim too.

I just wanted this over with, so I did not report anything to the police. It is absurd that these same people reported me to police and I was charged with cyber harassment because I posted on my Facebook page about how they violated me. I was summoned to the CID Cyber Department but the malicious cowards failed to show up to accuse me in person. One of the detectives wanted to put me in a cell until they showed up. But the Legal and Protection Officer who is a lawyer asked that I be granted bail as I had a doctor’s appointment the following day. The Legal and Protection Officer also encouraged me to seek psycho-social support and I did. I got a session, but my girlfriend did not. I often wonder how she has dealt with this trauma for she did not only witness this but was roughed up too. Months later, I am still working up to us having a healing conversation about that night - she is the private, quiet and walls-up kind. But I do hope having gotten counseling myself, I am mentally able to process and be present for her as she heals in any way she needs.

I have been lucky with support from friends. My very good friend moved in with me to look after me, constantly telling me I was not alone. Suffering physical violence can make you fearful of being alone, the mind is a very strong but fragile part of our being. Talking and being with my friend has given me better healing than the time I spent talking to a counsellor. Maybe because my friend understood what I felt. She supported me with a lot of gentleness and tough love. Eventually I was able to get out of the house without feeling like someone would attack me. I am still working on being able to sleep alone or on my bed because I am afraid of falling.

I always feel like someone is pushing me when I try to sleep on my bed. My workmates and friends from the queer community have been my greatest support never giving up on me and allowing me to take time off whenever I need it. The support you get after going through a traumatizing period is the most important part of healing. It breaks my heart that my girlfriend has not ever gotten the support I did because she is not out and can’t explain how she was caught up in that situation. Those were my friends and she was only there because I was. I introduced her to these violent people, I hope I can find the words to apologize to her for that.

When I started working within the LGBTI movement, I told my boss I never wanted to become a statistic. I never wanted to be an example of “she has suffered homophobic violence”. Here I am, three years later, a statistic! I feel like I disappointed myself because I put myself in such a situation. I should have known better. I hope sharing this helps someone because the violators are out there in all sorts of forms, they can be family or friends. That violation of lesbian bodies always goes unreported because we are fearful of how to report. That men think they are entitled to female bodies is disgusting. Someone will read our stories and still say that we don’t have LGBTI persons in Uganda being violated; some say they have never seen a queer person die of violation. Thing is, people don’t only die physically, there are very many ways to die. They violate our queer bodies, stand with violators and get away with it by denying our existence. This needs to change because we are losing queer people to depression.
One would think that being married to a Member of Parliament would guarantee you a safe and secure future but that hasn’t been the case for Juliet Acom. Juliet (not real name) met her husband, (we will call him Ben) when she was still at University pursuing a Bachelor's Degree in Social Works and Administration. He was a teacher.

Ben had nothing to his name but he was charming and ambitious and for Juliet, ambition and hard work were the perfect recipe for a great future. The two had their first child while living in a one-bedroom house. Juliet had graduated at the time but still had no job and they were surviving on Ben’s meagre income. A year after the birth of their first child, they got married in a traditional ceremony.

Ben suddenly got interested in politics. One thing led to another and in 2011, he was elected a Member of Parliament. Life suddenly changed- the couple moved from their shanty house to a more upscale neighborhood and Juliet was certain that things would only get better from there. A few months after swearing in, Juliet found out she was pregnant with the couple’s second child. Unexpectedly, Ben’s attitude changed - he started coming home late and got aggressive. He instructed her to go to the village claiming that she was now the wife of an important man and her place was in his ancestral home. Juliet resisted this for a while but when she could not take the aggression anymore, she packed up her bags and child and went to live in Ben’s village in Northern Uganda.

This was the beginning of the end of her marriage. Ben’s brothers and mother mistreated her - they called her names and forced her to do manual work that was tedious for a heavily pregnant woman. Juliet hang in there, in the hope that if her husband got to know about the mistreatment his family was subjecting her to, he would bring her back to Kampala. However, her husband simply reprimanded her and accused her of being a lazy woman who did not want to help out around the homestead.

When she was due, she was brought to Kampala where she gave birth and within a month of her son’s birth, Juliet was once again shipped off to the village. Her husband’s visits became less as the months went by but she was determined to save her marriage. She took to spending half her days in the field and the other half preparing meals for her husband’s large family. No matter how hard she worked, the family always found something to complain about. Therefore, when Juliet discovered that she was expecting her third child, she hatched a plan. If her husband brought her to Kampala to deliver, she would come with her children and refuse to go back to the village - and that is exactly what she did.

However, her husband became increasingly violent and she decided to move back to her auntie’s house where she grew up. Being a Muganda woman, her auntie begged her to go back to her husband, but Juliet was done with the beatings and name-calling that had become routine. With three children, her aunt advised that she finds a place of her own as she would not be able to feed all the four mouths on top of her already large family.

With no job and nowhere to go, it became obvious that Juliet needed to make quick money to sustain both herself and her precious children. She hit the posh bars and sure enough, there were people willing to pay her for sex work. Initially, she intended to do this temporarily while she got back on her feet. It is four years now.

Juliet says sex work is something that saved her- she managed to put a roof over her children’s head when she had nothing. Over the years, she has been applying for jobs to supplement her income from sex work to no avail. She has now decided to upgrade to a Master’s Degree to have better leverage in the job market. She does not intend to quit sex work even after getting a well-paying job.

She says that while her husband has completely cut her off, he still takes care of his children. He pays their tuition and they all go to high end schools. He travels with them for vacations but refuses to lend her a hand or even help her get a job. She has long stopped beating herself up and blaming herself for his violence and change in character after getting money and is now focusing on bettering her life.
WHY IT IS IMPORTANT TO ADDRESS THE MENTAL HEALTH OF HUMAN RIGHTS ADVOCATES

Human rights advocates play a critical role in promoting respect for human rights world-wide. They engage in a broad range of strategies, including documentation of rights violations, monitoring, press work and report-writing, advocacy and litigation. These are simply duties undertaken to promote peace unity and democracy for good governance. However, little is known about the impact of human rights work on the mental health of human rights advocates.

In addition to physical danger, exposure to abuses, violence experience documentation, extreme injustice, shrinking civil societal space, all manner of injustices can lead to emotional hardships experienced by activists. This kind of environment is so repressive that it impacts psychosocially on human rights workers and their organisations. Feelings of frustration, insomnia, confusion, fear, guilt et al are very common and they impact greatly on the mental health of advocates by way of depression, stress, anxiety, burnout, and paranoia.

Community based advocates are often playing double roles - they are the victims and the defenders at the same time. This unique position of grassroots activists raises complicated challenges. For local advocates, the passion to defend their communities’ rights is way too personal and very emotional. Most of the times, their commitment to the struggles of their people exceed their limited capacities. Local human rights defenders fight to stop injustices, discrimination, stigma or documenting horrific cases against a coercive force of the state or a very hostile homophobic, unruly, uncultured communities or providing aid for the most vulnerable, marginalized or any victims of human rights abuse. But they made the choice to ignore their individual crises to insure the survival of their communities, although this choice often comes at a cost.

To date, there is limited research about potential negative mental health impacts of human rights work, especially among the majority of the human rights organisations that comprise of young graduates, majority of whom do not have experience, and or know little about hazards related to the impacts of the human rights work, but the sole purpose is to graduate to the working class and be counted. A research carried out in Kosovo (Southern Europe) by Professors from New York University and Columbia University-New York showed that 70 human rights advocates in Kosovo were at risk of suffering mental health issues as a significant minority of participants reported elevated levels of anxiety (17.1%), depression (8.6%), and posttraumatic stress disorder (PTSD; 7.1%). Additionally, the duration of human rights work, exposure to direct threats and working in a hostile environment predicted negative mental health outcomes. Despite these findings linking human rights work with poor mental health in Kosovo, studies have yet to examine whether these types and magnitude of psychological issues are found across a wider range of human rights contexts and little remains known about the factors that predict negative or positive outcomes in this population. Support for the hypothesis that human rights advocates may be at risk for negative mental health impacts may be deduced from research.
As key populations, our entire life is characterised by depression, loneliness, being lost and living in fear. All these factors cause mental breakdown. I battled depression for two years because of my sexuality. Before I sought professional help, I was always confused if it’s right or wrong; if am normal and what society thought of me. Depression is more than just feeling a bit down for a few days. People who constantly feel moody, upset, unsatisfied and unhappy must not hesitate to visit a psychologist and receive regular treatment as long as needed. Depression can cause physical symptoms such as headaches, sleeplessness and constant tiredness which may last for months. People with depression can also feel anxious, irritable and agitated on a daily basis but it affects everyone differently and only in rare cases is it a reason for violence against others. If people admit their symptoms and talk to someone about their feelings and depression, they can get the help they need. The biggest barrier to getting help is stigma of disclosing mental health problems. - Banji Bajj

Anxiety is something that I deal with personally everyday. Most of the time, with help, I am able to Manage it. It's a very tricky and often times frightening thing to speak about no matter how versed (or comfortable) I become in treatment. Yesterday I wasn’t able to pull it together. Yesterday all of my systems failed. Yesterday reminded me just how human I am.

LGBTI persons with mental health issues need psychosocial support. We need to stop stigmatizing those seeking mental health treatment. We should stop labelling them as mad, zonto, mulalu, mental case, crazy among other degrading names. Morgan Kanyike - Executive Director, Youth On Rock.

Today though, I can be mad or embarrass about yesterday. I can only messiness that comes with anyone who struggles mentally definitely understand at least of where you stand and I am for you as I am myself.
I'm a trans woman and I have been suffering with mental health issues for about six years since I understood myself. I did not get mental health issues because I am a trans woman, it is because of lack of understanding and awareness by the general public I associate with. I suffer from depression, and stress due to abuse from the public, verbal and physical, and indirect discrimination from the LGBT community. There is a saying "just accept me, don't try and understand me." If we can all do that, we can reduce mental health problems within the trans community by a significant amount.

LGBTI persons are facing mental health issues without knowing it. Let us support those seeking mental health care because there is no shame in seeking help. -Luswata Brant, Clinic Manager at Ice Breakers Uganda.

LGBTI human rights activists in Uganda are exposed to situations that may lead to depression, trauma and psychological disorientation. They also fear that they may be identified/labelled as mad or crazy. We need more advocacy to create awareness on mental health amongst human rights advocates. -Douglas Mawadri
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on other professions whose work and trauma exposure overlap with or is similar to human rights advocates, including humanitarian workers, rescue workers, and journalists.

The context of work in Kosovo is not any different from our own contexts. For the last two decades, especially after the introduction of a BILL OF RIGHTS CHAPTER in the Ugandan Constitution, many human rights activists emerged to take on the task to promote public awareness of the constitution that the number of activists and human rights organisations has grown tremendously. Studies on these other populations indicate that the risk of developing mental health issues in the wake of trauma is associated with a number of factors including, but not limited to, the type and duration of exposure to the traumatic event, an individual's prior history of trauma exposure, and perceived lack of mental health training and emotional support within the community and workplace. Clarifying those factors that might place human rights advocates at risk for mental health issues is needed, as the level and type of exposure to trauma can vary considerably in this field.

Through witnessing human rights violations, directly and or hearing about them second hand, advocates are exposed to trauma and mental anguish. This impacts greatly on the advocates' mental health, furthering suffering from secondary trauma and as result having far-reaching effects on the human rights defenders. Such heinous experiences take time to get off the minds - affecting the activists in ways of recounting the stories, insomnia and ways that make the person feel sad and unusual. Many activists resort to antidepressants, which are largely a temporary measure to the effects.

Environmental factors under which human rights activists work expose many to hatred, disrepute and isolation -social outcasts. In rural communities as in urban areas, human rights defenders are received with hostility as agents of doom, immorality, unethical, and largely against cultures and or norms practiced. This kind of rejection causes disregard, isolation and even discrimination within their own communities. The legislative frameworks like Public Order Management Act (POMA), NGO ACTS 2016 and many more others further affect the operational schedule of Human Rights Defenders (HRDs). This hinders and affects their mental health.

It is therefore important that human rights organisations start the discussion of incorporating mental health within their programs. It is equally important to create resilience programs for use by activists while undertaking human rights work to prevent them from secondary trauma effects.

In an organizational resilience tool, there is need for extensive use of an external professional expert to support field teams to address the negative psychosocial impacts of the violent context and the dynamics inherent to frontline human rights work. This should be hinged on a broad variety of issues, including:

- Awareness raising and knowledge transfer on the psychosocial effects of political violence (on individual, organisations, community, society)
- Capacity building on how to deal with stress (including trauma/secondary traumatic
stress)

• Political context and security analysis and its psychosocial impacts on Human rights defenders

• Resilience and coping strategies

• Interventions dealing with conflictive dynamics within teams and conflict prevention and resolution

• Group discussions about (lack of compliance with) security protocols and measures and on how (lack of) security measures affect the wellbeing of the members of an organization - reflection spaces on how the planned work and/or specific activities may affect beneficiaries’ well-being (and security).

In order to create growth of organizations, it is important for individuals and organisations to acknowledge that there are mental health traits associated to human rights work.

Holistic security approaches, well-being and psychosocial aspects of human rights work must be undertaken to make sure activists are given adequate support.

I believe that as a body of organisations working with human rights, mental health programs should be incorporated into human rights programming, provide adequate training programs for young emerging human rights defenders by equipping them with resilience tools and creating policies within organisations to provide guidelines on how to help human rights defenders who might have been exposed to trauma. Sabbatical leaves might not be the solution; it is time to address the holistic security for defenders.

As social justice champions, we know that collectivizing our struggles, including our self-care, exponentially ensures our survival and sustains our movements. This is especially crucial because the ability to potential to feel despair, stress, anger, burnout, trauma and isolation increases when working in oppressive contexts.

“Caring for myself is not an indulgence, it is self-preservation and that is an act of political warfare.” - Audre Lorde
Statistics, Myths and Facts

The typical image of a battered woman is a heterosexual woman attempting to hide a black eye in the grocery store. But domestic violence does not just happen to straight couples. Domestic violence statistics show that violence is just as prevalent in gay and lesbian relationships as it is in heterosexual couples. In fact, 30% of couples struggle with domestic violence of some sort.

What is Domestic Violence?

Domestic violence is any physical, emotional or sexual violence used by one partner to control another. Domestic violence is about power and control. One partner uses intimidation and control tactics to gain power in the relationship.

Myths of Domestic Violence Among Lesbians

• Lesbian relationships can’t have domestic violence, because they are both women.
• Only the “butch” partner can be abusive.
• It must be “mutual abusive” or “fighting” if both partners are of the same sex.
• The physically smaller partner cannot abuse a larger partner.
• Drugs or alcohol are to blame for the violence if she only attacks when under the influence.
• There is no place for lesbian victims of domestic violence to get help.
• It is not violence because she only threatens and puts me down. She has never hit me.

Facts About Domestic Violence

• Domestic violence can occur in any relationship, regardless of sexual orientation.
• Domestic Violence occurs when one person is clearly the victim. Mutual fighting is not domestic violence.
• Even though the perpetrator may be under the influence of drugs or alcohol when violence occurs, drugs and alcohol do not “cause” the domestic violence.
• 30% of LGBT couples experience domestic violence.
• 3 out of 4 women murdered are killed by their partners.
• 30% of all hospital emergency room admissions are female victims of domestic violence.
• 11 women die every day as a result of domestic violence.
• Use of sex toys without mutual consent is sexual abuse.

Barriers for Lesbian Survivors of Domestic Violence

• One of the big barriers for lesbians seeking services for domestic violence is that it may be hard for police or service agencies to determine which partner is the victim. Sometimes the abusive partner will call the police or seek services at a domestic violence shelter as a way to further control her victim.
• Some lesbians are afraid if they seek help for domestic violence, people will find out either that they are LBGTI or that people will find out about their abusive relationship.
• Some survivors may face homophobia in service agencies and shelters.

There’s No Pride In Domestic Violence
like in Uganda where homosexuality is illegal.

**Signs of a Battering Personality**

If you are uncertain whether your partner is abusive or if you want to be able to tell at the beginning of the relationship if the other person has the potential to become abusive, there are behaviors you can look for, including the following:

Jealousy: An abuser will always say that jealousy is a sign of love. Jealousy has nothing to do with love; it is a sign of possessiveness and lack of trust.

Controlling behaviour: At first, the batterer will say this behavior is because they are concerned for your safety, a need for you to use time well or to make good decisions.

Quick involvement: Many domestic violence victims only knew their abuser for a few months before they were living together.

Unrealistic expectations: Abusive people will expect their partner to meet all their needs - the perfect partner, lover, and friend. They say things like “if you love me, I’m all you need and you’re all I need.”

Isolation: The abusive person tries to cut the partner off from all resources. If you have same-sex friends, you are a “whore”, a “slut” or “cheating”.

Blames others for problems: If your partner is chronically unemployed, someone is always doing them wrong or is out to get them.

**What should I do if I’m being abused?**

It is important to know that violence/abuse is not likely to stop on its own - episodes of violence usually become more frequent and more severe.

Talk to someone you trust. It is important to break the silence.

If you decide to leave the relationship, develop a safety plan. A safety plan can include asking a trusted friend for help, choosing a safe place to stay, and collecting money, emergency phone numbers and a bag of clothes so you can leave quickly.

A lesbian or gay male counselor may help you address the abuse with more comfort and focus.

**What can someone do if they are being abusive?**

Stop using abuse of any form (physical, sexual, verbal or emotional), including threats and intimidation.

Take responsibility for your behavior. Remember that the use of violence is a choice and you can choose to change that behavior.

Do not make excuses for your violence or blame your partner for your abusive behavior.

Seek help from a qualified counselor who is knowledgeable about partner abuse and is lesbian/gay positive. A lesbian or gay male counselor may help you address abuse with more comfort and focus.

Alcohol, drug use or mental health problems may make abusive situations worse but they are not excuses for abusive behavior.
My name is Anna and I am a trans woman doing community-based work with trans people in Uganda. I am single. With everything I have been through, I’ve come to appreciate the need for people to see the reality of Intimate Partner Violence (IPV). I was engaged to a very good man, from a well-to-do family. He was good to me up until we got engaged and his true colours started to show.

Initially, he would go out with my friends and leave me at home and when I tried to talk to him about it, he scolded me. It felt like I wasn’t doing him enough to satisfy him. Just because I am very feminine, he treated me like I am beneath him – you know, patriarchy contributes greatly to IPV. If you are in a relationship and identify as a trans woman, there things you are supposed to do as a woman. So, if your partner tells you to crawl on your knees, that’s what he wants you to do because you are a woman.

Anyway, my partner and I met at a bar. I was very attractive in those days, my glory days. Whenever I entered a bar, everyone looked at me. He greeted me casually and struck up a conversation. At first, I tried to play hard to get and he followed me around throughout the night like a puppy. We exchanged numbers and the following weeks, we went for several dates and one thing led to another. That’s how I fell into this trap.

We were together for six months when we got...
engaged in September last year. A few weeks after we got engaged, his erratic behavior started. From September to mid-November last year, he was very violent. One time, we went to a bar and he slapped me before my friends because according to him, I wasn't giving him enough attention. We had fights that left me hospitalized for days, some have left me with physical scars - the constant reminders of the hell I have been through.

I couldn't take it anymore, so I opened up to a friend about the violence I was suffering and he advised that together with my partner we see a counsellor. Because I knew he would not agree to a counselling session, I told him we were going to see a friend. As soon as the counsellor started talking about violence in relationships and trying to understand what was causing such erratic behavior, my partner got angry. I don't even know where he got the knife, but he swung it at me leaving a deep cut on my arm. That was the last straw for me, I knew then that this man was capable of killing me and I had to leave the relationship to save my life.

I had done everything I could to make things work; in fact, there was a part of me that believed I could change him. The one thing I learnt from this relationship is to value myself - someone who doesn't value my worth is not worth it. I regret having fallen out with so many of my friends because I was trying to please him. I regret having invested so much of myself to the extent of losing sight of the things that mattered to me - the things that define me as a human being.

After the break up, I had to start my life all over again. Getting used to being by myself was no simple feat but I was determined to get back on my feet. I worry that the next person I date might treat me the same way but I will not let this fear curtail my life.

I hope that in a few years, I will be a powerful feminist for the trans women movement.
I am Babirye Joanita, a 23 years old sex worker. I started this trade at 15 years after I lost both my parents to HIV/AIDS and had to be raised by friends and neighbors. Although I had relatives, they refused to take me under their care because I was born with the HIV virus.

I became aware of my status at an early age and sadly, my siblings and relatives abandoned me leaving me to be raised by kind neighbors. One of the ladies who lived nearby took me in and raised me as one of her own children. Her family is all the family I know and she ensured that I started my ARVs treatment early. Back then, HIV+ children were given ARVs in form of syrups, I remember this vividly because it was very bitter.

The lady who took me in (I call her Auntie) was not doing well financially but she did the best she could. She had her own children so between providing food for her children and I, paying our school fees and no stable income source, it was clear she was struggling. I was 11 years old when her husband who had been the bread winner of the home passed away. Money became more scarce and my auntie could no longer support me as she had school going children. I had to drop out of school. Fortunately, I was able to get to Senior Four through the help of other neighbors pooling resources together.

I had never had sex and the thought of having it with strange men grossed me out but I needed to survive.
I tried to look around for a job and the only jobs I could find were either house help or hawker. I was young and my guardian disapproved of me working as a hawker so she set me up with her friend Jane who needed a housemaid. I worked for Jane for 18 months. She had a husband and two small children. The thing about being a house maid is, if you are lucky, you get a family that treats you like a human being. But if you are unlucky, you end up with very mean people who treat you so badly to the extent of physically assaulting you. My auntie’s friend and I got along well for the first three months and I felt safe. However, she started changing her attitude towards me. She reduced my pay without explanation, denied me food and she started to beat me. When I asked her if I had done anything wrong, things got worse and I decided to run away.

The day I left, I had no plan, I just escaped. I had nowhere to go and I didn’t want to return to my auntie for fear of disappointing her. By a strange twist of events, I met a young woman by the road. Because I was desperate, had not taken my medication all day and was hungry, I approached her and narrated my situation. And with no hesitation she took me to her home. It was a one-room rental and after ensuring I was comfortable, she bid me bye and explained that she had to go to work, but that we would talk more when she got back in the morning.

When she returned in the wee hours of the morning, we started talking and she told me I could stay with her but I had to find a job or figure out a way to earn money, contribute to the rent and other living costs. It was then that she revealed to me that she was a sex worker.

I had never had sex and the thought of having it with strange men grossed me out, but I needed to survive. I would be lying if I said she pushed me to join sex work because at that point, it was pretty much the only option I had.

The one thing I remember thinking about constantly was how people would treat me if they found out I was having sex for money; already they were barely associating with me because of my status. My first day at work, I got this man who was much older than me. He had been set up for me and soon, we negotiated on price and agreed to use protection. But when we got to his place, he told me he had changed his mind about using a condom. I no longer wanted to go through with this but he forced himself on me. This was my first work day as a sex worker and this moment made me realize that I was really alone. I thought of poisoning myself after but then it occurred to me that the person I was living with would not even know where to take my body.

To supplement my income, I decided to get other odd jobs like washing clothes and babysitting. I eventually learnt the tricks of the trade and I have now moved up to cooperate clients. Other than ply the street, clients call me, set appointments and I go to them at the agreed time and place. I have been in active sex work for about 8 years now. I have slept with men of all ages and to be honest, I am tired of this life. I am tired of selling my body to survive, tired of struggling, tired of being ashamed of what I do and I hope that soon, I will have enough money to support myself so that I can go back to school and get off the street. That’s my dream.
QN: When did you first realise you were sexually different?

ANS: It was in life in my Senior Four. While my counterparts were cooing about this or the other boy, I found that I was generally uninterested and many times I had to feign interest. Don’t get me wrong, there were guys I found fascinating, but it wore off real quick. But when it came to girls, it was an entirely different story. I found that every part of me responded to them in an unsettling (well it was unsettling then) way.

QN: How have friends and family reacted to your sexual orientation?

ANS: My immediate family knows and it has been an exhausting and heartbreaking experience. When I was younger, it was a don’t-ask don’t-tell kind of situation. Now that I’m older, the pink elephant has turned red and can’t be ignored anymore. It has made my relationship with mother rather strange because she thinks I only want to spite her. Friends on the other hand have and continue to be supportive. They don’t treat me any different and I don’t have to edit myself around them. And since we are on the subject, you guys are awesome, I know you will read this.

QN: How was your introduction into the community like?

ANS: First and foremost, let’s not call it an introduction. Introduction sounds so formal. There was no ceremony and I was not given a lapel pin. My first experience with the community was a celebration of International Day against Homophobia, Transphobia and Bi-phobia (IDAHOBIT). I was invited by a friend and oh boy, was it incredible! I couldn’t begin to fathom that I was in a space with all these people who were like me and I get to be myself and celebrate my existence without fear of rebuke. I enjoyed the experience very much and to date, IDHOTBI is my favorite queer celebration.

QN: Have you found any significant differences between dating on the hetero vs LGBTI scene?

ANS: Yes, very big differences. For starters, the dating pool is very small for the Queer community. There is a running joke that most lesbians have dated everyone to the point that they start to date their exes. Another major difference is that one just can’t approach someone they like because aside from rejection there is also fear of being beaten up or being outed for those who are not yet out. It is whole different thing - no scenario is similar and each time is very new and frightening. One thing I love about the queer community though is that aspects of relationships like gender roles are thrown out of the window. Each couple finds their own dynamic. There are very many differences but at the end of the day, all couples whether hetero or queer only want love and a partner who supports them. Companionship basically!!

QN: Do you ever wish you were born “normal”, as many would refer to it?

ANS: Honestly there was a time in my life where I would have done anything to be "normal". But that part of my life is over. One of the hardest things as a queer person is self-acceptance and because I had not come to terms with who I was, I still thought of myself as abnormal. But once that journey had been travelled, I have fully embraced myself. I may have trauma from elsewhere but being Queer, I’m happy to say is not one of those places. In fact, I’m proudly queer and happy to say I’m doing some awesome gay shit at the moment.

QN: Are you religious and, if yes, how do you reconcile your sexuality with the Bible teachings that are normally quoted against your sexuality?
ANS: I’m no longer religious. But I would like to think I’m spiritual. That’s all I will share lest I get into a rant about religion.

QN: What has being part of the LGBTI community taught you about humanity?

ANS: Being part of the LGBTI has taught me how extreme human nature can be. Sometimes it can be cruel and unforgiving for something that doesn’t even directly affect them. For instance, why would someone throw a brick at your windscreen without even knowing you personally? Their conviction is that your sexuality rubs them the wrong way. Yet on the other side of the humanity spectrum, there is unconditional love and support from strangers who immediately become family. A lot of the persons in the queer community will tell you they have what we call “chosen family”. People who we meet and they become family in a matter of minutes. So yes, the community has taught me that even though we live in a cruel world; there is good, love and kindness. It has also made me aware of my privilege and reminded me to be kind no matter the situation.

QN: What’s your response to those that say LGBTI people can keep their sexuality private but don’t have to broadcast themselves to the whole world through activism?

ANS: My only response to that would be, I would have no problem doing ‘my thing’ in private if in turn even heterosexual persons can do their thing in private: don’t hold hands, don’t have public weddings, call for a family meeting to come out of the closet as heterosexual, NOT go around talking about their spouses or partners because it is offensive to me. If the heterosexual community can be mindful of ‘their thing’ then I will be mindful of mine.

QN: Any common misconceptions about LGBT people you’d like to correct?

ANS: Yes please! The biggest misconception is that LGBTI people are unproductive drug overdosed alcoholic individuals who get free money! First of all, there is no place where we line up every month to get free money (but if anyone knows a place like this, hola at a sister). Secondly, most queer people I have met are brilliant formidable individuals who are exceptional at what they do -artists, writers, lawyers, mothers and activists whose lives are made impossible by the inhumane way that society has and continues to treat us.

QN: Last but not least, why did you agree to talk to us today?

ANS: That’s actually a very important question because I have recently been thinking about all the queer babies that will come after me, this train of thought made me want to give my own little contribution. A story, an interview, anything to give the community a face because if I don’t speak up, who will?! I want people in Uganda to know ‘The Gays are here!’ And we are tall and proud.
MY ONLY WISH IS TO UNCOVER MY WOUNDS

My entire body aches;
Pain has infiltrated my lungs and scented my breath
The wounds on my ribs are septic,
The moisture under my bandages has dampened my skin
I see microbial proliferation on my own chest
I wish I could unveil these wounds

My fears are deep;
I can feel my worries cutting sharp through my arms
Re-hurting the fresh scars of my shoulders!
I can hardly hold her to my arms! A place she called home
Our mothers unmothered us- her and I are orphans to our parents
Where shall we find the space to cuddle- our ancestry denounced us

Shall our wounds ever heal?
Yet rejection is the only food we nourish our lives on
Our legs are coiled in unidirectional movements
My boss signed me off last month –I am a disgrace to society
We are refugees in our own land
No space for us to soothe our toxic bodies
We rot as our eyes watch

The whispers of our mute voices are echoing
The drops from our eyes keep us awake
One day their ‘God’ will be our ‘God’ too
Tomorrow maybe, their cultures will cease to sacrifice us
Tomorrow next, my wounds will receive the healing dose
In the future, my body will rejuvenate to sweetness and
Our souls will wed from the city square amidst crowds
One day I will heal fully
For we love truly
Dating your boss would normally be a complex situation because it is difficult to find a balance between your private and work lives. It gets even more complicated when there is psychological and physical abuse involved. Such is the story of this transman who had to make the difficult decision of starting life again from scratch rather than remain in a relationship that could have potentially ended fatally.

Their story started out like every other relationship: the lady was very understanding, supportive and willing to walk with this transman (let’s call him Pete) through the transition journey. She had walked out of their marriage for allegedly being physically abused by her husband and she took her two children with her. When she and Pete got together, like most supportive boyfriends, he opened up his home to her while she tried to figure out what her next step would be. Pete was however very clear that he wasn’t ready to live with children. Understanding this, the lady took the children to her parents’ house and she moved in with Pete who at the time thought this was a temporary arrangement.

Within a month, she had started buying things for the house and managed to convince Pete to move to a bigger house where they could set up roots as a couple. All was rosy at the beginning and the deeply-in-love Pete put up little resistance. They moved out of Pete’s one-bedroom apartment into a more posh, bigger and more expensive place. Two months after the move, the lady started changing. She became moody and disrespectful and for a while, Pete tried to find out what was triggering this sudden change of character and attitude. She constantly reminded Pete that she had more money and was paying the bigger share of the rent, and even when they were with their friends, she always found ways of insulting him and speaking to him condescendingly.

Then the physical fights started - she would pick a fight over the smallest of things and before the argument even started, she would start flinging things across the room and hitting him. Pete never fought back, for the most part, he would pack his bag and leave to cool off. A few days later, she would call him and apologise and beg him to come back home. This became a cycle.

Pete’s breaking point came when she started calling him “she” even though she was well aware of his gender identity and how much being femininised infuriated him. This would always happen whenever they got into a fight. She would say really hurtful things like, “You’re not a man and you still have a vagina.”

Initially, Pete thought this was her way of trying to provoke him but it turned into a daily habit and the physical violence got worse. One time, she found him chatting on phone and suspecting that he was speaking to another woman, she pounced on him, pushed him onto the floor and cut off his dreadlocks. Another time, Pete almost lost his eye because she pushed him and he hit his head on the pavers. He had had enough and would not wait for his lifeless body to be discovered.

“Being in this kind of relationship where I was psychologically tormented and tortured, I always found peace in drinking. We had been in a two-year relationship when I buried myself in alcohol to escape the reality of the abuse I was dealing with. After that fight where I hit my head on concrete, I knew it would be a matter of time before this situation became fatal, so I texted a friend and asked if I could stay with them while I got back on my feet. I needed time to heal and refocus on getting my life together. I had been psychologically damaged,” Pete says of his decision to walk out of the abusive relationship that had lasted two years.

The one thing that Pete regrets is not having spoken out sooner - he believes that the fear of being scorned by his peers kept him in this relation longer than he should have stayed. His friends have been very supportive and are now helping him to move on.

“My advice to anyone out there, do not be in rush to co-habit or move in with your partner because people can wear faces, they can pretend. Someone can be nice to you, sweet to you but its until you move in with them that you see their true character. Do not rush into a relationship with someone just because you’ve been sleeping with them,” he concludes.
Introduction
As part of our Reclaiming Spirit work, Soulforce has developed this series, “Breaking Open,” to combat scripture-based oppression alongside a set of workshops on Christian Supremacy, Intersectional Justice, and Healing from Spiritual Trauma to decode the language of fundamentalism and connect the dots between Christian Supremacy and systemic injustices like racism, homophobia, and classism.

This booklet goes deep into one of the “clobber passages” in the Bible, which are so named because they are the ammunition most often used to harm LGBTQI people through spiritual violence.

The story of Sodom and Gomorrah is weaponized against our people across all the Abrahamic traditions, making this resource applicable to multiple contexts. For this series, we specifically root ourselves in the Christian tradition, because Christianity is the language of power that we encounter most often and study most closely.

For those of us who have been injured by Bible-based condemnation, LGBTQI people of Abrahamic faiths, or for those who come from these traditions, this can be scary work. For others, it can be confusing and frustrating to understand insider logic and language. Regardless of where you are or where you come from, it is our deepest hope that this resource will give you courage to thoughtfully engage the text for yourself and help you to find your own authentic voice in the debate over LGBTQI people’s lives.

At the very least, biblical literacy offers you and your Christian conversation partners - be they at home, at church, in your community, or across the globe—a common language and a starting point to engage deeply and collaborate on solving very real problems, even if your theologies don’t completely match. This hard work of addressing spiritual violence transforms hearts and minds, including our own.

Are you ready?
Many blessings on the journey.
Rev. Alba Onofrio, Spiritual Strategist for Soulforce

P.S. One more thing - if you are reading this resource because you hope to become more confident that God loves you in your queer identity or your trans identity, let me tell you now: God absolutely loves you as you are right now and celebrates your coming into your most authentic self... and there are plenty of Bible verses to back that up!

A Prayer in Preparation.
Beloved Creator, Giver of Life, Source of Love:

We come before You with open minds and humble hearts. We have been told many things about the Bible. We have witnessed this sacred word used to heal and save. We have seen it used to damn and condemn.

Please guide the words of this resource along with the minds and hearts of those who read it, so that we may better understand our call as people of faith in a suffering world.

Show us the path that leads to You. Teach us the ways of Truth, Oh Love, and set our hearts aflame, once again, to dedicate ourselves anew to a moral compass that points to wholeness and life abundant.

In the precious names we have each come to call You,
Amen.

In Focus: Sodom and Gomorrah.
Genesis 18:16-19.29

The Accusation.
God destroyed Sodom & Gomorrah because they were full of bad people, specifically homosexuals. Therefore God hates homosexuality. God will destroy all homosexuals and the nations that harbor them.
AIDS is often framed as a punishment for the immorality of homosexuality. And LGBTQI folks are threatened with Hell if we do not repent from our homosexual desires and behaviors, renounce our queerness, and become good heterosexuals.

“Sodomy laws” that most often target gay men and trans women with the possibility of severe punishment are based in the same wrong interpretation of this Bible story.

The Heart of the Matter.

The destruction of Sodom and Gomorrah is the go-to Bible story to prove that “God hates gays,” but it is also one of the clearest examples of mistaken identity in the Bible. Words like “sodomy” (pejorative term referring to anal sex) and “sodomite” (pejorative term for gay man, literally someone guilty of sodomy) are clear examples of how pervasive this lie has become. “Sodomy laws” that most often target gay men and trans women with the possibility of severe punishment are based in the same wrong interpretation of this Bible story.

Summary.

The passage begins with a discussion between God and Abraham about the wickedness of Sodom. Abraham asks God if the city will be destroyed, killing the righteous along with the wicked. They discuss it, and Abraham negotiates with God to save the city. God agrees that if there are even ten righteous people in Sodom, the city will be saved. God sends two angels disguised as men to Sodom. There they meet Abraham’s nephew, Lot, who invites them to his home to eat and rest for the night as is the cultural expectation for the Hebrew people of the time.

Later all the men of the city surround Lot’s house and demand the two foreigners be sent out so they can rape them. Lot refuses and instead offers the angry mob his two virgin daughters to rape. The angels pull Lot back into the house and mob gets struck blind so they cannot get in. The next morning the angels get Lot’s family out of Sodom just before God extinguishes it, and they tell them not to stop or look back or else they will be consumed like everything else in sight. They flee to a nearby town, Zoar. But Lot’s wife looks back at the city and she becomes a pillar of salt.

The Text

Genesis 18:16 Then the men set out from there, and they looked toward Sodom; and Abraham went with them to set them on their way. 17 The LORD said, “Shall I hide from Abraham what I am about to do, 18 seeing that Abraham shall become a great and mighty nation, and all the nations of the earth shall be blessed in him? 19 No, for I have chosen[e] him, that he may charge his children and his household after him to keep the way of the LORD by doing righteousness and justice; so that the LORD may bring about for Abraham what he has promised him.” 20 Then the LORD said, “How great is the outcry against Sodom and Gomorrah and how very grave their sin! 21 I must go down and see whether they have done altogether according to the outcry that has come to me; and if not, I will know.”

22 So the men turned from there, and went toward Sodom, while Abraham remained standing before the LORD.[f] 23 Then Abraham came near and said, “Will you indeed sweep away the righteous with the wicked? 24 Suppose there are fifty righteous within the city; will you then sweep away the place and not forgive it for the fifty righteous who are in it? 25 Far be it from you to do such a thing, to slay the righteous with the wicked, so that the righteous fare as the wicked! Far be that from you! Shall not the Judge of all the earth do what is just?” 26 And the LORD said, “If I find at Sodom fifty righteous in the city, I will forgive the whole place for their sake.” 27 Abraham answered, “Let me take it upon myself to speak to the Lord, I who am but dust and ashes.

Suppose five of the fifty righteous are lacking? Will you destroy the whole city for lack of five?” And he said, “I will not destroy it if I find forty-five there.” 29 Again he spoke to him, “Suppose forty are found there.” He answered, “For the sake of forty I will not do it.” 30 Then he said, “Oh do not let the Lord be angry if I speak. Suppose thirty are found there.” 31 He said, “Let me take it upon myself to speak to the Lord. Suppose twenty are found there.” He answered, “For the sake of twenty I will not do it.” 32 Then he said, “Oh do not let the Lord be angry if I speak. Suppose thirty are found there.” 33 And the LORD went his way, when he had finished speaking to Abraham; and Abraham returned to his place.

The next morning the angels set out from there, and they looked toward Sodom; and Lot was sitting in the gateway of Sodom. When Lot saw them, he rose to meet them, and bowed down with his face to the ground. 2 He said, “Please, my lords, turn aside to your
sent us to destroy it.”14 So LORD, and the LORD has become great before the outcry against its people. 13 For we are about to destroy this place, because you have brought to light the wickedness of its people. 14 When Lot went out and said to his sons-in-law, “Up, get out of this place; for the LORD is about to destroy the city.” But he seemed to his sons-in-law to be jesting.

15 When morning dawned, the angels urged Lot, saying, “Get up, take your wife and your two daughters who are here, or else you will be consumed in the punishment of the city.” 16 But he lingered; so the men seized him and his wife and his two daughters by the hand, the LORD being merciful to him, and they brought him out and left him outside the city. 17 When they had brought them outside, they[a] said, “Flee for your life; do not look back or stop anywhere in the Plain; flee to the hills, or else you will be consumed.” 18 And Lot said to them, “Oh, no, my lords; 19 your servant has found favor with you, and you have shown me great kindness in saving my life; but I cannot flee to the hills, for fear the disaster will overtake me and I die.20 Look, that city is near enough to flee to, and it is a little one. Let me escape there—is it not a little one?—and my life will be saved!” 21 He said to him, “Very well, I grant you this favor too, and will not overthrow the city of which you have spoken.22 Hurry, escape there, for I can do nothing until you arrive there.” Therefore the city was called Zoar.[b]23 The sun had risen on the earth when Lot came to Zoar.

24 Then the LORD rained on Sodom and Gomorrah sulfur and fire from the LORD out of heaven; 25 and he overthrew those cities, and all the Plain, and all the inhabitants of the cities, and what grew on the ground. 26 But Lot’s wife, behind him, looked back, and she became a pillar of salt.

27 Abraham went early in the morning to the place where he had stood before the LORD; 28 and he looked down toward Sodom and Gomorrah and toward all the land of the Plain, and saw the smoke of the land going up like the smoke of a furnace.

Analysis.

Even a cursory look at the text reveals that this story is not about homosexuality at all. There are no depictions of men having consensual homosexual sex based in mutual desire. There are only two mentions of sex in the entire passage. They are both about rape. The first is the angry mob of all the men in the town demanding that the two foreigners who have just arrived in Sodom to come out in order to publically gang rape them. And the second is when Lot offers his two young daughters to the mob to “do to them as you please” (v.8). Rape is about power, not love. It is not even about desire; it is about the power to control another person’s body. For thousands and thousands of years, rape has been a tool of domination by conquering armies, slave owners, and those with enough physical, emotional, psychological, and/or institutional power to force themselves into the body of someone more vulnerable than themselves without consent. This case of attempted rape is no different.

The text says that every single man in Sodom came to Lot’s house (v.4). This is not a mob
of gay men in a sexual frenzy driven by homosexual lust. Surely, most of the men had not even seen the two visitors. This is about subjugation and domination and xenophobia. This is about power and violence and keeping foreigners in their vulnerable position.

Looking at other references to Sodom and Gomorrah in the Bible can also help shed light on their sinfulness. Two places where this story is revisited is Matthew 10:5-15 and Ezekiel 16:49-50.

Let's first examine the gospel account in Matthew. Here, Jesus is sending out the twelve disciples into Israel. He is ordering them to heal and proclaim the good news, but to take nothing with them: no money, no stuff, no bag. They are to do the work of God and depend entirely on the hospitality of strangers in each town or village they enter for their survival.

In verses 14-15, Jesus pronounces that any town who does not welcome the disciples with hospitality will receive judgement worse than that of Sodom and Gomorrah.

Jesus is using Sodom and Gomorrah as shorthand for "The people of Israel have a moral obligation take care of you as part of their covenant with God. If they do not receive you and care for you with warm welcome and hospitality, God will be very displeased! Remember what happened to Sodom and Gomorrah when they were inhospitable to strangers?"

Ezekiel 16:49-50 is even more explicit about why Sodom was destroyed by God:

49 This was the guilt of your sister Sodom: she and her daughters had pride, excess of food, and prosperous ease, but did not aid the poor and needy. 50 They were haughty, and did abominable things before me; therefore I removed them when I saw it. (NRSV translation)

Considering the harsh desert conditions, specific dietary laws, nomadic lifestyles, and often dangerous political climate of the Ancient Near East, hospitality was literally a matter of life and death. Withholding basic necessities from anyone in need—especially when God's blessings were abundant—was not only a sign of greed, but a violation of Israel's covenant with God. Hospitality was not only a custom of the ancient Hebrews, but a moral imperative, especially with regard to foreigners.

Exodus 22:21 explicitly forbids harming, oppressing, or wronging any foreigner in the land, because the people of Israel were once foreigners in the land of Egypt. Hospitality to foreigners becomes an important sign of remembrance, respect, and gratitude to God for the deliverance of the people of Israel from enslavement in Egypt.

Discussion Questions.

1. Is the practice of homosexuality (i.e. consensual sex between people of the same sex based in erotic desire) truly the crime of Sodom that was so egregious that God rained down sulfur and fire, and destroyed the entire area and everyone in it?
2. Who sinned in this Bible story? Who is innocent? Consider each of these characters: Lot, the angels in disguise, Lot's daughters, the townspeople in Sodom, Lot's wife, God.
3. How would this passage be different if the angels were not disguised as men, but rather as women? Or trans people or gender nonconforming people or non-binary people? How would that change the story?
4. How and why do you think certain religious views on this text have extrapolated blanket condemnation of all LGBTQI people?
5. Can you think of an example of a modern-day Sodom and Gomorrah?
6. What is your take-away from revisiting the Bible story of Sodom and Gomorrah? Does it have a moral imperative for us today?

Soulforce provides expertise on Christian Supremacy to further the movement toward collective liberation. We work to end the political and religious oppression of transgender, intersex, queer, bisexual, lesbian, and gay people through relentless, nonviolent resistance.

Learn more about our social justice work at www.Soulforce.org.

The Breaking Open Series not only provides guidance on the challenging scriptural conversations that are used to harm our people but also support you in building a just and life-giving theological framework that is based in principles of liberation and solidarity in order to be ready for any conversation.

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Enyanjula.

Ng'ekitundu ekyokuzza obupya omulimu gw'Omwoyo, Soulforce etaddewo obutabo bunu obw'omudiring'anwa "Okubikkula" okujawo okunyigirizibwa okujibwa mu Byawandikibwa wamu n'okugaba emisomo egyikwata ku busukulumu bw'obu Kristaayo, obwenkanya, n'okuwonyezebwa okuva mukukosebwa okw'Omwoyo okujawo olulimu lw'ekitujju n'okugatta obusukulumu bw'obu Kristaayo wamu n'obutali bwenkanya nga obusosoze mulangi, okusosola abantu abagwa mumukwano n'abantu ab'ekikula ekimu (abasiyazi), saako okwawula mubantu abusooze mu langi, okusosola abantu ab'ebiti oba endowooza ez'enjawulo. Mu butabo bunu, tutunulira nnyo enono z'e'eki Kristaayo, kubanga obu Kristaayo lulumilwa maanyi lwetusinga okusinziira, at'era n'okusoma ennyo.

Eri ffe abatusiddwaako obuvune ngakwegamiziddwa ku Baibuli, abantu abagwa mumukwano n'abantu ab'ekikula ekimu (abasiyazi) abali munzikiriza za Ilulayimu, oba abo abawa mu mpisa n'enono bwezito, kino kiyinza okuba ekyoziisa eny. Abalala kiyinza okuba ekitabulatabula abe ekinyiiza, okugezaako okutegeera entegeera oba endowooza ey'omunda wamu n'olulimi. Nqatetufudeeeyo wa wooli oba wa woova, ly'essuubi lyaffe nti akatabo kano kajja kukuwa obuvumu n'okufumitiriza osobole okuteeka munkola ebyawandikibwa bino eri gwe, era bikuyambe okuzulu eddoboizi lyo mukukubaganyo eyiibwoozo ku bulamu bw'abantu abagwa mumukwano n'abantu ab'ekikula ekimu (abasiyazi).

Ekisembayo obutono, ebyawandikibwa mu Baibuli bikuwa, wamu naabo bwemunyuma emboozi y'eki Kristaayo—babeere waka, ku kanisa, jobeera, oba emitala w'amayanja—olulimi olufanagana wamu n'entandikwa ey'okukwagana n'entandikwa, at'era n'okukwagana mukumalawo ebizibu byeninyi, newankubadde eby'edini byamwe nga tebiwakatanganira. Omulimu guno omuzibu ddala ogw'okwekeneenya ogukwagana kabutabanguko obw'Omwoyo gukuyusa emitima n'endowooza, ngamwosizza egyaffe.

Oli mwetegefu?

Mikisa mingi kulugendo, Omwawule Alba Onofrio, Akwasaganya Eby'Omwoyo ku lwa Soulforce

Nakino: Kimu ekirala—bwoba osoma akatobo kano kubanga osubira okweyongera okuba omukakafa nti Katonda akwagala nga bwooli, kakano kankugambe nti; Katonda ddala akwagala ngabwooli era ajaguza okuvaayo kwo n'ofuukira ddala ey'okukwagana kwo ngamwosizza egyaffe, at'era waliyo enyiriri za Baibuli nyingi okukakasa ekyo!

Essaalma mu Kwetekeateeka.

Omuronzi Omwagalwa, Omugabi w'Obulamu, Ensibuko y'Omukwano:

Tujja gyoli n'emeeme enzigufo,
Tulage ekkubo erituuka gyoli.
Tusomese engeri ey'amazima, ayi Kwagala, era obuguzze emitima gyaffe nate, tusobole okwewaayo bupya eri okulung'amizibwa okw'empisa okuyitibwa kwaffe ng'abantu ab'okukiriza munsi ey'okubonabona.

Mumanya ag'Omuwendo ffena buli kinuxoo gaze okukyuita, Amini.

Okwekeneenya: Sodoma ne Ggomola.
Olubereberyeye 18:16-19:29

Okunenya.
Katonda yazikiriza Sodoma ne Ggomola kubanga bayi bijjuude abantu abakyamu, naddala abantu abagwa mumukwano n'abantu ab'ekikula ekimu (Abasiyazi). N'olwekyo Katonda akyawa abagwa mumukwano n'ebasajja banabae -abasiyazi", naye ate era'yem’emye kub’akalibirako ebirabikako eby’enyogerakuru emboozi nyago abasajja abagwa mumukwano.

“Amateeka ga Sodoma” agakozesebwa enyo eri abbasajja abagwa mumukwano ne basajja n’ebasajja abagwa.

Empumba.
Embozzi etandika n’akafubo wakati wa Katondwee banaabwe n’ebasajja abagwa mumukwano n’ebasajja abagwa.

Katonda akkiriza nti bwewabaawo wakiri abantu kumi abatukirivu mu Sodoma, ekibuga kija kulokolebwa. Katonda atuma bamalayika babiri nga befudde abantu babulijjo. Eyo nebasiskana kizibwe wa Ibulayimu, Lutti, abayita mu maka ge okulura ng’ekikulisa ekyo nga bwekisibwirwa munono z’abantu abayudaaya ab’omulembe ogwo.

Oluvanyuma, abasajja bonna ab’ekibuga betoloolola ennymbya ya Lutti nebatandika okusaba okwempaka abagiri ababiri okuwerezebwa eby’ovenwa abasajja abagwa mumukwano okwempaka okutumikiriza abantu ab’ekikula ekyo.

Lutti agaana naye ate awa ekibuga betoloolola ennymbya ya Lutti nebatandika okusaba okwempaka abagiri ababiri okuwerezebwa eby’ovenwa abasajja abagwa mumukwano.

Amakya agadako bamalayika baddusa amaka ga Lutti, okufuluma Sodoma nga Katonda tanazikiriza kibuga, era nabagamba obutayimirira oba abatukirira mabega abantu ababiri obozzi omukwano abasajja.

Kubanga Ibulayimu talirema ku kw’amaanyi, era ababiri abagwa mumukwano Ibulayimu naamukisa kyenkola? 18 Kubanga kyennava mmumanya, alyoke abalagire

“Amateeka ga Sodoma” agakozesebwa enyo eri abbasajja abagwa mumukwano n’ebasajja abagwa.

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baana be n’ennumba ye eriddowo, okukwata nga ekkubo lyo Mukama, okukolanga eby’obutukirivu n’ebeyensonga; Mukama alyoke aleete ku Ilubayimu bye yamwogerako. 20 Mukama n’ayogera nti Kubanga okuukaaba kw’Ee Sodoma ne Ggomola Kunene, era kubanga okwonoona kwabwewe kwikitalo: 
21 Nnakka kaakanon ndabe nga baflona ddala ng’okuukaaba kwabwewe kuli, okwatuuka eri Nze; era obanga teklayi bwe kityo, naamanya.”

22 Abasajja be bava eyo ne bagenda e Sodoma: naye Ibulayimu ng’akayimiridde mu maa he ga Mukama. 23 Ibulayimu nasembara, n’ayogera nti Olizikiriza abatuuquiri awamu n’ababi? 24. Mpozzi mu kibuga mulimuru abatukirivi ataano: olizikiriza ekifon’otokisonyiwa ku bwa batuukirivu awamu abakirimu? 25 Kitalo okole bw’otyoty, okutta abatukirivi awamu n’ababi, n’okwenkana abatukirivi ne benkana n’ababi; kitalo ekyo: Omulamuzi w’ensi yonna talikola bya butukirivi? 26 Mukama n’ayogera nti bwennaalaba mu Sodoma abatukirivi ataano munda mu kibuga, ne ndyoka nsonyiwa ekfo kyonna ku bwawawe. 27 Ibulayimu n’addamu n’ayogera nti Laba nno, negezeza okwogera ne Mukama newanukkubadde ngandi nfuufu bufuuufu n’evvu: 28 mpozzi ku batuukirivi ataano kunaabulako abataano: olizikiriza ekibuga kyonna kubanga abataano babulako? N’ayogera nti sirikizikiriza bwe nnaalabayo ana mu abataano. 29 N’ayogera nti bwennaba ye nae era nti Mpozzi munalaalabikiramu ana. N’ayogera nti sirikikola bwe nnyo ku bw’ana. 30 N’ayogera nti Nkwegayiridde, Mukama tasunguwala, nange ka njogere: mpozzi munalaabikamu asatu. 31 N’ayogera nti Laba nno, negezeza nze okwogera ne Mukama: Mpozzi munalaabikamu abiri. N’ayogera nti Sirikizikiriza ku bw’abiri abo. 32 N’ayogera nti Nkwegayiridde, Mukama, Mukama tasunguwala, nange ka njogere nti Nate omulandi guno ogumu gwokka: Mpozzi munalaabikamu ekkumi. N’ayogera nti Sirikizikiriza ku Bw’ekkumi abo.33 Mukama ne yeegendera, bwe yamala okwogera ne Ilubayimu n’addayo mu kifo kye.

19 Ne Bamalayika babiri ne batuuka e Sodoma akawungeezi; ne Lutti yali attude mu mulyanga ogwe e Sodoma akawingezi: Lutti n’abalaba, n’agolokoka okubasisinkana; n’avunuma amaaso ge 2 n’ayogera nti Laba nno, bakama bange, mwekoolooby, mbegayiridde, mu nyumba ey’omuddu wamwe, musule okujeesa tbe, munaabe ebijere, mukeere enkyu okugolokoka mwengeere. Nebogera nti Nedda; naye tunasula mulo gudo okujeesa tbe.3 N’abawaliriza nnyo; ne beekoolooby eweewe, ne bayingiru mu nyumba ye, n’abafumbira embaga, n’akayi omugaaati oguzimbulukusswa, ne balya. 4 Naye nga tebaneebaka, abasajja ab’omu Kubuga, mu nyumba ey’omuddu wamwe, munaabe ebijere, mukeere enkyu okugolokoka mwengeere. Nebogera nti Nedda; naye tunasula mulo gudo okujeesa tbe.3 N’abawaliriza nnyo; ne beekoolooby eweewe, ne bayingiru mu nyumba ye, n’abafumbira embaga, n’akayi omugaaati oguzimbulukusswa, ne balya. 4 Naye nga tebaneebaka, abasajja ab’omu Kubuga, mu nyumba ey’omuddu wamwe, munaabe ebijere, mukeere enkyu okugolokoka mwengeere. Nebogera nti Nedda; naye tunasula mulo gudo okujeesa tbe.3 N’abawaliriza nnyo; ne beekoolooby eweewe, ne bayingiru mu nyumba ye, n’abafumbira embaga, n’akayi omugaaati oguzimbulukusswa, ne balya.
21 N'amugamba nti Era nkukiririza ne mukigambo ekyo, obutassuula kibuga ky'oyogeddeko. 22 Yanguwwako, oddukire omwo kubanga siyinza kukola kigambo, ngatonatuuka omwo. Erinnya ly'ekibuga kyeryava liyitibwa Zowaali. 23 Enjuba yali ng'emaze okuvaayko ku nsi Lutti bweyatuuka mu Zowaali.


26 Naye mukazi we natunula enyuma we ng'amuze okuvaayo ku nsi Lutti bweyatuuka mu Zowaali.

27 Ibulayimu n'agolokoka enkya mu makya n'agenda mu kifo mweyayimirira mu maasso ga Mukama:

28 N'atunuliira Sodoma n'e Ggomola, n'er ensi yonna ey'olusenyi, n'alengera, era, laba, omukka ogw'ekikoomi.

29 Awo, Katonda bwe yazikiriza ebibuga eby'omu lusenyi, Katonda n'ajjukira Ibulayimu nasindika Lutti, ave wakati mu bibuga ebyasulibwa, bwe yasuula ebibuga Lutti mweyali atuala. (Baibuli y'Oluganda)

Okwekeneenya.

N'ebwooba tewekkanyiiza nyo bigambo ebyo waqyala, okirabirawo nti emboozi eno tekwarta ku bantu abagwa mumukwano n'abantu ab'ekikula ekimu (abasibyazi) n'akam. Tewali weraigira abasajja bano n'abantu ab'ekikula ekimu okusinzira mumukwana abagwa mumukwano n'abantu ab'ekikula ekimu okusinzira mumukwana kwagala kwabwa. Waliwo emurindi ebiri gyokka okwegatta wekwogera waqyala mu mboozi eno yonna. Gyombi jogera ku buliisa maanyi. Ogusooka ky'ekibinja e kikambwe eky'abasajja bano ab'ekikula ekimu ngabakalambidde nti abasajja ababiri ababakayingira Sodoma, okufuluma basobole okubamanya. Ogw'okubiri wemo nga Lutti awaddeko bawala be ababiri eri ekibinja ky'abasajja, "babakole nga bwebalabye" (Akanyiriri 8).

Obulisa maanyi, kikozebewa maanyi, si mukwano. Tekiri na mukwegomba; kiri ku maanyi okufuga omubiri gw'omuntu omulala. Okumala ebysa n'ebysa, obulisa maanyi babadde bukozebewa nga eky'okulwanyisa okufuga eri amagye agawamba, abalina abaddu, ate era naabo abalina amaanyi ag'omumuli, ag'ebirwoozo, n'ebitongole ebyamanyi okuvaayko ekubiriiko ekukakatika mu mubiri gw'woyo gwebafuga ova gwebasinga amaanyi, nga ye takkirizza. Kati newano, mumboozienewebagerezaako okuvaayko ekubiriiko ka basajja ababiri, sikyanjawulo.

Ekiigambo kigambye nti buli musajja yena mu Sodoma yajja eri ennyumba ya Lutti (Akanyiriri 4). Kino sikibinja ky'abasajja abagwa mumukwano n'abasajja bannaabwe ngabali mu masanyu gakwegatta ate ng'abavugibwa enyonta y'okwegatta kwekikula ekimu. Delsea, abasinga obungi ku bbo baali tebanalaba na ku bagenyi bano. Kino kikwata ku kwefuga kifo kyawbwe n'obutatwala muganda wo Sodoma: amalala n'okukkutanga emmere, n'okwesiima nga yegolola byali mu ye ne mu bawala be; so teyanyweza mukono gwa mwavu n'eyetaga. 50 Era baalina ekiitigi, nebakola eby'ekitigi mu maaso gange: kyennava mbajjawo ngabwe nasinisa. (Baibuli y'Oluganda)


eyedda mu kitundu kino, okwanziriza abagwira kwali kuwa bulamu oba kufa. Obutawa ebintu eby’omugaso enyo mu bulamu eri abyetaaa yenna—naddala ng’omukisa gwa Katonda wugumuli mumbugu—tekabanga kabonero ka mululu kyokka, naye n’okujemera endagaano ya Israeli ne Katonda. Okwanziriza n’okuyisa obulungi abagwira tekaali kalombolombo k’Abebbulaniya abedda kyokka, naye empisa y’ensi naddala ngakikwata ku bagwira.

Okuva 22:21 Eganira ddala okulumya, okunyigiriza, oba okukola obubi omugwira yenna mu nsi, kubanga abantu ba Israeli ba babaledge abagwira1 mu nsi ya Misir. Okwanziriza n’okuyisa obulungi abagwira nekifuuka akabonero akakulu ak’okujukira, okuwa ekitibwa, n’okusimba Katonda okusumulula abantu ba Israeli okuva mu misir.

**Ebiwuooz ebo’okukubaganyaka ebirowoozo.**

1. Okulya ebisiyaga (okukiriziganya okwegatta wakati w’abantu ab’ekikula ekimu nga basinzira mu mukwano) ddala gw’emusango ogw’avunanibwa Sodoma, Katonda alyoke atonyes y’ensimiro omuliro n’ekibiriiti ku kibuga kina, wamu n’abuli muntu eyakirimu?
3. Olowooza olugero luno lwandibadde Iwanjawa lu tywa singa bamlayika tebebusabuza ng’abasajja, naye ng’abakalya? Oba nga Abasiyazi? Kyandikyusiza kitya olugero?
4. Kitya era lwakali olowoowa endowooza ezimu ez’eddiini

**Kinyarwanda.**

Bisexual – Omuntu (omukazi oba omusajja) agwa mumukwano n’a baakiro yenna n’abasajja

Gay – Omusajja agwa mumukwano ne musajja mune

Gender nonconforming or non-binary - omuntu yenna atagwa ku nsi, baffe kyokka ne musajja

Intersex – Omuntu y’enna ayina ebitundu eby’ekyama eby’emirundi ebiri (eky’abakazi n’eky’abasajja)

Lesbian – Omukyala agwa mumukwano ne mukyala munne LGBTQI – Lesbian; Gay; Bisexual;

Transgender; Queer and Intersex Queer – Omuntu yenna atagendera y’ekimu mumukwano ne mukyala munne LGBTQI – Lesbian; Gay; Bisexual;

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Soulforce egaba obukugu ku busukulumu bw’ekikristaayo mukwongerayo omugendo eri okwenunula okwawamu. Tukola okukomaka okufugibwa ekw’ebyobufuzi wamu n’eddiini eri abantu abagwira mumukwano n’abantu ab’ekikula ekimu (abasiyazi) ngatuyita mu kukukuluma okw’emirembe.

Yiga ebisingawo ku bwenkanya ku www.soulforce.org

Obutabo Bw’okubikula, tebugaba kulung’amizabwa eri emboozi ez’ebyawandikibwa ezirosomooza ezirokozesebwa okulumya abantu baffe kyokka naye bukuwanirira mukuzimba engeri ey’obwenkanya mu diini wamu n’okugaba obulamu lusajja eyisomooza eyisogamizidwa ku nonzero z’okununulibwa wamu n’obuvumu okuba ngawetegese eri emboozi yonna.

Kifulumizidwa Soulforce, Inc. Kopi 2016, Eddembeyonna ku kitabo kino erisigazza Kwandikiddwa era Kagattidwa Omwawule Alba Onofnio

Okubikula: Sodoma ne Ggomola

Entuntuurira ya Baibuli, ennumula era ekyusa eby’okulwanyisa ebikozesebewa mu Byawandikibwa okufuuka ensibuko y’amanyi.
In March 2012, my boyfriend at the time, broke up with me. I walked to the pharmacy and bought the strongest poisonous drug I could think of and came back home in Donholm where I was renting a one-room shack. I swallowed the pills, and went to sleep fortunately or unfortunately, I forgot to close the door. In my mind, I had nothing to live for even though I had just registered for my final exams – this was still not reason enough for me to live.

The next thing I knew was waking up at Metropolitan Hospital in Nairobi. As is procedural, I was tested for various diseases before treatment. The doctor noticed a lump behind my neck and gave me anti-bacterials before discharging me that very day. I was asked to return after four days to get my results.

Four days later, I went back to the hospital for my results but the doctor would not give them to me. He asked me whether I knew I was tested for HIV and I answered in the negative. He gave me a consent form to sign but directed me to a psychiatrist in the next office.

The psychiatrist tried small talk with me and seeing all I was interested in was the sheet of paper with my results, he excused himself to grab something from the next room. On his desk was a piece of paper turned upside down, I turned it over and there was my name and below it, HIV written in BOLD. My heart dropped. How did it make me feel? Now I had an actual reason to commit suicide. After two weeks of beating myself up and waiting to die, I had to accept my newly acquired status and moved on. HIV gave me a new lease of life.

The big question would be; how did I get there or why did I decide to end my life prematurely? When I was twelve years old, I was rejected by an auntie who did not want me going to her home because I would ‘spoil’ my cousins. The last thing I said to her was that I would kill myself and I have never seen her again.

The second time I felt rejected was when my teacher told me to stop behaving like a girl and sent my classmate to teach me how to be a man- I ended up stabbing him on the right hand that he was supposed to use to write his final exams.
The third time was in high school in 2009. I was in form two and a member of Christian Union. The C.U Patron outed me as gay to the entire school and brought televangelists to pray for me and I think that is where everything went south. Fast forward, I was diagnosed with medical depression by Doctor Wang’ombe at Westlands Medical Center following a mob attack. I was given medicine that lasted for two months and thereafter I was on my own again.

In 2017, I had a massive breakdown because of my work as an LGBTI activist. I wanted to end my life by letting a truck run me over while broadcasting the ordeal Live on Facebook. Other activists intervened just in time and I am thankful for that. I still get depressed, my mind is filled with suicidal thoughts from time to time and I have bipolar tendencies but I self-medicate through detailing my thoughts in articles which sometimes come off as aggressive but that is just me.

I have gone through a ‘full gay cycle’. There is practically nothing that a gay man stereotypically goes through that I haven’t. Not HIV, dropping out of school, mob justice, arrested by the police for being gay, unlawful evictions, rejection, suicide, name it. My brother once said that my life is like a movie, I mean how much more dramatic can it get?

When life becomes hard, people go back to their family and relatives or friends. But what do you do when you are ‘practically an orphan’ after being disowned by everyone; you are failed by God, failed by people, failed by your country, failed by the system and rejection becomes the order of the day. You simply run out of defence mechanisms to survive. You are left to find alternative means some of which are self-destructive and this might explain why it is very hard to keep in touch with the older generation of the LGBT community. They simply go silent as a self-defence mechanism. Some become homophobic and start to fight the community from within, others go on asylum like myself and the rest choose to live in denial because it is normalised.

All these chronologies that happen throughout one’s life without proper dealing/coping mechanisms are creating an angry generation. It is leading to angry activists. It leads to an early mid-life crisis. It is leading to irreversible damage and this is why the suicide rates are going up by the day. So, the next time someone asks about where the old gays are now? Tell them they are lost in thought and it is up to us to bring them back.

George Barasa (Jojibario)
Artist and Activist based in South Africa currently on internship at AMSHeR (Africa Men for Sexual Health And Rights).
GLOSSARY

ARVs: Antiretroviral Drug

BIPHOBIA: Dislike of or prejudice against bisexual people.

CISGENDER: A term for people whose gender identity matches the sex that they were assigned at birth. Cisgender may also be defined as those who have “a gender identity or perform a gender role society considers appropriate for one’s sex”

HETEROSEXISM: Discrimination or prejudice against homosexuals on the assumption that heterosexuality is the normal sexual orientation.

HIV: Human Immune Virus

HOMOPHOBIA: Dislike of or prejudice against homosexual people

HRDs: Human Rights Defenders

IDAHOBIT: International Day Against Homophobia, Biphobia and Transphobia

IPV: Intimate Partner Violence

LGBTIQ: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer

MENTAL ILLNESS: Mental illness, also sometimes referred to as mental disorder or psychiatric disorder, is a behavioral or mental pattern that causes significant distress or impairment of personal functioning.

PATRIARCHY: A system of society or government in which the father or eldest male is head of the family and descent is reckoned through the male line. It also refers to a system of society or government in which men hold the power and women are largely excluded from it.

SOGIE: Sexual Orientation and Gender Identity or Expression

STIGMA: A mark of disgrace associated with a particular circumstance, quality, or person.

TRANSGENDER: A person whose sense of personal identity and gender does not correspond with their birth sex.

TRANSITION: The process of changing one’s gender presentation and/or sex characteristics to accord with one’s internal sense of gender identity – the idea of what it means to be a man or a woman.

TRANSISOGYNY: The negative attitudes, expressed through cultural hate, individual and state violence, and discrimination directed toward trans women and trans and gender non-conforming people on the feminine end of the gender spectrum.

TRANSPHOBIA: Dislike of or prejudice against transgender people.