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Narrative medico-legal and legal report on grave discriminatory violence against LGBTQI+ members of Last Hope Refugee Association

Events experienced and documented in Nakivale, Uganda, including the events of 19 January 2025, 26 February 2026, May 2026 and the night of 5 to 6 June 2026 in New Sangano

Place	New Sangano, village within Nakivale refugee camp, Uganda
Date of the principal events	Night of 5 to 6 June 2026
Declaring organization	Last Hope Refugee Association
Principal identified victims	Mr Chance Mushengezi, Makwashi Runiga, Lukelwa Wabingwa, Deborah Kasavubu, Alvine Kapwepwe, John Kyaga, Marie Thérèse Baganda
Number of members present	Seventeen members of Last Hope Refugee Association
Author	Gilbert Amuli Ntaundi
Date of the final integrated report	6 June 2026

I. Introduction and purpose of the report

This narrative medico-legal and legal report brings together, in a single coherent document, the initial report and the clinical, chronological, nominal and medico-legal additions concerning the violence suffered by members of Last Hope Refugee Association in Nakivale refugee camp, Uganda. It incorporates the earlier documented violence, the institutional closure of the association's office, the threats directed at the Rainbow Bar and the collective assault during the night of 5 to 6 June 2026, after the celebration of the International Pride Month.

The place of the principal attack is clearly identified: New Sangano, a village within Nakivale camp. This geographical precision places the assault within the daily living environment of LGBTQI+ refugees and clarifies the continuing risk of reprisals, stigmatization and obstruction of protection.

The report is based on the events experienced by the members of the association, the injuries documented after the assault, the chronology of the search for protection and care, and the discriminatory context affecting LGBTQI+ persons in Nakivale camp. It documents the collective

assault, the injuries, the traumatic mechanism, the immediate and delayed risks, the obstruction of access to emergency care and the anti-SOGIESC dimension of the attack.

This document is not a definitive medical certificate. It retains the value of a narrative medico-legal and legal report based on the available data, to be supplemented by complete medical records, medico-legal photographs, imaging, specialist certificates, concordant witness statements, police documents and any useful independent investigation.

II. Methodological and normative framework

The analysis follows the general principles of the Istanbul Protocol on the investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment. This method distinguishes the events experienced, the documented findings, the clinical data observed, diagnoses to exclude, medico-legal risks and the degree of consistency between the injuries and the traumatic mechanism described.

The legal assessment also refers to international standards for the protection of LGBTQI+ refugees and to the SOGIESC principles, namely sexual orientation, gender identity, gender expression and sex characteristics. These principles require an individualized, non-stereotyped, trauma-sensitive analysis that takes account of shame, fear of disclosure, risk of reprisals, social marginalization and structural barriers to evidence.

The medical terminology used distinguishes wounds, abrasions, bruises, hematomas, sprains, chest pain and craniofacial trauma. The medico-legal terminology relating to sexual violence precisely names attempted rape, attempted forced vaginal penetration with a foreign body, associated extra-genital injuries and violence based on actual or imputed sexual orientation.

III. General documented context

The LGBTQI+ members of Last Hope Refugee Association live in a context of heightened vulnerability within Nakivale refugee camp. This vulnerability is linked to their actual or imputed sexual orientation, gender identity, gender expression, actual or presumed sex characteristics, or visible or attributed membership of the LGBTQI+ community.

The events experienced form part of a situation of persistent stigmatization. Members of the association face exclusion, hostility, suspicion, marginalization, economic precarity and restricted access to formal employment, informal work and small income-generating activities. This social exposure increases the risks of physical, sexual, psychological and economic violence.

From a medico-legal perspective, this context is not a mere social background. It clarifies the selection of the victims, the discriminatory motive, the repetition of violence, the absence of effective protection, the obstruction of access to emergency care and the risk of persecution based on actual or imputed membership of a protected social group.

IV. Chronology of prior and contemporary persecution

On Sunday 19 January 2025, Vicaire Muganza Pierre, a Congolese refugee born on 7 July 1996, was killed by throat-cutting because of his sexual orientation. He lived in a same-sex relationship with Mulibwa Baziye François. Both are members of Last Hope Refugee Association. This homicide forms part of the continuing threats and persecution that the members of the association still endure today.

On 26 February 2026, the Office of the Prime Minister, hereafter OPM, ordered the closure of the Last Hope Refugee Association office. Since that date, the leaders and members of the organization have operated clandestinely and have lived in hiding. To date, the office remains closed. This closure deprived the association of an identified place for coordination, listening and community protection.

During the month of May 2026, before the collective assault of June 2026, the commander of Nakivale camp threatened Marie Thérèse Baganda, owner of the Rainbow Bar restaurant-bar, with closure of her establishment, accusing her of promoting homosexuality. This threat was followed by the seizure of material property from the restaurant by the same commander, who took Marie Thérèse Baganda's musical instruments. These experienced events took place during May 2026 and targeted at once a person, a place of social life and a space of relative safety for LGBTQI+ members of the camp.

These prior elements do not appear as isolated episodes. They form a sequence of persecution, institutional pressure, economic threats, physical violence and symbolic injury that precedes and illuminates the collective assault during the night of 5 to 6 June 2026.

V. Integrated chronology of the collective assault during the night of 5 to 6 June 2026

On the evening of 5 June 2026, seventeen members of Last Hope Refugee Association took part in a community celebration of International Pride Month organized at the Rainbow Bar restaurant-bar. The venue was chosen because its owner, Marie Thérèse Baganda, is herself a member of the association, which offered the participants a space perceived as relatively safer,

despite the public nature of the establishment and despite the threats already suffered in May 2026.

At approximately 9:00 p.m., the members gathered in the establishment to share a moment of celebration, food and solidarity. During the evening, unknown persons present in the bar watched them with hostility, pointed at them and uttered verbal threats linked to their actual or imputed sexual orientation, gender expression and visible or presumed membership of the LGBTQI+ community.

At around 2:00 a.m., the members left together in order to return as a group, following a logic of collective self-protection during a nocturnal movement. On the way back, around 2:10 a.m., in New Sangano, a village within Nakivale camp, they were intercepted by a group of unidentified individuals armed with bladed weapons, sticks and other blunt objects.

The assailants uttered discriminatory and homophobic threats. They called the LGBTQI+ members “witches of the camp”, stated that they had watched or filmed them since daytime, declared that they were not escaping them and announced that they were going to “finish” them. They also accused LGBTQI+ persons of being responsible for Ebola virus disease in Uganda, by associating that disease with alleged homosexual practices. These words establish a clear anti-SOGIESC discriminatory motive.

The assault began abruptly. The members of the group were struck by several individuals, in a context of panic, dispersal and flight. Some tried to escape, while others protected themselves as best they could. Several phones were lost in the confusion caused by the attack.

The seventeen members present sustained injuries of varying severity. Chance Mushengezi was the seriously injured person. Six other persons sustained localized wounds or traumatic injuries: Makwashi Runiga, Lukelwa Wabingwa, Deborah Kasavubu, Alvine Kapwepwe, John Kyaga and Marie Thérèse Baganda. Ten other persons sustained minor trauma or post-traumatic pain: Laurent Shabombo, Kabemba Buchaguzi, Catherine A. Mutomb, Dunia Mwasa, Mbabazi Muhigi, Chubaka Ngaboziderha, Kabiyona Birombere, Salima Juma, Mulibwa Baziye François and Kiza Barious Amisi.

During the same attack, Marie Thérèse Baganda, a lesbian woman, was subjected to an attempt of sexual violence. The assailants attempted to rape her. When she resisted, they attempted to introduce pieces of sticks into her vagina. This sequence constitutes attempted forced vaginal penetration with a foreign body, attempted rape, sexual violence with an object used as a

weapon, gender-based violence and anti-SOGIESC persecution directed against a woman targeted because of her actual or imputed sexual orientation.

Chance Mushengezi was caught, restrained, isolated and struck repeatedly, principally on the head, face, left eye and left jaw. The clinical data observed describe major craniofacial trauma, with profuse bleeding and diffuse pain, markedly more intense in the cephalic, left peri-orbital and left mandibular regions.

After the assault, members of the association took the seriously injured victim, Chance Mushengezi, to the police station at 3:00 a.m. The officers on guard, because of the gravity of the injured person's condition, decided to direct them to the hospital.

The team immediately reached the hospital. The hospital arrival is documented at 3:00 a.m., in direct continuity with the police station visit. At that time, Chance Mushengezi was bleeding profusely and complained of severe diffuse pain, most intense in the head, left eye and left jaw.

Because of discrimination and stigmatization against the LGBTQI+ community of Nakivale camp, the team was not received until 9:00 a.m., despite repeated pleas. This six-hour delay, in the context of near-fatal craniofacial trauma with ocular and mandibular involvement, exposed the injured person to major neurological, ophthalmological, maxillofacial, infectious and psychotraumatic risks.

VI. Consolidated medico-legal list of the seventeen injured and traumatized persons

No.	Name	Medico-legal qualification	Documented injuries and symptoms
1	Chance Mushengezi	Seriously injured person	Near-fatal craniofacial trauma; multiple wounds; profuse bleeding; major swelling of the left eye with the eye closed and bleeding; suspicion of perforation of the left eye; diffuse pain, most intense in the head, left eye and left jaw; major difficulty chewing.
2	Makwashi Runiga	Injured person with wounds	Wound in the right temporal region; wound to the right shoulder.
3	Lukelwa Wabingwa	Injured person with wound	Wound on the lateral aspect of the left leg.
4	Deborah Kasavubu	Injured person with wound	Wound to the upper left part of the back.
5	Alvine Kapwepwe	Injured person with wounds	Wound on the anterior aspect of the left thigh; wound on the anterior aspect of the left shoulder.
6	John Kyaga	Injured person with wound	Wound to the left forearm.
7	Marie Thérèse Baganda	Injured person; victim of attempted sexual violence	Wounds to the medial aspects of both thighs; attempted rape; attempted forced vaginal penetration with pieces of sticks; extra-genital injuries documenting sexual violence and an anti-SOGIESC attack directed against a lesbian woman.

No.	Name	Medico-legal qualification	Documented injuries and symptoms
8	Laurent Shabombo	Minor trauma	Anterior thorax, upper sternal region: rounded bruise.
9	Kabemba Buchaguzi	Minor trauma	Right hip, trochanteric region: oval bruise.
10	Catherine A. Mutomb	Minor trauma	Left calf, posterior aspect, upper third: rounded bruise.
11	Dunia Mwasa	Minor cervical trauma	Right lateral aspect of the neck, middle third: finger-shaped bruising and superficial abrasion.
12	Mbabazi Muhigi	Minor joint trauma	Sprain of the left ankle.
13	Chubaka Ngaboziderha	Minor trauma	Left calf, posterior aspect, upper third: rounded bruise.
14	Grace Mambo	Minor trauma	Right shoulder: oval bruise.
15	Salima Juma	Minor cranial trauma	Scalp: localized subcutaneous hematoma.
16	Mulibwa Baziye François	Post-traumatic pain	Sternal pain.
17	Kiza Barious Amisi	Post-traumatic pain	Chest pain.

VII. Clinical data concerning Chance Mushengezi

The injuries and symptoms observed in Chance Mushengezi include open wounds to the skull, profuse scalp bleeding, marked swelling of the left eye, lesions of the left peri-orbital region, intense headache, significant pain in the left jaw and diffuse pain throughout the body. The whole is consistent with blunt and contused-lacerated traumatic lesions produced by repeated blows with blunt objects.

The cephalic region presents signs of significant trauma. The open wounds and profuse scalp bleeding require exclusion of a skull vault fracture, deep wound, cerebral contusion, intracranial hemorrhage, extradural or subdural hematoma and concussion. The persistence of intense headache reinforces the need for urgent neurological evaluation.

The left eye presents major peri-orbital edema. The eye is swollen, closed and bleeding. The assailants attempted to perforate it during the attack, which requires documentation of suspected penetrating injury to the ocular globe, severe ocular contusion, subconjunctival or intraocular hemorrhage, orbital fracture, optic nerve involvement, limitation of ocular movements, traumatic diplopia and local infectious risk.

The left jaw presents intense pain, clearly worsened during chewing. This functional masticatory impairment evokes severe maxillofacial involvement, with suspicion of mandibular fracture, temporomandibular joint involvement, zygomatic fracture, post-traumatic dental malocclusion, dental injury or soft-tissue involvement. Maxillofacial imaging and specialist examination are required.

VIII. Care received and insufficiency of complementary investigations

The care administered at the hospital was limited to wound cleaning, cutaneous suturing and administration of analgesics. These acts constitute initial care, but they remain very insufficient in the face of near-fatal craniofacial trauma with ocular and mandibular involvement.

No complementary examination was performed. There was neither skull radiography nor cerebral CT scan to exclude a skull fracture, intracranial hemorrhage, cerebral contusion or subdural hematoma. No in-depth examination of the left eye was carried out, although this eye was swollen, closed, bleeding and affected in a context of attempted perforation. No specialized exploration of the left jaw was performed despite intense pain during chewing and suspicion of mandibular injury.

This management exposes Chance Mushengezi to immediate and delayed risks: neurological deterioration, unrecognized intracranial hemorrhage, reduced or lost vision, ocular infection, maxillofacial complication, chronic pain, visible scars, reactive anxiety and psychotraumatic consequences. It forms part of a context of discrimination and stigmatization against LGBTQI+ persons in Nakivale camp.

IX. Medico-legal data concerning Marie Thérèse Baganda

Marie Thérèse Baganda is a lesbian woman and the owner of the Rainbow Bar restaurant-bar. During the month of May 2026, the commander of Nakivale camp threatened her with closure of her establishment, accusing her of promoting homosexuality. He then seized material property from the restaurant and took her musical instruments. This sequence of threat and seizure directly precedes the June 2026 attack and targets a place associated with economic survival, social life and relative safety for LGBTQI+ members.

During the New Sangano attack, Marie Thérèse Baganda was subjected to attempted sexual violence linked to her actual or imputed sexual orientation. The assailants attempted to rape her. When she resisted, they attempted to introduce pieces of sticks into her vagina.

In medico-legal terminology, this sequence corresponds to attempted rape, attempted forced vaginal penetration with a foreign body, sexual violence with an object used as a weapon and anti-SOGIESC violence. The wounds documented on the medial aspects of both thighs constitute extra-genital injuries situated in an anatomical area classically exposed during struggle, forced separation of the lower limbs or resistance to sexual assault.

This assault requires urgent medical, gynecological, medico-legal and psychological care, with informed consent, strict confidentiality, respect for the victim's autonomy and a trauma-sensitive approach. The assessment includes an extra-genital and genital examination if the victim consents, the search for vulvar, vaginal, perineal and anal lesions, evaluation of infectious risk, assessment of the indication for HIV post-exposure prophylaxis, tetanus prophylaxis according to vaccination status, emergency contraception when clinically relevant, pregnancy testing when indicated and crisis psychological intervention.

X. Clinical data concerning the other injured and traumatized persons

The injuries of the other members involve the temporal, scapular, dorsal, crural, brachial, thoracic, cervical, trochanteric, leg and scalp regions. This anatomical distribution is consistent with blows inflicted in a context of flight, reflex protection, jostling, falling and collective assault with blunt objects.

The wounds of Makwashi Runiga, Lukelwa Wabingwa, Deborah Kasavubu, Alvine Kapwepwe and John Kyaga require cleaning, medico-legal photographic documentation, measurement, description of wound edges, clinical depth, orientation, signs of infection, verification of tetanus vaccination status and scar follow-up.

The bruises and hematomas of Laurent Shabombo, Kabemba Buchaguzi, Catherine A. Mutomb, Dunia Mwasa, Chubaka Ngaboziderha, Kabiyona Birombere and Salima Juma document blunt impacts. The finger-shaped bruising of Dunia Mwasa's neck, associated with a superficial abrasion, requires particular medico-legal attention because its morphology evokes digital gripping or localized manual pressure.

The sprain of Mbabazi Muhigi's left ankle fits within the dynamics of flight and jostling. The sternal pain of Mulibwa Baziye François and the chest pain of Kiza Barious Amisi require clinical thoracic examination and the search for dyspnea, pain on inspiration, pain on palpation, rhythm disturbance, malaise and signs of chest contusion.

XI. Medico-legal analysis of the traumatic mechanism

The documented mechanism is that of a collective assault by several individuals armed with sticks, bladed weapons and blunt objects. Chance Mushengezi's craniofacial injuries — open scalp wounds, profuse bleeding, major left peri-orbital edema, left mandibular pain, intense headache and diffuse pain — are consistent with direct, repeated and violent trauma.

The topography of the injuries is medico-legally significant. Injuries to the head, face, eye and jaw are not simple superficial lesions. They implicate vital and sensory functions: neurological status, vision, breathing in the event of massive facial edema, feeding, chewing, phonation, facial appearance and psychological integrity.

The fact that Chance Mushengezi was caught, restrained, isolated and then struck repeatedly reinforces the consistency between the gravity of his injuries and the mechanism of targeted violence. The collective nature of the assault, the presence of weapons or blunt objects, the explicit discriminatory threats, the absence of a documented acquisitive motive and the selection of LGBTQI+ members reinforce the medico-legal conclusion of a discriminatory anti-SOGIESC assault.

The attempted sexual violence suffered by Marie Thérèse Baganda is of major medico-legal importance. It documents sexualized violence used to punish, humiliate, dominate and degrade a lesbian woman because of her actual or imputed sexual orientation. The attempted introduction of pieces of sticks into the vagina constitutes attempted traumatic penetration with a foreign body, with exposure to vulvar, vaginal, cervical, perineal, anal, hemorrhagic, infectious and psychotraumatic injuries.

XII. Psychotraumatic analysis

A collective nighttime assault, carried out by an armed group and accompanied by threats of annihilation, discriminatory insults and sexual violence, constitutes a highly traumatic event. The victims present a high risk of acute stress reaction, hypervigilance, sleep disturbance, intrusive reliving, avoidance, panic attacks, reactive anxiety, shame, social isolation, depressed mood and suicidal ideation.

For LGBTQI+ refugees, trauma is not limited to the isolated violent event. It forms part of a clinical situation of chronic fear, in which the person anticipates denunciation, assault, humiliation, economic exclusion, refusal of care or lack of protection. This accumulation increases the risk of post-traumatic pain syndrome, depression, functional somatic disorders, social withdrawal and high-risk survival behaviors.

No definitive psychiatric diagnosis is made without a direct clinical interview. The documented data nevertheless justify urgent psychological or psychiatric assessment that is confidential, non-stigmatizing and sensitive to SOGIESC issues.

XIII. Obstruction of protection, closure of the association and discrimination in access to care

The visit to the police station at 3:00 a.m. ended with referral to the hospital because of the gravity of Chance Mushengezi's condition.

The initial refusal of hospital reception, followed by admission only at 9:00 a.m. after repeated pleas, constitutes discriminatory obstruction of access to emergency care. In the context of craniofacial trauma with profuse bleeding, major peri-orbital edema, suspicion of penetrating injury to the ocular globe and functional masticatory impairment, this delay exposed Chance Mushengezi to avoidable complications.

The closure of the Last Hope Refugee Association office ordered by the OPM on 26 February 2026 aggravates the lack of protection. Since that date, the leaders and members have hidden and operated clandestinely. This constraint obstructs the documentation of violence, coordination of care, safety planning for victims, referral to protection actors and preservation of evidence.

All these events form part of an established context of discrimination and stigmatization against LGBTQI+ persons residing in Nakivale camp, Uganda. This institutional and social dimension is essential for assessing the risk of persecution, the lack of effective protection and the gravity of the harms suffered.

XIV. Legal discussion and international protection

The victims belong, or are perceived as belonging, to a protected social group: LGBTQI+ persons and persons whose SOGIESC does not conform to dominant social norms. Protection does not depend only on each person's declared identity; it also applies when a person is targeted because of imputed membership or association with an LGBTQI+ organization.

The killing of Vicaire Muganza Pierre on 19 January 2025, the closure of the Last Hope Refugee Association office on 26 February 2026, the threats and seizure directed at Marie Thérèse Baganda in May 2026, and then the collective assault of June 2026 compose a chain of experienced events that document continuous and targeted persecution.

The threats uttered by the assailants constitute explicit markers of stigmatization, dehumanization and hatred. The accusation of witchcraft, the unfounded association with Ebola virus disease, the claimed surveillance, the threats of annihilation, the collective physical violence

and the attempted sexual violence directed against a lesbian woman establish a set of concordant indicators of a homophobic or anti-SOGIESC motive.

The assault is not limited to isolated interpersonal violence. It forms part of a dynamic of social marginalization, economic obstacles, community hostility, insufficient protection, closure of the association and discriminatory obstruction of access to care. These elements contribute to establishing a well-founded fear of persecution on account of actual or imputed membership of a protected social group.

In light of the available data, the events experienced and the documented findings constitute serious violations of the physical and psychological integrity of the victims and, from a human rights perspective, amount to cruel, inhuman or degrading treatment. The analysis of tolerance, acquiescence or deliberate failure of protection by the competent authorities requires an independent investigation.

XV. Urgent medical recommendations

- Urgent medical evacuation of Chance Mushengezi to a hospital facility with an appropriate technical platform, notably in Mbarara.
- Complete general clinical examination with vital signs, pain assessment, search for signs of shock and close monitoring.
- Complete neurological examination with Glasgow Coma Scale, pupillary examination, search for focal signs, and monitoring for vomiting, seizures, confusion, somnolence and worsening headache.
- Emergency cranio-cerebral CT scan to exclude cranial fracture, intracranial hemorrhage, cerebral contusion, extradural or subdural hematoma.
- Urgent ophthalmological examination of the left eye, with search for penetrating ocular globe injury, corneal involvement, intraocular hemorrhage, optic nerve involvement and orbital fracture.
- Maxillofacial imaging and specialized assessment of the left jaw to exclude mandibular fracture, zygomatic fracture, temporomandibular involvement, malocclusion or dental injury.
- Review of sutured wounds, appropriate infection prevention, tetanus prophylaxis according to vaccination status, sufficient analgesia and follow-up for complications.
- Urgent medical, gynecological, medico-legal and psychological assessment of Marie Thérèse Baganda, with informed consent, strict confidentiality and a trauma-sensitive approach.

- Psychotraumatic screening of all victims, including suicide risk, sleep disturbance, intrusive reliving, dissociation, hypervigilance and avoidance.

XVI. Medico-legal and protection recommendations

- Individual medical examination of each injured or traumatized victim.
- Separate, confidential and non-stigmatizing collection of statements from victims and witnesses.
- Exact recording of the discriminatory words uttered by the assailants.
- Specific and confidential documentation of the attempted sexual violence suffered by Marie Thérèse Baganda.
- Specific documentation of the killing of Vicaire Muganza Pierre, the closure of the Last Hope Refugee Association office, the threats and seizure of property directed at Marie Thérèse Baganda, and the New Sangano assault.
- Urgent protection plan for victims and witnesses, including assessment of the risk of reprisals and access to safe accommodation when necessary.
- Secure reopening or protected replacement solution for the Last Hope Refugee Association office, in order to allow continuity of community support.
- Strict confidentiality of data relating to sexual orientation, gender identity, gender expression, testimony and medical information.
- Referral to independent protection actors to assess lack of protection, obstruction of complaints, closure of the association and discriminatory obstruction of access to care.

XVII. Final medico-legal assessment

The events experienced and the documented findings describe a grave and continuing sequence of violence and persecution against LGBTQI+ members of Last Hope Refugee Association in Nakivale camp. This sequence includes the killing of Vicaire Muganza Pierre on 19 January 2025, the closure of the association's office by the OPM on 26 February 2026, the threats and seizure of property directed at Marie Thérèse Baganda during May 2026, and then the collective assault during the night of 5 to 6 June 2026 after a celebration of International Pride Month at the Rainbow Bar.

The principal attack took place in New Sangano, a village within Nakivale camp. The seventeen members present sustained injuries of varying severity. Chance Mushengezi sustained the most serious injuries, with near-fatal craniofacial trauma, scalp wounds, profuse bleeding, major left

peri-orbital edema, suspicion of serious ocular injury and functional masticatory impairment with suspected mandibular involvement.

Makwashi Runiga, Lukelwa Wabingwa, Deborah Kasavubu, Alvine Kapwepwe, John Kyaga and Marie Thérèse Baganda sustained localized traumatic wounds. Marie Thérèse Baganda, a lesbian woman, also suffered attempted rape and attempted forced vaginal penetration with pieces of sticks, with wounds to the medial aspects of both thighs.

Laurent Shabombo, Kabemba Buchaguzi, Catherine A. Mutomb, Dunia Mwasa, Mbabazi Muhigi, Chubaka Ngaboziderha, Kabiyona Birombere, Salima Juma, Mulibwa Baziye François and Kiza Barious Amisi sustained minor trauma, bruises, hematoma, sprain or post-traumatic pain.

The injuries described are consistent with repeated blows inflicted by several assailants armed with sticks, bladed weapons or blunt objects. The chronology, homophobic words, selection of LGBTQI+ members, sexualized violence directed against a lesbian woman, institutional closure of the association's office, delayed hospital care and context of stigmatization constitute a set of concordant indicators in favor of anti-SOGIESC persecution.

This final integrated report concludes that there is a need for urgent specialized medical care, complete medico-legal documentation, effective protection of victims and witnesses, and an independent investigation into the violence suffered, the discriminatory motive, the closure of the association, the lack of protection and the discriminatory obstruction of access to emergency care.

Issued for all legal and appropriate purposes.

Place :	Nakivale, Uganda
Date :	6 June 2026
Declaring organization :	Last Hope Refugee Association
Name and capacity of the author:	Gilbert Amuli Ntaundi
Signature :	

Appendix A. List of the seventeen members present at the celebration

This appendix reproduces, for administrative and medico-legal consultation, the consolidated list of the persons present and the documented injuries.

No.	Name	Medico-legal qualification	Documented injuries and symptoms
1	Chance Mushengezi	Seriously injured person	Near-fatal craniofacial trauma; multiple wounds; profuse bleeding; major swelling of the left eye with the eye closed and bleeding; suspicion of perforation of the left eye; diffuse pain, most intense in the head, left eye and left jaw; major difficulty chewing.
2	Makwashi Runiga	Injured person with wounds	Wound in the right temporal region; wound to the right shoulder.
3	Lukelwa Wabingwa	Injured person with wound	Wound on the lateral aspect of the left leg.
4	Deborah Kasavubu	Injured person with wound	Wound to the upper left part of the back.
5	Alvine Kapwepwe	Injured person with wounds	Wound on the anterior aspect of the left thigh; wound on the anterior aspect of the left shoulder.
6	John Kyaga	Injured person with wound	Wound to the left forearm.
7	Marie Thérèse Baganda	Injured person; victim of attempted sexual violence	Wounds to the medial aspects of both thighs; attempted rape; attempted forced vaginal penetration with pieces of sticks; extra-genital injuries documenting sexual violence and an anti-SOGIESC attack directed against a lesbian woman.
8	Laurent Shabombo	Minor trauma	Anterior thorax, upper sternal region: rounded bruise.
9	Kabemba Buchaguzi	Minor trauma	Right hip, trochanteric region: oval bruise.
10	Catherine A. Mutomb	Minor trauma	Left calf, posterior aspect, upper third: rounded bruise.
11	Dunia Mwasa	Minor cervical trauma	Right lateral aspect of the neck, middle third: finger-shaped bruising and superficial abrasion.
12	Mbabazi Muhigi	Minor joint trauma	Sprain of the left ankle.
13	Chubaka Ngaboziderha	Minor trauma	Left calf, posterior aspect, upper third: rounded bruise.
14	Grace Mambo	Minor trauma	Right shoulder: oval bruise.
15	Salima Juma	Minor cranial trauma	Scalp: localized subcutaneous hematoma.
16	Mulibwa Baziye François	Post-traumatic pain	Sternal pain.
17	Kiza Barious Amisi	Post-traumatic pain	Chest pain.

Appendix B. Medico-legal photographic appendices

Chance Mushengezi

Photograph 1: visible major craniofacial trauma, with profuse bleeding of the face and scalp, massive left peri-orbital edema, closed left eye, left fronto-palpebral wound and extensive blood staining on the face and clothing.

Photograph 2: local care of the left peri-orbital region; bleeding left supra-orbital wound during cleaning, marked eyelid swelling and left peri-orbital bruising.

Photograph 1: visible dressing in the right temporal region and dressing on the right arm or shoulder; blood-stained shirt; painful posture and traumatic lesions consistent with wounds under care.

Photograph 2: right lateral view showing a right temporal dressing, a dressing on the proximal third of the right upper limb and small superficial skin lesions on the right shoulder.

Photograph 1: bleeding lacerated-contused wound on the lateral aspect of the left leg, exposed during suturing, with bloody discharge and irregular skin edges.

Photograph 2: occlusive dressing placed on the lateral aspect of the left leg after suturing, with visible blood staining on the adjacent clothing.

Deborah Kasavubu

Photograph 1: wound of the left scapulo-dorsal region during suturing; blood on the clothing, painful posture and associated abrasions of the neck and lateral face.

Photograph 2: large dressing over the left scapulo-dorsal region after suturing; abrasions and blood traces visible on the left shoulder, upper back and lateral cervical region.

Alvine Kapwepwe

Photograph 1: bleeding wound on the anterior aspect of the left thigh near the knee, with active bloody discharge; extensive blood traces on the clothing.

Alvine Kapwepwe

Photograph 2: visible dressing on the left shoulder and dressing over the anterior aspect of the left thigh; appearance of post-traumatic pain and fatigue.

John Kyaga

Photograph: linear wounds and bloody abrasions of the left forearm, with dressing on the left upper limb; blood-stained shirt.

Marie Thérèse Baganda

Photograph: extensive violaceous bruise on the antero-medial aspect of the left thigh, examined by a gloved healthcare worker; extra-genital location consistent with the lesions described on the medial aspects of the thighs in the context of attempted sexual violence.