A SITUATION ANALYSIS OF THE WOMEN SURVIVORS OF THE 1989-2003 ARMED CONFLICT IN LIBERIA

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A SITUATION ANALYSIS OF THE WOMEN SURVIVORS OF THE 1989-2003 ARMED CONFLICT IN LIBERIA

AN Isis-WICCE RESEARCH REPORT

IN COLLABORATION WITH

MINISTRY OF GENDER AND DEVELOPMENT, LIBERIA

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ACRONYMS AND ABBREVIATIONS

AFL	Armed Forces of Liberia
CEDAW	Convention on Elimination of All Forms of Violence against Women
DDRR	Disarmament Demobilisation Reintegration and Rehabilitation
INPFL	Independent National Patriotic Front for Liberia
IDDRS	Integrated Disarmament, Demobilisation and Reintegration Standards
IDPs	Internally Displaced Persons
GBV	Gender Based Violence
Isis-WICCE	Isis-Women's International Cross Cultural Exchange
LURD	Liberian United Reconciliation and Democracy
LPC	Liberia Peace Council
MARWOPNET	Mano River Women Peace Network
MHCP	Minimum Healthy Care Package
MODEL	Movement for the Democracy in Liberia
NPFL	National Patriotic Front of Liberia
NTGL	National Transitional Government of Liberia
RFTF	Result Force Transition Framework
PHC	Primary Health Care
PRS	Poverty Reduction Strategy
SGBV	Sexual and Gender Based Violence
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
ULIM-J	United Liberation Movement - Johnson
ULIM-K	United Liberation Movement - Kromoh
UNMIL	United Nations Mission in Liberia
WANEP	West Africa Network for Peace Building
WIPNET	Women in Peace building Network

FOREWORD

For fourteen years from 1989 to 2003, Liberia experienced a civil armed conflict that wreaked havoc and destruction involving gross sexual and gender-based violations of women and girls. These torture experiences led to a myriad of mental and physical health problems that are evident amongst the whole population, but particularly women and girls. The culture of violence that has arisen as a consequence of this long armed conflict has led to the militarization of intimate relations, which has spawned a secondary epidemic of domestic violence, including sexual abuse. Indeed the Liberian National Police today reports that rape and other sexual offences are the number one crimes in this country.

To respond to this social crisis the Government of Liberia and the Ministry of Gender in particular has spearheaded a number of initiatives. In 2005, the government enacted the Liberian Rape Law, which expanded the definition of rape. This raised the age of consent to 18 years, and imposed longer sentences on perpetrators. With support from partners such as the United Nations we have carried out country-wide seminars to disseminate information about this law and to raise public awareness. In recognition of the complexities involved in dealing with survivors of sexual and gender-based violence, the Liberian National Police has established a Women and Children Protection Section where officers have been undertaking specialized training.

Another initiative undertaken by my Ministry has been the spearheading of the development of the National Plan of Action on Gender-Based Violence, which was launched on the 30th November 2006. This Action Plan is a result of multi-level consultations with various stakeholders countrywide to advocate for a holistic approach to the problem of gender based violence and outline strategies for its prevention in addition to providing care for the survivors while developing indicators for tracking progress.

To implement the National Plan of Action, the Ministry of Gender has set up a National Gender-Based Violence Task Force whose mandate is to implement the programme of

action under this plan. We continue to face implementation problems in a bid to roll out this plan although my Ministry remains committed to implementing all its provisions. I would like to congratulate Isis-WICCE and appreciate its role and leadership in research and documentation. For us partners in this process, the Ministry of Gender and WANEP/ WIPNET are all proud for having successfully been a part of this well conceived and executed report, which was a result of the research that was undertaken in four of some of the most remote counties of Liberia. The research report, ***'A Situation analysis of women survivors of the 1989-2003 armed conflict in Liberia,'*** is not only a tool for advocacy against Sexual and Gender-Based Violence, but also helps to inform us on how we are performing with the implementation of the National Plan of Action on Gender-Based Violence.

According to the results of this report, 63% of the women were found to have suffered some form of sexual torture with other torture experiences also reported. These included single episode rape, gang rape, sexual comforting, attempted rape, forced marriage, abduction with sex, defilement, forced insertion of objects in the vagina and forced widow inheritance amongst others. These experiences are not only shocking but they also remain stack reminders of the evils of armed conflict and its devastating effects on the lives of women.

This report also describes the medical and mental health consequences of armed conflict. Indeed, it reports that 69% of the women interviewed during this study reported a gynaecological complaint. In the case of medical problems that were documented as a result of the conflict, 43% of the 643 respondents interviewed for this study had clinically significant mental health problems, 12% were addicted to alcohol, 15% had attempted suicide and 61% had a surgical complaint.

This report once again helps to show the immense task before us to deal with the medical and mental health consequences of armed conflict and more specifically the sexual and gender-based violence, which is still rampant in our community. This will require the commitment and involvement of not only the government of Liberia and its people, but also the support of our international partners. It also brings to the limelight the issues of human security especially the practical and strategic needs of women, which should be

at the centre of post conflict reconstruction processes and programming.

Finally, I would like to re-emphasise that the Ministry of Gender and Development is committed to continue providing leadership in the fight against the injustices of sexual and gender- based violence in this country.

Liberia will Shine Again.

Hon. Varbah Gayflor
Minister of Gender and Development, LIBERIA

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EXECUTIVE SUMMARY

This section summarises the experiences and challenges women and men reported to have encountered at the beginning of the armed conflict in Liberia in the counties of Maryland, Grand Kru, Bong and Lofa, through the conflict period up to the current time. It also highlights the conduct of the warring groups during the conflict.

The 1989-2003 armed conflict in Liberia and the sexual and gender based violence that emanated had devastating effects, not only to individuals but also to communities, social service provision and delivery, social networks and kinship systems, the infrastructure and the whole economy at large.

Analysis of some of the causes of the conflict included, militarization and breakdown in good governance; marginalization of majority indigenous people and the minorities who lacked education and opportunities for employment, as well as the dominance of leadership by the few American settlers who constituted only 2.5% of the population in Liberia. Poverty, the huge gap between rich and poor and the struggle for the limited resources were also given as causes of the conflict. Armed groups that were involved in the combat and who perpetrated torture especially on women and girls included NPFL (57%), LPC (49%), LURD (37%), ULIMO-K (37%), MODEL (31%), AFL (27%), ULIMO-J (22%), INPFL (19%), Police (14%) and Prison officers (8%). The study notes that the police and prison officers expected to be 'custodians of peace' were also involved as perpetrators of torture.

All twelve armed groups indiscriminately traversed the whole of Liberia attacking from county to county, district to district, city to city, village to village, and house to house. These repeated armed engagements led to forced and massive movements and displacement of the population to unknown and undesirable destinations. For example, in Bong County, 68% of the survivors involuntarily changed residence while 76% in Lofa, 81% in Maryland, and 49% in Grand Kru reported having fled their homes. The consequences of displacement had devastating effects on the entire population but especially on women's lives. Their daily routines were completely disrupted and many had to live as refugees, and internally displaced persons, with lack of food, inadequate

access to health, water, education, and shelter. In the absence of household and community protection and support, and the disintegrated social support and kinship systems, women and girls suffered sexual abuse, rape, early forced marriages and early pregnancies, all of which exposed them to different reproductive health complications including HIV/AIDS and STI's.

Many survivors first experienced armed conflict as adolescents. For example, 46% of the women and men experienced armed conflict at the age of 15 years, whilst 66% of the women and 69% of the men experienced the conflict at the age of 25 years. Many boys were forcefully recruited to become child soldiers and girls to become "wives" of combatants, exposing them to the consequences of early marriage and gender-based violence.

Experiences of Torture and its Psychological Consequences

Physical torture experiences reported by respondents included; Bayonet/knife/spear/ cutlass injures (29.9%), severe tying (Tibay) (24.1%), burning with molten plastic (20.4%), gunshot injuries (29.5%), landmine injury (24.6%) hanging (19.4%), being stripped naked (34.7%), suffocation with red pepper (22.9%) and denied access to toilet facilities (31.3%). There were gender differences in the physical torture experiences with significantly more women than men reporting the following physical torture experiences; deprivation of food/water, medicine and being denied sleep. Proportionally more men than women reported having experienced; beating and kicking, bayonet/knife/spear/ cutlass injuries being burnt with molten plastics, gunshot injury, land mine injury and experiencing hanging.

The most frequently reported experiences of psychological torture reported by respondents included; being forced to sleep in the bush (82.6%) and witnessing someone being killed (62.2%). Other psychological torture experiences reported included; witness people being buried alive (36.2%), the splitting open of the bellies of pregnant women (19.9%), the cutting off of body parts such as ears, nose, lips (20.1%), abduction (49.6%), being forced to join fighting groups (16.6%) and being forced to kill someone against one's will (5.0%).

According to the results of this study, a considerable proportion of the population in Liberia suffered war related torture/trauma. For example, 27% lost a spouse, 62.5% of the women reported a personal experience of sexual torture, at least two thirds of the respondents had suffered physical torture and 80% suffered at least one form of psychological torture.

The majority of respondents (69.1%) reported that psychological symptoms affected their ability to work. This was highest in Maryland (53.3%) followed by Grand Kru (47.3%) and Bong (33.1%) and least in Lofa (21.7%). The research concluded that the psychological trauma and physical consequences of the war are considerable. In this study, 42.8% of the respondents had psychological distress scores suggestive of a mental disorder, 12% had alcoholism, excessive alcohol abuse, 14.5% had ever attempted suicide in their lifetime. Regarding physical complaints, 61.4% had at least one surgical problem. Analysing the pattern of psychological problems by county suggests there are regional differences in the expression of psychological distress or in coping with psychological distress as illustrated by differences in use of substances of abuse/ addiction in different counties.

Unfortunately, Liberia lacks ample trained mental health workers to support survivors with post conflict traumatic problems. With a broken down health infrastructural system, the most visited health facility for psychological problems (53.1%) and surgical problems (46.1%) were the privately run clinics. In line with Liberia's Basic Package of Health Services where mental health is one of the key components, and given that community care and government/private partnership are recognized as essential in delivering this package, it is important that government explores strategic ways particularly in the short term, to harness the possibilities offered by the well distributed and accessible private clinics.

This research concluded that the entire population is suffering from a wide range of psychological, alcohol /drug related addiction and surgical problems related to conflict. Women and girls have extensive damange to their reproductive health and urgent gynaecological problems as a result of the sexual violence they endured. These findings call for the urgent prioritization of medical interventions to address these major public

health problems. If 69% of the respondents reported that these psychological problems were affecting their ability to function points to the negative consequences of this continued neglect of this important aspect of rehabilitating post-conflict societies. By continued failure to address the psychological and physical wellbeing of persons emerging from conflict situations, rehabilitative programmes will not be able to realize their full potential. It is well understood that a sick mind in a sick body cannot be productive.

Impact of Gender-Based Violence on the Sexual and Reproductive Health of Women and Girls

The current study concluded that the nature of sexual torture experienced by women in Liberia had severe and damaging effects on their sexual and reproductive health. Sixty two percent (62.5%) of women reported personal experiences of sexual torture. Those who had objects forcefully inserted in their vagina frequently acquired traumatic vesicle or rectal vaginal fistulae. The level of sexual abuse undoubtedly escalated the prevalence of sexually transmitted infections (STI's/STD's), including HIV/AIDS.

The commonest problems reported include:; abnormal vaginal bleeding (9.5%), abnormal vaginal discharge (31.8%), infertility (22.1%), leaking urine (21.6%) and chronic abdominal pain (37.1%). Other gynaecological conditions reported were leaking of faeces, perineal tears, genital sores, genital prolapse, sexual dysfunction and unwanted pregnancies. Though sexual abuse was common, unwanted pregnancies was only at 4.3%. However, this might be due to under-reporting due to stigma and shame. The number of women who had more than one gynaecological complaint was 44.7%.

The gender-based violence women and girls in Liberia suffered during the conflict caused extensive damage to their psychological, reproductive and gynaecological health. Many have been infected with sexually transmitted diseases, exposed to HIV/AIDS infections, and other reproductive health problems. Some of these mental and physical health problems are not treatable within the current Liberian health system and the study indicated that the majority of women fail to access medical treatment due to a combination of factors including poverty, lack of health care facilities and huge stigma.

These experiences coupled with the huge stigma of rape within this cultural context have further impacted on the women's identities as reported in other conflict areas.

It was also observed that due to the disruption of the social structure and norms in Liberia, and the factor that many respondents were not well educated about how HIV/AIDS infection occurs, as well as the high level of stigma the country is experiencing there is likely to be a rapid spread of HIV/AIDS in a very short time.

Contraceptive prevalence was also low. This resulted in women being unable to regulate their families hence their health cannot improve and they are likely to face more ill health.

Due to all of the above factors, and the fact that women and girl war survivors have urgent reproductive health problems, it is essential to establish special holistic programmes that target women and girls' sexual and reproductive health. These services should receive adequate funding, be easily accessible and with well-trained health workers.

Impact on Socio Demographic and Economic Status

Impact on education

The educational status of women and men was quite low with 34% of women and 18% of men having had no formal education and 40% of both genders having attained only up to elementary level. However, more men (30%) than women (20%) had attained junior high, whilst only 3% of the women had attained up to senior high compared to 10% of the men. It should be noted that effective socio-economic development and political participation of women and men highly hinges on a good education. Lack of education and skills training is a contributory factor in the failure of government programmes and economic development. The disruption of educational programmes and lack of alternative employment opportunities and sources of income has also pushed many girls into early co-habiting relationships, marriage and "commercial sex work". High levels of illiteracy hindered women and men from comprehending social and health messages disseminated through visual forms of communication such as bill boards.

Impact on marriage

The issue of early marriage raised great concern among the survivors. Research findings showed that 85% of adolescents aged 15-25 years were already married. By the age of 15 years, 25% of women and 34% of men reported to be already married. As a result of early marriage in a morally eroded society and poverty, coupled with high levels of illiteracy, women and girls are highly more vulnerable to commercial sex, sexual and gender-based violence, exposing them to HIV/AIDS/ STI's and unmanageable family sizes, in the absence of adequate family planning services.

Women and child-headed households

The research results showed that the separated, divorced, widowed and single women constituted 35% of women respondents compared to 23% of men. There were more widowed women (20%) than widowers (5%). Grand Kru had the largest percentage of women-headed households (56%) followed by Lofa (44%), Bong (37%) and Maryland (28%). There were households headed by girls (7%) and by boys (5%). Female and child headed households were found to be most vulnerable in terms of poverty and human insecurity. They are prone to sexual abuse, increased male violence and irresponsible behaviour. Many male friends left relationships to avoid responsibility.

Impact on agricultural sector

There was a sharp decline and near collapse of the agricultural sector. Although the research results showed that farming was the major activity with 48% of women and 45% of men being engaged in farming, there was limited production in terms of output and income accruing out of farming, and in terms of acreage and productivity of the land due to displacement of the population and the crude implements of small hoes and cutlasses used to clear the thick forests.

Equally, the export economy was not saved from the consequences of the armed conflict. The research team observed abandoned, neglected rubber, coffee and cocoa plantations, which had turned into wild forest due to lack of maintenance and proper management. These plantations were not only important bases of the export trade but were a source of employment and livelihood to communities. Collapse of the subsistence and cash crop economies meant poverty to the individuals and government foreign exchange reserves.

Impact on employment

As observed earlier, the major employment avenue for survivors was farming which employed 48% of women and 45% of men. Professional workers among respondents accounted for only 17% of women compared to 22% of men, whilst petty trade employment accounted for 10% of women compared to 11% of men. Empowering women is central to sustaining development initiatives that respond to the needs, rights, aspirations, and talents of all Liberians. Women and men need to have the same opportunities regarding national, community and household issues.

Impact on transport and communication

Transport and communication are major challenges in Liberia's political and social economy. Ground transport was the worst (with only 3% of respondents indicating owning a car). In Grand Kru which was named the "Walking County" no respondent there even owned a bicycle. Minimal communication took place on mobile telephones by a few women and men. Such a situation makes accessing necessary basic needs and merchandise nearly impossible. Improving the transport and communication sector especially in the south east part of the country must be given priority.

Housing, household belongings and family size

Housing for most of the respondents interviewed were in a pathetic state as most of their homes were destroyed by the bombings and neglect as owners fled for safety. The dominant housing type was mud and wattle and only 3% of the population lived in concrete walled houses. Conditions were worse in Maryland where more than 70% of the respondents lived in dilapidated shacks. A household size of 7 persons on average with the high population increase constitutes another challenge amidst poverty. The increase in population must be regulated to be in tandem with available productive resources and productive population.

The Disarmament, Demobilisation, Rehabilitation and Re-integration Programme (DDRR)

The DDRR was intended to consolidate national security rehabilitation and re-integration of all ex-combatants into society, and act as a means of facilitating humanitarian assistance

delivery, promote economic growth and to bring women on board. Unfortunately, the findings revealed just a small fraction of the war-affected women having actually benefited from the DDRR.

The 1989-2003 armed conflict led to breakdown in all aspects of life and human existence. There was disruption and denial of social services, breakdown in the social fibre and cohesion. There was indoctrination of the minds of the child soldiers which has had devastating impact on their lives. Women were exposed to the HIV/AIDS and STIs as the sexual and gender based violence accelerated. This has consequently affected the general economic development .

Women suffered severe physical and mental consequences of gender-based violence, were discriminated against, marginalized and sexually assaulted and therefore carried their own burden of shame and many kept silent. Many were widowed and became heads of households without sufficient food and decent housing. Many girls also became young mothers and heads of households whilst boys became child soldiers and heads of households.

Sustainable development and the progress of Liberia highly depend upon consolidation of peace and improvement of social and economic conditions to reduce un-employment and poverty amongst women and men. Rehabilitation of war survivors following conflict needs special attention in terms of basic education and life skills. Equitable sharing of national resources and power should be a major consideration for reconciliation and building a healthy and interactive society. Provision should be made for involvement of minority groups and women at all levels of leadership.

Given the biting poverty and limited economic opportunities, as well as the persistence of sexual and gender-based violence, respondents called for the extension of the DDRR process particularly for continuous disarmament and rehabilitation processes.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 Introduction

This report presents the results of analysis of the documentation entitled "A situation analysis of women survivors of the 1989-2003 conflict in Liberia", focusing on four counties, namely, Bong, Lofa, Maryland and Grand Kru. The documentation was carried out between March and April 2008.

The main purpose of the documentation was to provide valuable data and information to facilitate and enable decision and policy makers, planners, activists and humanitarian agencies to respond more appropriately to the practical and strategic needs of women survivors of the 1989-2003 armed conflict.

1.1 Background

Almost fifteen years after the end of the cold war, the world has continued to be insecure, and the geographical pattern of conflict has changed over time with a clear shift in security risks towards the poorest countries. The United Nations (UN) Department for Disarmament Affairs records over 150 armed conflicts in developing countries since 1945, with nearly 40% of the world's current conflicts being in Africa. Armed conflict in poor developing countries is one aspect of global insecurity.

In situations of armed conflict, women constitute a major portion of the reported 85% civilian victims (Isis-WICCE, 2007). Women's needs and rights are either grossly violated or marginalized. Women's vulnerabilities and risks to different forms of violence are multiplied and everyday is a struggle to balance their precarious lives. Patriarchal values are strongly re-enforced, with women caught between different violators. On the one hand, the warring factions (state and rebel groups) target women and use sexual violence as a means of suppression and, on the other hand, the community is apathetic

and lacks resources and training to deal with the special problems faced by women. Often, in situations of on-going conflict, the gross violations of civil and political rights that prevail, because of the political situation, are often used as justification to disregard the violations of women's rights. These violations are the result of both militarization and community-sanctioned discrimination against women as well as the state's inaction in addressing them. The underlying thread running through the violations and discriminations that women suffer is entrenched in the patriarchal systems including the unequal power relations between women and men and the stereotyped, socially determined roles that women have to fit into.

In many countries that have suffered violent conflict, the rates of interpersonal violence remain high even after the cessation of hostilities, among other reasons because of the way violence has become more socially acceptable and the availability of weapons" (WHO, 2002). After a period of armed conflicts, perpetrators of sexual violence often go unpunished for their crimes committed during armed conflict. Systematisation of sexual violence, prevalence of self stigmatisation among women, fear of repercussions from the perpetrators of sexual violence amongst witnesses, and disregard for specific accountability agenda on sexual violence at peace negotiations all undermine justice for women thus, breeding impunity. In addition, women continue suffering from the effects of sexual violence and other violations due to the absence of functional systems and structures with professional staff for treating and managing the sexual and reproductive health complications, as well as psychological trauma.

Further still, the protracted nature of armed conflict impacts greatly on the ability of women leaders to access education and participate in national, regional and international opportunities and debates that could empower them and thereafter empower others. This affects women's potential to mobilise and participate in post conflict reconstruction and rehabilitation processes as well as the general development processes of their communities. Similarly, Liberia has not been spared from the wrath of armed conflict.

1.2 Liberia

Liberia was founded in 1822 as a place of resettlement for freed North American slaves

and became an Independent Republic in 1847. Liberia is located in West Africa and bordered by Sierra Leone in the west, Guinea in the north, and Cote d'Ivoire in the east and the Atlantic Ocean in the south. The country is divided into fifteen administrative counties, and 84 districts. The counties are the largest functional units while districts are further divided into clans and clans into chiefdoms. Each clan contains towns and villages. The fifteen counties are: Bomi, Bong, Gharpolu, Grand Bossa, Grand Cape mount, Grand Geddeh, Grand Kru, Lofa, Margibi, Maryland, Montserrado, Nimba, River Cess, River Gee, and Sinoe.

In terms of ethnic composition, Liberia is composed of Indigenous African tribes which constitute 95% of the Liberia's population. These include the Kpelle, Bassa, Gio, Kru, Grebo, Mano, Krahn, Gola, Ghandi, Loma, Kissi, Vai, Dei, Bella, Mandingo, and Mende. The American-Liberians who constitute 2.5% of the total population are descendants of the settled immigrants from the United States of America (USA) who had been slaves. The Congo people who constitute another 2.5 % are descendants of the immigrants from the Caribbean who had also been slaves.
Richly endowed with water, mineral resources, forests, and a climate favourable for agriculture, Liberia has been a producer and exporter of basic products that are primarily raw timber and rubber.

Seventy percent of the labour force is engaged in agriculture, (though on a small scale in terms of output) 8% in industry and 22% in services. Eighty percent (80%) of the population lives below the poverty line and unemployment stands at 85%. The national income per capita stands at US$.191.5. Indicators of human development in Liberia covering employment, income, health, education, gender equality and child welfare are among the lowest in the world (UNDP, 2006).

1.3 Conflict in Liberia

The underlying causes of the conflict in Liberia are historical and embedded within the governance system since 1847. For instance between 1847 and 1980 the management

of the political and economic systems of Liberia were dominated to a large extent by the ex-slave settlers and their descendants, leaving the indigenous people in a disadvantaged state. Henceforth, the inequitable distribution of and access to, resources and opportunities, outright discrimination and failure to manage the situation especially among the indigenous people resulted into discontent and resentment.

These factors culminated in the 1980 coup d'état led by Sergeant Samuel Doe. This bloody coup was the precursor of a political reign characterised by corruption, violence and economic decline. Failure to address the causes of the conflict paved the way for a cycle of conflicts, which worsened due to the porous borders, free flow and illegal circulation of people and arms.

The December 1989 incursions by Charles Taylor's National Patriotic Front of Liberia (NPFL) into North-Eastern Liberia are generally viewed as the trigger of the violent internal conflict that was to engulf the nation and its citizens between 1990-1996 (Africa World Press, 2004). Although Taylor was eventually elected as president in 1997 after leading a bloody insurgency, the country did not get respite from the perennial disorder and conflict.

By 1999, a new rebel group formed largely of Krahns and Madingoes, called Liberians United for Reconciliation and Democracy (LURD), regularly engaged Taylor's army. As a result of Taylor's support of rebels in neighbouring Sierra Leone, and the extensive human rights abuses in Liberia, the United Nations imposed sanctions on Liberia in 2001. In 2003, the Liberian rebels overran the capital, Monrovia, and Taylor fled for asylum in Nigeria.

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Despite the fact that Liberia is part of the International Community and has ratified key International Instruments that provide for fundamental rights to every individual even in times of conflict, the armed conflicts were marked by terrifying levels of brutality by all factions against civilian populations. These included widespread killings, rape, sexual assault, abduction, torture, forced labour, forced marriage, recruitment of child soldiers and the destruction of Liberia's social and economic infrastructure. This left civilians, particularly women in disarray and abject poverty.

In the midst of all this anarchy that left the women and men of Liberia living in hopelessness, women utilized their inner power with innovative non-violent responses to conflict which saw Liberia return to normalcy. From 2000, the Mano River Union Women Peace Network (MARWOPNET) that brings together women from Guinea, Sierra Leone and Liberia mobilized themselves after realising that there would be no peace in the entire West African Region. MARWOPNET put forth an initiative to mediate the conflict between Guinea and Liberia and dispatched a delegation to appeal to the feuding heads of state in the region to end the conflict. MARWOPNET also issued statements urging ECOWAS and the United Nations to intervene in the Liberia crisis.

In 2002, the Women in Peace Building Network (WIPNET)-Liberia was launched as a means of involving more women in the peace building process. They mobilised women at various levels and engaged in non-violent strategies to ensure that peace was restored in Liberia. It was the resilience and power demonstrated by these women that contributed to Liberia enjoying peace today. Since this time, WIPNET has made great strides and achievements. It has served as a proponent of conflict resolution, peace building, advocacy and development.

Liberian women were also very active and instrumental during the elections that brought the first ever elected female head of state in Africa, Her Excellency Ellen Johnson Sirleaf as President of the Republic of Liberia in November 2005.

However, whilst observing the devastation brought by Liberia's conflict and the enormous challenges that remain, it is also important to acknowledge and stress that some progress has been achieved in recent years. Since the successful elections in 2005 and the inauguration of a new woman president, a number of initiatives have been launched and are beginning to bear fruit. In cooperation with the International Community and humanitarian agencies, the government and people of Liberia , are making important strides towards reconstruction within the context of Result Focused Transition Framework (RFTF). All areas of the RFTF including security, governance, democratic development and the rule of law, elections, social management and development have all shown marked progress, giving some hope in areas of humanitarian, human rights and the political situation. Yet,

despite this, widespread human rights violations particularly violence against women and girls, continue to be committed across the country with impunity.

1.4 The Problem

Liberia was in a constant state of armed conflict that affected all parts of the country for 14 years (1989 – 2003). The conflict was marked by terrifying levels of brutality by all warring factions against the civilian population. Like in armed conflict situations globally, Liberian women were not spared from the wrath of conflict. Historically, the practice of violence against women has been widespread in almost all societies worldwide, and Liberia is no exception to this generalization and trend. Domestic violence (physical, psychological, sexual abuse, discrimination, marginalization) exists in all patriarchal societies. As a matter of course, most societies accept violence against women as 'normal', as if it is synonymous to being female. Due to this apparent and perceived normality, violence against women tends to occur in silence and remains invisible (United Nations, 2006).

Whilst most of the women and girls did not take part in the civil war as actual combatants, they served as "sex slaves" to multiple male combatants, cooking, carrying loads. Women and girls were subjected to rape and sexual violence. Many women became pregnant due to the rapes they suffered and bore children, some from unknown fighters. Not only are the terrible consequences of this being felt by many Liberian women up to today but violence against women and rape continues unchecked.

During armed conflict situations where violence is widespread, there is recourse to the usual forms of violence, discrimination, marginalization and non-recognition of women's rights and contributions. In addition, other forms of discrimination such as ethnic and class discrimination come into focus and play. The intensity and impunity used during armed conflict were directed specifically on women and girls.

Whereas it is widely acknowledged that women suffer various atrocities, notably sexual and gender-based violence (SGBV) during and after armed conflict, one of the major challenges is that majority of the survivors are unable to speak out and share their

experiences. This is partly due to the huge stigma attached to and associated with such atrocities, which are considered shameful, in addition to the culture of the silence among women and girl survivors in general. However, these violations and the resulting stigma and silence have far-reaching consequences that linger on not only with survivors but also their families and communities long after the end of the conflict (AFELL, 1998).

Since 1995, and despite specific legal frameworks, such as the Beijing Platform for Action, the Vienna Declaration, the United Nations Security Council Resolution 1325 (2000) and the Convention on The Elimination of all Forms of Discrimination Against Women, (CEDAW) all geared towards eradicating violence against women, violence against women still persists. Therefore surmounting SGBV entails social, political, economic and cultural changes in the power relations between women and men, as well as mechanisms for ensuring laws are more effective. A comprehensive and holistic approach is therefore required to address the entrenched beliefs, values, perceptions and practices that encourage and allow SGBV to persist.

Now that Liberia is in the post-conflict reconstruction and rehabilitation phase, time is ripe to avail gender disaggregated data on the situation of the survivors and victims of the conflict. This will inform and enable policy and decision makers, planners, and activists to address the problem and institute relevant and appropriate structures and programmes that will enhance holistic healing of the women. This data is also essential and vital for a comprehensive and genuine reconciliation process. It is only then that women will be able to effectively engage in post-conflict reconciliation and development.

Within the given context, Isis-WICCE, an international women's non-government organization based in Uganda, in collaboration with the Ministry of Gender and Development, and Women in Peace Network (WIPNET) of the West African Network for Peace (WANEP), in Liberia, embarked on the documentation entitled "*A situation analysis of women survivors of the 1989-2003 armed conflict in Liberia*".

1.5 Objectives

1.5.1 Overall Aim

The overall aim of the research and documentation was to inform decision-makers, policy makers and activists and enable them to access appropriate information to effectively respond to the strategic and practical needs of women in post conflict Liberia.

1.5.2 Specific Objectives

The Specific objectives of the study were:

a) To document the socio-demographic characteristics and economic status of women survivors of the conflict.
b) To document and analyze the various forms of gender-based violence committed against women and girls during the armed conflict and post conflict era.
c) To assess the impact and consequences of the armed conflict on women's health and socio-economic status.
d) To examine cross boarder interactions and dynamics
e) To analyze women's and men's roles and investigate the relationship among families, households and communities before, during and after the armed conflict.
f) To examine the impact of the armed conflict on the general development of the country.
g) To understand women's involvement and engagement in the disarmament, demobilization, reintegration and rehabilitation (DDRR)
h) To map out a way forward and recommend appropriate interventions for seeking justice, redress and sustainable peace.
i) To increase and strengthen the capacity of Liberia's research team to be more able to document using a gender-sensitive, feminist and human rights perspective.

1.6 Key Questions

i. What were the causes of the 1989-2003 armed conflict in Liberia?
ii. What was the nature of cross border interactions and dynamics?
iii. How did the 1989-2003 armed conflict start and progress?
iv. What type of violations were committed against women especially sexualized gender based violence and who were the perpetrators?
v. What was the impact of the violations on women's health especially SGBV, physical, nutritional, gynecological and socio-economic status?
vi. What coping mechanisms did women employ to ascertain their survival including that of their households and communities?
vii. What were the roles and contributions of the female combatants during the armed conflict? What about other women?
viii. What are the specific needs of the women and redress mechanisms and interventions needed for recovery and engagement in sustainable development?
ix. How have women been engaged in the disarmament demobilization reintegration and rehabilitation (DDRR) process?
x. What is the way forward for obtaining justice and further engagement of women in sustainable peace and development?

1.7 Utility of the Research Intervention Study

This research intervention study has a lot to contribute to the recovery, development and sustainable peace in Liberia especially with regard to the specific needs of women and girls.

It contributes in the following ways:

- Providing information and data on violations committed against women and the effects of the violations so as to inform appropriate response by other stakeholders and actors.

- Stimulating more appropriate response and dialogue by other stakeholders for informed action.
- Making a permanent record of the historic events of the armed conflict situation as a mitigation mechanism to deter similar situation re- occurring.
- Contributing to the healing process of survivors through shared experiences and mapping out strategies for redress.
- Sensitizing and informing the public, NGOs, activists and the international community on the evils of armed conflict on women and their engagement in development.
- Strengthening the capacity and building the skills of the Liberia research team in a gender-sensitive feminist and human-rights based approach to research and documentation.

CHAPTER TWO

THE RESEARCH PROCESS AND METHODOLOGY

2.0 Introduction

The demand for credible evidence based decision–making for the design of relevant and appropriate plans of action has reached unprecedented levels. Due to interrelated global development and survival dynamics, socio-economic and political animosities, inter-state and intrastate armed conflicts, the level of data and information generation and its usage have extended from mere administrative data to include more in-depth levels of information. For example research and documentation can reveal the patterns of abuse repeated in different countries at various levels and their impact on communities, households, individual survival and sustenance. Household surveys, individual in-depth interviews, key informant interviews, focus group discussions have all become an invaluable source of information for monitoring outcomes and impact indicators of international, regional, national, community and household development frameworks for informed decision making.

2.1 Exploratory Visit to Study Areas

The process entailed pre-research visits and consultative meetings, seeking out information about the details of the geography of the areas selected for research, as well as available background information about the armed conflict and its' impact, including organization of the staff, research team and funds. It also entailed conceptualization and development of study instruments and material resources.

Objectives of the pre-visit were:

- To ensure that the leadership and administration authorities of Liberia were properly informed of the activity in order to elicit their approval and collaboration.

- To arrange for logistical support including transport, lodging and other requirements.
- To establish consensus on the appropriateness of the research instruments and methodologies.
- To identify and recruit research assistants.

Isis-WICCE met with the Ministry of Gender and Social Development officials and WANEP/WIPNET and agreed on the procedures, the research team, areas for study and the methodologies to be used for data collection. Training of 13 Liberian women and 3 men as research assistants was carried out in October 2007. A review of study instruments and research methodology was carried out in April 2008.

2.2 Study Design and Sampling Procedure

The research and documentation adopted a multi-stage purposive sampling design involving selection of study counties, districts, villages, households and respondents.

2.2.1 Stage One: Selection of Research Counties and Districts

Table 1 shows the counties, districts and villages where the research was carried out.

Table 1: Study areas

County	District	Village	Distance from Monrovia to County In Kilometres (kms)
Bong	Johquelleh	Melekei	3 hrs drive
		Duata Dabo	
		Wainsue	
		Gbarnga City	
	Suakoko	Gbondo	
		Zeansue	
		Taylor Town	
		Gbatala City	
Lofa	Foya	Foya city	456kms
		Hundonin	
		Sadu Pasia	
		Porluma	
MaryLand	Pleebo/ Sodoken	Pleebo Town	656kms
		Barraken	
Grand Kru	Lower Kru coast	Bewehn	695kms
		Barraken	
Monteserrado	Todee	Nyehn (for pre-testing).	

The following criteria were used as a basis for the selection of research counties and districts.

i) Regional Balance

As the 1989–2003 armed conflict affected nearly all corners of the country, regional balance for representativeness of the research findings was a major consideration. Therefore Bong County and the respective Johquelleh and Suakoko districts represented central Liberia. In Lofa County, Foya district represented the far north western border areas with Sierra Leone and Guinea. In Maryland, Pleebo/ Sodoken district represented the far east bordering Cote d'Ivoire; and in Grand Kru County, Lower Kru coast district

represented the extreme south eastern corner of the country. In Bong County, two districts were covered because of its relatively higher population compared to the other selected counties.

ii) Cross border interactions and dynamics

In addition to regional balance, Lofa and MaryLand counties were selected because of their border location with Sierra Leone and Guinea and Cote d'Ivoire respectively. Existing literature shows that there was a lot of movement both by fleeing civilians as well as fighting troops to and from Sierra Leone, Cote d'Ivoire and Guinea.

A complex web of cross border activities and migration are said to have helped to fuel and aggravate the 14 year armed conflict. Porous borders and lack of regulations throughout West Africa facilitated these cross border activities. Ethnic diversity that crosses national boundaries as well as cross border refugee flows also contributed to the conflict and regional instability. Isis-WICCE was interested in gaining in-depth understanding and knowledge about the cross border dimensions and dynamics.

iii) Intensity of fighting

Although no single corner of Liberia was saved from atrocities, the available literature points to the fact that Bong and Lofa counties had intensive protracted fighting. For example Human Rights Watch (2002) reported that the Liberian United for Reconciliation and Democracy (LURD) fighting faction, a Liberian opposition group widely believed to be backed by the government of Guinea, launched an incursion from Guinea into Northern Lofa county in July 2000. This incursion resulted in several more years of civil war.

iv) Isolation and inaccessibility

Maryland and Grand Kru are the most remote, isolated and inaccessible counties among the areas studied because of the very bad state of the roads and communication networks. Hence, being counties that are the most disadvantaged and marginalized. For example, the isolation of Grand Kru resulted in the county being nicknamed the "walking county" due to the lack of appropriate public means of land transport and communication. This research study therefore included previously under-researched areas to gain more in-depth information and understandings about the effects of the conflict in these areas.

2.2.2 Stage Two: Selection of Study Villages

Given the nuclear type of settlement, logistical and inaccessibility shortcomings, data collection centered around nuclear towns with outreach to identified villages.

Research villages were selected along passable roads (north, south, east, west) but not beyond 40km from a given town. For example, in Johquelleh district, Gbarnga city was taken as the centre and the selected villages/towns around it included Melekel (north west), Duata Dabo (south) and Wainsue (north). In Suakoko district, Gbatala city was taken as the centre and Gbando (North West), Zeansue (west), and Taylor town (south) were selected.

In Lofa district, Foya city was taken as the centre and Hundonin was selected from the south, Sadu Pasia from the North West and Porluma from the north east.

In Pleebo/Sodoken district, only two towns were selected, namely Pleebo town and Barrakeh in the south. In the Lower Kru Coast district, only Bewehn town was covered. The research team could not go deeper in the rural countryside due to inaccessibility.

2.2.3 Stage Three: Selection of Respondents

The study adopted a weighted proportional cluster sampling. Hence, the larger the population of the respective county, the higher the number of respondents selected for interview. The smallest enumeration unit was the woman head of household or the oldest female member of the household. Only one woman was interviewed per household. However, the control group comprised of men at about 20% of the respondents. This helped in identifying the strategic needs and highlighting the gender differences between women and men as well as affirming the gravity of the conflict to women. In this case, the male head of the household was interviewed.

The Liberian settlement pattern is nuclear in nature with rural settlements within walking distance from the town or village centre. Therefore, taking a linear pattern, each interviewer was allocated households each day, taking different directions in the north, south, east and west of the village/town centres, interviewing one respondent every

after five households. As men were also interviewed as the control group, men research assistants interviewed fellow men and women interviewed fellow women. On average each interviewer administered at least five questionnaires a day.

2.2.4 Sample Size

The total sample size of individual survivors was 643 respondents of whom 515 (80%) were women and 128 (20%) men. The sample size proportions were derived from the 2007 population projections based on 2.4% population growth rate of the Base year 2007 Country Assessment Survey Results. The 2008 population census results had not been released by the time this research was carried out.

Table 2: Sample areas and sample size

BONG COUNTY			
Johquelleh District			
Locations/Clusters	*Female*	*Male*	*Total*
Melekel (North West)	36	06	42
Duata Dabo (South)	29	10	39
Wainsue (North)	36	06	42
Gbarnga Town (centre)	40	11	51
Sub Total	***141***	***33 (19%)***	***174***
Suakoko District			
Locations/Clusters	*Female*	*Male*	*Total*
Gbondo (North West)	17	04	21
Zeansue (West)	25	06	31
Taylor Town (South)	12	02	14
Gbatala (Centre)	40	10	50
Sub Total	***94***	***22 (19%)***	***116***
Total	**235**	**53 *(19%)***	**290**

LOFA COUNTY			
Foya District			
Locations/Clusters	*Female*	*Male*	*Total*
Foya (Central)	32	13	45
Hundonin (South)	33	06	39
Sadu Pasia	22	11	33
Porluma (North East)	34	06	40
Total	**121**	**36 *(22%)***	**157**
MARYLAND COUNTY			
Pleebo/Sodoken District			
Locations/Clusters	*Female*	*Male*	*Total*
Pleebo Town	45	09	54
Barrakeh (South)	55	13	68
Barrakeh (South)	55	13	68
Total	**100**	**22 *(18%)***	**122**
GRAND KRU COUNTY			
Lower Kru Coast District			
Locations/Clusters	*Female*	*Male*	*Total*
Bewhen	59	15 *(20%)*	74
GRAND TOTAL	**515**	**128 *(20%)***	**643**
PRE-TESTING			
MONTESERRADO COUNTY			
Todee District			
Locations/Clusters	*Female*	*Male*	*Total*
Nyahn	30	6 (17%)	36

2.3 The Study Population

The study population comprised of women and men at and above the age of fifteen years, from the following categories;

- War survivors, especially abused women and girls
- Ex-combatants from the various warring groups
- Market women
- Women in leadership
- Women who represented the warring groups on peace negotiations
- Opinion leaders (religious, cultural, superintendents, mayors, among others)
- Government officials including ministers, ex-ministers, army generals, civil servants, etc
- Those disabled due to the armed conflict
- Medical and health practitioners
- Members of women organisations, including social and community workers
- Youth and child soldiers

The individual household questionnaire respondents, focus group participants, key informants, and case studies were selected from the above categories.

Other sources of information within Liberia included;

- The United Nations agencies
- Interfaith denominations
- Human Rights organizations
- International Rescue Committee (IRC)
- Humanitarian workers
- Women's organizations
- Civil Society Organizations (CSOs)

2.4 Data Collection Methods

The study employed both quantitative and qualitative data collection methods and techniques. These included:

- Individual household interviews, using a structured questionnaire
- Focus group discussions
- In-depth interviews/case studies/narratives.
- Key informant interviews
- Community meetings.
- Systematic observation
- Filming, audio recording and photography

The thematic areas for each method are detailed below.

2.4.1 Quantitative Methods

Individual household interviews

Individual interviews using a structured household questionnaire were carried out in the homes of the individual survivors of the conflict by well-trained interviewers. The structured questionnaire sought information on:

- Socio-demographic characteristics of women and men survivors of the conflict
- Economic status of the survivors.
- Household power relations, roles, responsibilities, rights, perceptions, and division of labour among and between women, men and children.
- Access to basic needs such as food, water, health care, shelter, production assets, etc.
- Psychological / psychiatric problems, and consequences of torture, and levels of deprivation and trauma amongst women survivors.
- Impact of conflict on health including gynaecological, surgical and nutritional problems, as well as HIV /AIDS.
- Alcohol, substance use and addictions.
- War perpetrators / warring factions.
- Recommendations on the types of interventions needed

2.4.2 Qualitative Methods

i) Focus Group Discussions

Twenty-four focus group discussions were carried out including twelve with women, three with female youth, six with men and two with male youths. Each focus group comprised 20- 25 persons.

Survivor sharing her experience during a focus group discussion

Focus group discussions addressed the following themes;

- General effects of the armed conflict
- The current status of women and children.
- Gender roles / gender relations at various time periods.
- Circumstances under which sexual gender based violence occurred.
- Consequences of gender based violence:
    - Physical social economic survival.
    - Intellectual/ education.
    - Reproductive health.
    - Productive activities.
    - Surgical problems.

- Specific needs of women and girls.
- Interpretation / operation of SGBV.
- Other forms of torture and their psychological consequences to survivors.
- Existing support systems.
- The way forward.

ii) Key Informant interviews

Key informant interviews focused on the following thematic areas:

- Causes of the conflict.
- Processes of the conflict.
- The perpetrators of the conflict.
- Factors that exacerbated the conflict.
- Provision of the basic needs such as food, water, shelter, production, employment, health care, education.
- Post conflict reconstruction processes

iii) In-depth interviews

In-depth interviews included testimonies of individuals who were subjected to extreme violence and torture and to those who sustained injuries. These were identified during the group discussions and individual household interviews, as well as by key informants who knew about the ordeals those people went through. The interviewees were left to give their experiences with minimal interruption by the interviewers. The following broad research questions guided the interview process.

- What happened and where?
- How did it happen and how did it impact on your life?
- What other atrocities were committed against you and your family members?
- Did it happen to any other people of your community you know of?
- How are you managing to sustain your family for survival?
- What support systems are available in your community?
- What should be done to improve your livelihood?

The interviewers were expected to observe the circumstances and environment around the homes of the survivors interviewed as well as the body language expressed by respondents.

Some experiences needed privacy and ample time for survivors to open up

iv) Community meetings

Community meetings were carried out in response to requests by community members who had not been sampled for interview but wanted their voices to be heard. Moderators of these meetings enabled community members to give their opinions on the type of Liberia they would like to live-in in future. They gave details of their current situation, their thoughts on what should be included in post-conflict rehabilitation programmes and reconstruction, including the Demobilization, Disarmament, Rehabilitation and Reintegration, (DDRR) programmes.

v) Systematic observation filming and photography

A few individual interviews and focus group discussions were video recorded with the informed consent of the respondents. This methodology enabled the team to visually capture injuries, disabilities inflicted on individuals, detailed testimonies of the torture, and destruction of the infrastructure. Environmental and infrastructural destruction were also observed and recorded.

2.5 Data Analysis

2.5.1 Gender Analysis

A gendered analysis of interviews was in-built in the research process in order to facilitate systematic data gathering and analysis of the data and information with respect to gender differences and social relations at different time periods; before, during and after the conflict. This analysis was important in identifying relevant and appropriate mechanisms for redress of gender-based violations. The analysis included;

- The activity profile to identify productive and reproductive activities, which women, girls, men and boys undertake; such as housekeeping, household work and maintenance, family care, food provisioning, and the productive activities such as farming, trade, employment, among others.
- The access to and control of resources, and benefits profile was used to find out whether women, girls, men and boys had access to resources; who controlled the resource and its use. The analysis also investigated who in the household benefits from land, income, education, leadership, household property, among others.
- Analysed the influencing factors such as education, culture, religion, attitudes and beliefs; internal and external environmental factors such as humanitarian assistance, and the impact to the different gender, the opportunities they provided, and constraints these survivors faced.

2.5.2 Quantitative Data Analysis

Quantitative data entry and analysis were carried out with the use of the EPI – INFO 6.02 computer software package. The analysis consisted of data cleaning, frequency runs, and cross-tabulations. Multivariate classification and analysis was applied using SPSS, a statistical package for social sciences. Statistical measures to establish the margin of error and reliability were used.

2.5.3 Qualitative Data Analysis

Descriptive analysis of the qualitative data was carried out using the following approaches;

- Analysis of prevalent themes and concepts obtained from the international literature and a systemic review of this.

- Thematic analysis of qualitative data from focus group discussions, key informants and testimonies from survivors, which included identifying prevalent codes, making summaries, extracting direct and verbatim quotations and making comparisons between interviews. The data was analyzed to determine an in-depth understanding of the context of gender, armed conflict, sexual and gender based violence, and survivor's coping mechanisms.

2.6 The Research Team

The research team constituted 31 people; 16 were research assistants, three of whom were men. Five Isis-WICCE staff including three women and two men, three media staff and one official from Amnesty International, and five male drivers and a mechanic.

Arrival in villages attracted a lot of excitement and hope

2.7 Training the Research Team

The research assistants including 13 Liberian women and 3 men underwent a two-phased training. The aim of this training was to equip these researchers with knowledge and practical skills in investigating and documenting violations of women's human rights and to utilize the findings for effective advocacy for justice, sustainable peace, human security and development. This two-phase training occurred as follows:

Phase 1; During the Isis-WICCE Institute, held in Monrovia, from 15th – 26th October 2007, the research assistants acquired an array of skills that included documentation, gender analysis, conflict analysis and international human rights its various instruments:

Documentation; The team was introduced to skills in documentation of specific women's human rights violations within their communities, identification of study topics, and how to handle the interview process. In addition, the team was introduced to the aspect of trauma management to prepare them in how to sensitively handle traumatic testimonies presented by survivors of the conflict.

Gender Analysis: The team was also introduced to the concept of gender analysis and the importance of gender sensitivity in documenting women's experiences in situations of armed conflict. This enhanced their understanding of gender relations, gender based violence, roles and responsibilities within the context of conflict and after armed conflict, and how these dimensions affect women in both peace and conflict times.

This gender analysis helps in:

- Understanding and visualizing the experiences of women in armed conflict as distinct from and in relation to the experiences of men.
- Providing information and demonstrating the ways in which women are denied access to resources such as land, income, inheritance, political influence, etc
- Highlighting inequalities, subordination, marginalization, victimization,

abuse and violations in order to inform formulation of decisions and interventions that are sensitive and relevant to the plight of women and girls.

Conflict Analysis: This covered global and national conflict analysis, the influence of external dynamics on conflicts in different countries, different tools for conflict analysis, and conflict mapping. Research assistants were able to appreciate the significance of conflict analysis in planning and designing of post-conflict redress interventions and initiatives.

International Human Rights Instruments: The team was able to understand how the existing international human rights instruments feeds into the regional and national laws, and the importance of domesticating the international laws as a way of guaranteeing international obligations at national levels. This enhanced research assistant's knowledge of how laws and frameworks are utilized to promote, protect and respect the rights of women, particularly in situations of armed conflict; and how these instruments can be used in the documentation process

Research assistants analysing a case study

Phase 2: The research team underwent refresher training from March 31st – 4th April 2008, in Monrovia, Liberia. This training focused on practical interview skills and how to handle respondents during both focus group discussions as well as individual interviews. A structured questionnaire for individual interviews and a question guide for the focus groups were tested in order to familiarise the research assistants with the tools and their applicability. A one day pilot study was carried out in Nyahn village, Todee district, in Montesserrado County.

Mr. Bartholomew Colley facilitating a sessions on managing trauma

2.8 Constraints and Challenges

The following challenges were encountered during the field work process;

i. Inaccessibility: The impassable roads in most of the study areas were a major challenge. As a result the transport costs were raised beyond the estimated budget and the study took more days than planned.

Terrible roads to Pleebo necessitated getting out of vehicles for safety

ii. Accommodation and Subsistence: The consequences of the conflict on the infrastructure left limited places for accommodation in most of the study areas. Three to four members of the research team had to share one mattress in Pleebo and Lofa.

iii. Language: Whereas most of the Liberians interviewed could speak "Liberian English", the research team sometimes had to interview survivors who only spoke and understood the native languages used by their ethnic groups. Interpreters therefore had to be hired, which increased the time involved and required extra funds.

CHAPTER THREE

THE CONFLICT PROCESS

3.0 Introduction

This section addresses the experiences and challenges that women encountered at the beginning of the armed conflict, through the conflict period up to the time of the current study. It also presents the conduct of the warring groups as experienced by survivors.

3.1 Age When First Experienced Armed Conflict

Tables 3 and 4 show the age when respondents first encountered the challenges of the conflict as analysed by gender and County.

Table 3: Age when first experienced conflict by gender (n=621)

	Female n- 515		Male n=218		Total n=643			
	n	%	n	%	N	%	X^2	P-Value
<15 yrs	227	45.8	75	60.0	302	48.6		
16-24 yrs	101	20.4	11	8.8	112	18.0	11.77	0.003*
25+ yrs	168	33.9	39	31.2	207	33.3		
Changed residence because of conflict (n=625)	345	68.7	93	75.6	438	70.1	2.23	0.135

Statistically significant association

Table 4: Age when first experienced armed conflict by county (n=621)

	Bong		Lofa		Maryland		Grand Kru	
	n	%	n	%	n	%	n	%
<15 yrs	162	56.8	95	64.2	37	31.4	8	11.4
16-24 yrs	45	15.8	14	9.5	36	30.5	17	24.3
25+ yrs	78	27.4	39	26.4	45	38.1	45	64.3
Changed residence because of conflict n=625)	188	67.9	117	75.5	97	80.8	36	49.3

[#] *More than one answer possible*

As shown in table 3, the majority of respondents; men (60%) and women (46%), experienced conflict when they were less than 15 years old. Thirty four percent of women and 69% of men experienced conflict by the age of 24. More women (20%) than men

(9%) had experienced conflict when they were 16-24 years old. 40% of women and 31% of men experienced conflict when they were 25 years and above. It is important to note that majority of respondents were therefore adolescents during the time of the conflict.

Table 4 shows the age when respondents first experienced armed conflict by county. Whilst the majority of respondents in Bong County first experienced the conflict when they were less than 15 years old (57%), those in Lofa (64%) also first experienced conflict when they were 15 years old. The majority of respondents in Grand Kru (64%) first experienced the armed conflict when they were more than 25 years.

The armed conflict led to breakdown in the social fibre and cohesion of communities. There was disruption and denial of education and health services for many survivors. Children were indoctrinated with violence, leading to moral decadence. Many women were exposed to HIV/AIDS Aand STD/STI's and there was an increase in levels of sexual and gender-based violence. All of these factors had negative consequences and were a blow to the individual wellbeing and the socio-economic development of the country.

3.2 Perpetrators of Torture

Over twelve armed groups were recorded to have engaged in torturing women, men and children. Tables 5 and 6 show the perpetrators of torture analysed by gender and county respectively.

Table5: Perpetrators of torture by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
Armed group#							X^2	P-value
Armed Forces of Liberia (AFL)	138	26.8	33	25.8	171	26.6	0.55	0.816
Movement for the democracy in Liberia (MODEL)	104	31.8	33	25.8	197	30.6	1.77	0.183
National Patriotic Front for Liberia (NPFL)	306	59.4	58	45.3	364	56.6	8.30	0.004*
Independent National Patriotic Front for Liberia (INPFL)	105	20.4	14	10.9	119	18.5	6.07	0.014*
Liberia Peace Council	261	50.7	54	42.2	315	49.0	2.96	0.085
United Liberation Movement – Johnson (ULIM-J)	122	23.7	22	17.2	144	22.4	2.49	0.114
United Liberation Movement- Kromoh (ULIM-K)	207	40.2	29	22.7	236	36.7	13.57	0.000*
Liberia United for Reconciliation & Democracy (LURD)	210	40.8	30	23.4	240	37.3	13.18	<0.001*
Police	73	14.2	17	13.3	90	14.0	0.07	0.794
Militia	116	22.5	43	133.6	159	24.7	6.74	0.009*
Prison Officers	38	7.4	13	10.2	51	7.9	1.08	0.298

#More than one response possible
**Statistically significant association*

Table 6: Perpetrators of torture by county (N=643)

Armed group[#]	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	n	%	n	%	n	%	n	%
Armed Forces of Liberia (AFL)	55	19.0	29	18.5	60	49.2	27	36.5
Movement for the democracy in Liberia (MODEL)	53	18.3	20	12.7	89	73.0	35	47.3
National Patriotic Front for Liberia (NPFL)	161	55.5	60	38.2	94	77.0	49	66.2
Independent National Patriotic Front for Liberia (INPFL)	59	20.3	21	13.4	23	18.9	16	21.6
Liberia Peace Council	139	47.9	47	29.9	90	73.8	39	52.7
United Liberation Movement – Johnson (ULIM-J)	63	21.7	35	22.3	21	17.2	25	33.8
United Liberation Movement- Kromoh (ULIM-K)	109	37.6	70	44.6	20	16.4	37	50.0
Liberia United for Reconciliation & Democracy (LURD)	121	41.7	53	33.8	24	19.7	42	56.8
Police	25	8.6	39	24.8	14	11.5	12	16.2
Militia	42	14.5	52	33.1	39	32.0	26	35.1
Prison Officers	12	4.1	31	19.7	1	0.8	7	9.5

[#]*More than one response possible*

Respondents were also asked to indicate the worst perpetrators of torture. Tables 5 and 6 show the responses analysed by gender and county. The National Patriotic Front for Liberia (NPFL) was named by majority of respondents (57%) as having taken the lead as perpetrators of torture, followed by Liberia Peace Council (LPC) (49%). Thirty seven percent of respondents named the United Liberian Movement-Kromoh (ULIM-K) whilst the same percentage named Liberia United for Reconciliation and Democracy (LURD) as the worst war-torture perpetrators. Analysis of the results indicated that those institutions expected to keep law and order, such as the police (14%) and prison officers (8%), were also amongst the named perpetrators of torture.

At county level, although all warring groups, covered the whole country, in Bong the majority of respondents (56%) named NPFL, followed by Liberia Peace Council (48%), LURD (42%) and ULIM-J (22%). In Lofa 45% of respondents named ULIMO-K, 38% named NPFL and 34% named LURD. In Maryland, NPFL (77%), Liberia Peace Council (74%), MODEL (73%), and the militia (32%) were named as having committed atrocities during the conflict. In Grand Kru, respondents named NPFL (66%), LURD (57%), Liberia Peace Council (53%) and ULIMO-K (50%) as major perpetrators of torture.

The following verbatim quotations from the respondents highlight the atrocities and conduct of the warring groups.

Beginning of the armed conflict

A male respondent interviewed in Bboundon, Zensue, described the start of the conflict as follows:

> *…"Yes, in 1974 there was some gun shooting going on, someone asked me if I knew who was firing and I said I saw as if they were Liberians. It was at that time when they beat me without mercy. This was NPFL. I then joined LURD to save myself and create free movement for my people. It was no matter of choice or will"…*

Whilst a woman from Todee told us:

> *… " Charles Taylor's soldiers came here in Todee in 1990 and took our things. We ran into the bush. The ULIMO soldiers came and asked us to come back to the town. When we came back from the bush, my husband was worried too much and that led to his death. I do not have a husband and no one to help me. I do midwifery for a living"…*

Abandoned

A woman respondent in Taylor Town, Bong County described being abandoned by her husband because of the conflict:

> *… " In 1990, when the war came, Doe's soldiers were fighting against Taylor led NPFL. During that time, my guardians were beaten and killed and we do not even know where their bodies were placed up to now. After the death of my guardians, I and my husband ran to Cape Mount and we made a rice and cassava farm. We built a house in town... The soldiers came and chased us from the house and we ran to the surrounding village. Only the soldiers were in the town. So when we wanted to come to town, we would go along the road and listen carefully. If the town was very quiet, then that meant the soldiers were there. But, if there was noise, with people laughing, civilians would be there. At that moment we would rush to town. This running in and out of town and the village made my husband to leave me and went to another village. He left me and the children and did not return"…*

No-one saved from war atrocities

During the war no-one was saved from experiencing atrocities as a woman respondent from Sadu Pasia, Lofa County explained:

… "We could not really tell the difference between the soldiers because they could come from any where, from all directions at any time. I used to hear Charles Taylor's name so may be it was Charles Taylor's soldiers"…

Abduction

Several women and girls were abducted during the conflict by soldiers and armed forces, as this woman from Pleebo described:

…"In 2003, during the MODEL war, while sitting in front of my house, we saw soldiers coming to our house and asked for Marie but my grandmother told them there was no one called Marie. One of our neighbours pointed at me and I, with my mother were taken away to their zone for seven days and nights without eating. One day my mother and myself ran away to look for food to eat. While crossing the bridge my mother fell in the water and drowned. When I reached home, I found that my grandmother had been killed. So, I was left alone in the world"…

Running away

Women tried to run away to escape the atrocities as a woman in Lofa described:

… " It was on a Sunday on May 16th 2003, 4:00 o'clock when the MODEL came in this town, they started to shoot in the air and killed people that night. The shooting was heavy, we run to one of our neighbour's house. The next day the soldiers left after killing one pastor and placed her body in front of her drug store. That evening I went to the border and crossed and went to the refugee camp in Guinea"…

Location of violations

The violence and torture took place in several locations as this male respondent in Maryland stated:

…"Violations took place in bushes, others took place in homes and houses, by the road side and in barracks of the warring groups. AFL detained people. Some took place in churches. Violations were committed as a result of the civil war and there was no law and order. War lords saw themselves as their own gods. Power and greed took over their lives. They only looked at what they could do to gain power at all costs. Rape and torture were used as a weapon of war to weaken opponents…

Circumstances of the violence

Several respondents told us about the different circumstances of the violence and torture. Some examples are as below:

> … *"MODEL were killing machines, a torture group who used rape as a weapon of war. Likewise, NPFL used to torture civilians and used rape to dehumanise us"…* Female focus group, Pleebo- Maryland

> … *"As we left Monrovia my brother was flocked several times by AFL. When we got to Maryland, NPFL entered and committed the same atrocities like rape and killings. Then came LPC who also did the same. Rape and killing was the order of the day. There was beating, leading to disfigurement of faces of boys and men…* Female Focus Group, Pleebo – Maryland.

Individual and community helplessness

Respondents described during interviews how they and the whole community felt helpless as the following quotations demonstrate:

> … *"The community could not do anything because men who would speak out were in hiding and women could not say anything at that time. No one was allowed to speak to any one. When we were in G. Cess, we heard that one group was coming. NPFL went on rampage. The men in G.Cess were forced to remain naked as a form of proving NPFL's power. NPFL also killed anti-NPFL people by using cutlasses. People were killed, men were beaten. While we were anticipating that things were subsiding, LPC entered and committed the same atrocities"…* Male respondent, Pleebo

> … *"I heard that the native people were dirty and Taylor was coming to remove them. I was told that Taylor was given money by Doetogo to buy some things but he returned only to come with war..."* Female respondent, Barraken - Maryland

> … *" When I think about what war did to me I can sometimes think of killing myself. When the rebels entered Voinjama in 2001 we ran away and left my grandmother in the house, she was killed. In the process I fell in an ambush where my hands were shot. I was later flown to Monrovia and admitted at J.F.K. Hospital. While in hospital, the 2003 war entered Monrovia and I was left in the hospital with no help. So I run from the hospital and because of the gun shot wounds, my hands became disabled and I feel ashamed and*

do not want to go to school but my mother is encouraging me"… Female Youth, Gbarnga-Bong County

…" When NPFL recaptured the town, they (NPFL) killed one man. His son was ordered to burry him. The little boy put his father's dead body on his back to take his remains for burial…" Men focus group, Todee

In Liberia, as in most societies and communities in Africa, men are expected to play the role of protector of their respective households, including their wives, daughters, sons and other dependants. However, during conflict, it was not possible or easy for men to continue playing this role as they feared to be mistaken for rebels and were defenseless against armed soldiers. Hence, men remained in hiding or had no choice but to join the fighting ranks for protection. In this situation, and as the case is in other conflicts in different parts of the world, the women took over the traditional male roles of protecting their families and fending for them.

Experiences of an abandoned child

Several youth described their experiences of abandonment and violence, as narrated by this young woman from Gbarnga:

… " During the 1994 war, I was living with my parents at the age of 12 years, my mother and the other family members ran away but they forget about me. I was later taken away by my uncle to another area. While in the bush one of my uncles was beaten. We had to leave that town but on our way, we fell into an ambush. We survived that incident and went to another area where we saw bodies hanging in the trees. Presently, I have completed high school but have no means to go to University or any other institution of learning" …

Attacks of families by rebels

Families in Liberia were frequently attacked by rebel forces as the following examples illustrate:

- …." Kalifa Sasay of the Vai tribe along with his wife and son were burnt to death.
- Sony Stewart, his wife and his girl child were thrown into the river and they drowned.

- A fighter forcibly took James A. Seigh's wife from him in 1999 and he has not seen her and his son again.
- Gbanjah Doe was hiding his wife in the bush and she died of sickness. His two sons also died of sickness.
- Michael Holder was forced to sit in glass bottles broken into pieces, flat on the ground by ULIMO-J fighter named Dry pepper.
- Lamivomb was shot and killed and his money for his business (LD 35,000) was taken away from him.

Violence due to Poverty

Respondents described violence being carried out sometimes as a result of not being able to fulfill the desires the desires of the warring factions as this man stated during a focus group in Todee:

> ... " *When my uncle came to speak on my behalf, he (Arthur Holder), was instead arrested and tied on a coconut tree before his family. "Nimba Trouble" asked Holder for money and when Holder indicated that he did not have money, he was brought down and immediately beheaded"…*

The respondents' narratives illustrate the gross violations of human rights carried out during the armed conflict. They also demonstrate the gendered nature of war and the differences between violence and torture perpetrated on men and boys as compared to women and girls. Atrocities were committed by all warring groups without any exception.

Previous national leaders failed to create broad-based transparent and accountable systems of governance and instead relied on patronage, undermining social cohesion, and sustained a mistrust and fear particularly among ethnic communities.

Many women in Liberia suffered both physically and mentally from the harsh and inhumane treatment they and their families endured during the conflict. Few had access to appropriate healthcare, particularly where long-term care was required. Women associated with fighting forces faced significant discrimination and carried their own burdens of "shame" for having played roles or carried our acts that were viewed by the society as 'unacceptable for women. Often widowed or abandoned, women were left

with no system of support and shouldered overwhelming conditions and responsibilities. They had and are still having full responsibility for their children, some having been born as a result of rape. This was particularly distressing and shameful for women to deal with. Many were and are still uneducated, jobless, with little survival skills, therefore depending on friends for survival. Girls, especially young mothers, without any assistance were and are still vulnerable.

Although it is an obligation of Liberia's government to investigate and prosecute all those persons who committed atrocities, little has been done. This is particularly the case with respect to acts of sexual and gender-based violence. These human rights abuses continue to be committed, even after the conflict ended in 2003. Respondents attributed this to perpetrators still being at large, as well as the breakdown of the moral fibre which has left many youth with no guidance and therefore carry out violations with impunity.

As has been argued earlier, women and girls deserve special attention both as survivors of abuses and actors in reconstruction. Their rehabilitation must be given priority in all programmes, with provision of health care services, education, and skills training. Analysis of the study findings supports a rights-based approach to policy development and programmes implementation. The Liberian government and international community should therefore take note of the specific needs and concerns of women in post-conflict reconstruction programmes.

3.3 Loss of Relatives

Tables 7 and 8 show the loss of relatives as a result of the different violations inflicted on the population in armed conflict analysed by gender and county respectively.

Table 7: Loss of close relatives as a result of conflict by gender (N= 643)

Characteristics	Female (n= 515)		Male (n=128)		Total (N= 643)	
	n	%	n	%	n	%
Loss of close relatives[#]						
Loss of spouse	145	28.2	26	20.3	171	27.0
Loss of parents	215	41.7	44	34.4	259	40.3
Loss of child(ren)	210	40.8	51	39.8	261	40.6
Loss of other close relatives	312	60.6	62	48.4	374	58.2
Causes of loss of spouse (n=171)						
Died of natural causes	45	31.0	9	34.6	54	31.6
Killed	97	67.0	15	57.7	112	65.5
Disappeared	1	1.0	2	7.8	3	2.3
Died of hunger	1	1.0	-	-	1	0.6
Abandoned the home	1	1.0	-	-	1	0.6
Causes of loss of child(ren) (n=261)						
Died of natural causes	105	50.0	23	45.1	128	49.0
Killed	89	42.4	27	52.9	116	44.4
Disappeared	1	0.5	-	-	1	0.4
Abducted	1	0.5	-	-	1	0.4
Died of hunger	14	6.6	1	2.0	15	5.8
Causes of loss of parents (n=259)						
Died of natural causes	90	41.8	20	45.5	110	42.3
Killed	103	47.9	22	50.0	125	48.4
Disappeared	4	1.9	-	-	4	1.5
Abducted	3	1.4	-	-	3	1.2
Died of hunger	14	6.5	1	2.3	15	5.8
Abandoned	1	0.5	1	2.3	2	0.8

[#] *More than one answer possible*

Table 8: Loss of close relatives as a result of conflict by county (N=643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
Characteristics	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Loss of close relatives#								
Loss of husband (n=515)	61	26.0	44	36.4	21	21.0	145	28.2
Loss of wife (n=128)	15	27.3	6	16.7	5	22.7	0	0.0
Loss of parent	100	34.5	56	35.7	65	53.3	38	51.4
Loss of children	123	42.4	54	34.4	43	35.2	41	55.4
Loss of other close relatives	153	52.8	70	44.6	92	75.4	59	79.7
Cause of loss of husband (n=145)								
Natural causes	22	36.1	11	25.0	6	28.6	6	31.6
Killed	39	63.9	33	75.0	13	61.8	12	63.2
Disappeared	0	0.0	0	0.0	1	4.8	0	0.0
Died of hunger	0	0.0	0	0.0	1	4.8	0	0.0
Abandoned the family	0	0.0	0	0.0	0	0.0	1	5.3
Cause of loss of wife (n=26)								
Natural causes	11	73.3	5	83.3	2	40.0	0	0.0
Killed	4	26.7	1	16.7	1	20.0	0	0.0
Disappeared	0	0.0	0	0.0	2	40.0	0	0.0
Cause of loss of parent (n=259)								
Natural causes	43	43.0	17	30.3	33	51.0	17	45.0
Killed	51	51.0	31	55.4	26	40.0	18	47.0
Disappeared	2	2.0	1	1.8	1	1.5	0	0.0
Abducted	0	0.0	0	0.0	3	4.6	0	0.0
Died of hunger	4	4.0	6	10.7	2	3.0	3	8.0
Abandonment	0	0.0	1	1.8	0	0.0	0	0.0
Cause of loss of children (n=261)								
Natural causes	64	52.0	17	31.5	21	48.8	26	63.4
Killed	54	43.9	31	57.4	19	44.2	13	31.7
Disappeared	1	0.8	0	0.0	0	0.0	0	0.0
Died of hunger	4	3.3	6	11.1	3	7.0	2	4.9

Respondents were asked to indicate whether they had lost a close relative because of the conflict, and if they did what were the causes of the loss. As indicated in table 7, all respondents had lost a spouse, a child, a parent, or some other close relative. Forty-two percent of women and 34% of men indicated having lost a parent, whilst 41% of the women and 40% of the men had lost children. Women constituted 28% of those who had lost husbands compared to 20% of men who had lost wives. More women (61%)

than men (48%) indicated having lost other relatives. However, more women (67%) than men (58%) quoted being killed as the cause of the death of their spouses. Natural death contributed to 31% of the cause of the death of women's spouses whilst it also caused 35% of the death of men's spouses. Other spouses were reported to have disappeared, while others were abducted, died of hunger or were abandoned.

Regarding the causes of the loss of children, natural causes were quoted by women (50%) and men (45%), whilst 42% of women and 53% of men quoted their children being killed as the cause of death. Hunger (6%) was another cause of death of children. A similar pattern was observed of the causes of death of parents, with 48% of women and 50% of men indicating their parents were killed during the conflict, whilst natural causes were quoted by women (42%) and by men (46%) as the cause of death of their parents.

As shown in Table 8, Lofa County had the largest percentage (36%) of women who had lost their husbands, followed by Grand Kru (28%), Bong (26%) and Maryland (21%). However, Bong had the largest percentage of men who had lost their wives (27%) followed by Maryland (23%), Lofa (17%) and none in Grand Kru. However, Grand Kru had the largest percentage of respondents who had lost a child (ren) (55%), followed by Lofa (43%) Bong (42%) and Maryland (35%).

With respect to the loss of parents, Maryland was the worst hit with 53% of the respondents indicating having lost a parent, followed by Grand Kru (51%) Lofa (36%) and Bong (35%). With regard to loss of other relatives Grand Kru was hit most (80%) followed by Maryland (75%), Bong (53%) and Lofa (45%) reporting have lost some other close relatives.

The following narratives by respondents provided examples of the gravity of the problem.

Men working as 'wives'

Respondents described having to take on tasks against their usual cultural roles as this man from Zensue-Suakoko District explained:

> *..."As for men, they were treated like slaves and also as women in that they had to cook, fetch water forcefully for the soldiers. Those who refused were killed"…*

Ethnicity, a cause for death

Respondents also described being victimized and killed due to their ethnic group or tribe:

> ...*"My brothers were killed when they were leaving Monrovia coming to Fandell. They were killed because they said they were of the Mandingo tribe. My second brother was killed in number seven. I have been worried because of this until I developed high blood pressure. When pressure attacks me, I start crawling on my hands and I also have a problem with my eyes which has caused me not to see well"…* Female Focus group Participant Todee.

Death of husbands

Women respondents reported losing their husbands through the violence and being left in difficult situations:

> *… " The same man who killed my husband is again the one who cut me when I was going to Sierra Leone. He cut my husband into pieces, so now I do not have any one to help me. I do not have money to send my children to school neither land to grow food. In this world, if there is no one to help me, that is a problem"…* Female respondent, Lofa.

Women respondents suffered gender-based violence including being abandoned by rebel soldiers from they had sought protection:

> *…" In 2001, MODEL came while we were in Pleebo and I left with my children in Grand Kru. While in Grand Kru my husband abandoned me and left. I started loving an LPC rebel. He and I had 4 children and when I was pregnant for the fifth child, my rebel husband got killed. Right now, I am selling fish while my children are selling wood in order to earn a living"…* Female respondent, Maryland.

Death of children and relatives

Respondents also described the loss of children and relatives through the violence suffered during the conflict as this woman from Todee described:

> … My grandma remained in the house and was burnt to death. My aunt and her grand child were killed. Our house was burnt... Because of the massacre I went to Bensenville where I remained but lost all my three children due to malnutrition and sickness"…

The substantial loss of children during the armed conflict often caused respondents to 'lose hope' as this woman during a focus group in Todee described:

> ...*" I had six children, I lost all of them as a result of the war, I cannot farm because I have no child and I am unable to ask anyone to farm for me. I have no means of support. I make a very small farm to take care of my self*"...

As well as suffering the loss of relatives, husbands and children, women described the gender-based violence which took place during the war:

> ...*"My father was killed and both mother and I were gang raped. When my father was arrested and "tibayed" I ran away, but the area I ran to hide was the same place where my father was taken and shot…"* Female respondent Gbarnga, Bong County.

These quotes illustrate a clear pattern with practically all respondents having lost a close relative due to natural causes, being killed, abducted, dying of hunger disappearing or being abandoned by relatives. Due to the dilapidated health system, women could not access health services. It is therefore not surprising that many died of normally preventable and treatable diseases. Even those with minor and major injuries could not be treated leading to their demise. Therefore, the entire Liberian social sector needs overhauling if real rehabilitation and empowerment of communities, especially women, is to be realized.

3.4 The Disarmament, Demobilization, Rehabilitation and Reintegration Programme (DDRR)

In 2003, following the end of the armed conflict, a DDRR programme was embarked on in Liberia. This programme was intended to consolidate national security through disarmament and reintegration of all ex-combatants into society as a means of facilitating humanitarian assistance, restoration of civil authority, promotion of economic growth and sustainable development (UNDP, 2003). The intention of the programme was also to ensure women's participation and to focus on and address their needs by including reference to women and children as a 'specialized' group.

According to the Operational Guide to Policy Guidance on the UN Integrated Disarmament, Demobilization and Reintegration Standards (IDDRS), female combatants are women and girls who participated in armed conflict as active combatants using arms. Female supporters or female associated with armed forces and groups are women and girls who participated in armed conflict in supportive roles whether forced or voluntarily. These women and girls were economically and socially dependent on the armed forces or group for their income, social support and livelihood. Female dependants on the other hand were those women and girls who remained within ex-combatants households throughout the armed conflict. However, it is important to note that the conflict also greatly affected women and girls who did not fit into those categories.

As noted by Amnesty International (2008) estimates of women associated with fighting forces were in range of 30% to 40% of all fighting forces or approximately 25,000-30,000 of all fighting forces. According to this report (Amnesty International, 2008: 5), "women chose to take up arms to protect themselves from sexual violence, avenge the death of family members, because of peer pressure or, for material gain and for survival." Officially, more than 130,000 ex-combatants, significantly more than the 38,000 originally planned for, had been disarmed and demobilized, and of those approximately 22,000 were women and 2,740 were girls. However, this is understood to represent only a fraction of the total number of women and girls that participated in the conflict. It was also observed that the DDRR largely failed to meet a large number of women's and girls' needs compared to men's and boys'.

Thousands of women and girls formally associated with the fighting forces did not participate in the DDRR for reasons such as; misinformation, lack of knowledge and understanding about the process, manipulation by commanders, lack of funding, lack of political will to ensure a gender-based approach to the process, and some declining to participate due to shame and fear. Some of the women that did participate were said to have been harassed by UN designated officials during the disarmament phase, including being ridiculed or hit whilst trying to disarm.

Amnesty International (2008) reported that some women did not benefit unless they were

prepared to have sex with their commander. The programme failed to meet the needs of many women and girl combatants and did not ensure that women's participation was proportional to their actual level of involvement. Many women were said to have failed to fully benefit from the rehabilitation and reintegration phase because the programme largely failed to acknowledge and address stigma and shame as a barrier to their participation, as well as taking into account adequate understandings of women's and girl's experiences of the war (Amnesty International, 2008). A similar analysis was shared by respondents of this study;

> ...*"There was demobilization and re-integration, but I did not benefit. After disarmament the DDRR did not cover the whole of Liberia and hence most combatants were left out. Not all the ex-combatants were integrated. I suggest that they should come back and help the ex-combatants, if they do not, then, we have no future…"* Female Ex-combatant, Gbarnga.

Failure to participate in the DDRR had significant consequences for former women combatants who were eligible by then for the skills training or formal education reintegration packages. With few other opportunities and the challenging post-conflict situation, self demobilisation was not easy because for those who knew about the process, manipulation by commanders discouraged them from getting involved. Either family members or others, who had favourable relationships with a commander were most likely to be beneficiaries of the DDRR. Consequently many ex-combatants were excluded (Amnesty International, 2008).

The issues of small arms and light weapons; youth unemployment; large displaced populations, ex-combatants especially those of whom were not reintegrated during the DDRR; the persistent sexual and gender-based violence, porous borders; pervasive poverty and food insecurity, collapsed health and education systems; the spread of HIV/AIDS and STI's formed a cob-web of risks that is difficult to disentangle.

This study revealed that effective solutions call for multidimensional multi-sectoral approach by all stake-holders from the grass-roots including participation of individuals, households, communities, government, bi-lateral and multilateral humanitarian concerns

including the UN system. Although work on some of the above issues are being tackled, the challenges are enormous and strategic funding as well as tireless effort is needed by everyone.

Given the few other opportunities available and the biting poverty of the post-conflict period as well as the sexual and gender-based violence which continues un abated, women respondents of this study in line with the recent Amnesty International report (2008) recommend extension of the DDRR as a special programme to rectify the anomalies. This would include a thorough gendered needs assessment survey in line with Security Council Resolution 1325, as well as international guidelines, to accurately determine the needs of women and girls affected throughout Liberia. Relevant programmes should then be designed, implemented and properly monitored based on this information.

CHAPTER FOUR

IMPACT OF ARMED CONFLICT ON THE DEMOGRAPHIC STATUS OF SURVIVORS

4.0 Introduction

This chapter presents an analysis of the socio-demographic situation of the female survivors of the 1989-2003 armed conflict in Liberia, including men as a control group. The analysis tries to establish the extent, gravity, and impact of the armed conflict on the social and demographic welfare of women and girls, the levels of deprivation and damage to institutions and infrastructures, as well as on survivors' household belongings. It also analyses the pre-conflict, conflict, and post-conflict environment. The data is also disaggregated by gender and county, to recognize the salient similarities and areas of divergence

Presentation of the current findings highlight the demographic characteristics of the women and men respondents illustrated with tables and graphs. This was based on an understanding that the exact relationship between the pre-conflict, conflict and post conflict family livelihood depended on the interaction between changes in family socio-demographic structures, political and local ideologies of family relations and gender roles/relations.

4.1 Socio-Demographic Characteristics: Profiles of Respondents

A total of 643 respondents; 515 women and 128 men, were interviewed in a quantitative survey of four counties, namely; Bong, Lofa, Maryland and Grand Kru.

Tables 9 and 10 show the socio-demographic characteristics of the respondents; including residence, age, tribe, religion and education attained analysed by gender and county respectively.

Table 9: Socio-demographic characteristics of respondents by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
Characteristics							χ^2	**P-value**
County								
Bong	235	45.6	55	43.0	290	45.1		
Lofa	121	23.5	36	28.1	157	24.4	1.33	0.721
Maryland	100	19.4	22	17.2	122	19.0		
Grand Kru	59	11.5	15	11.7	74	11.5		
District/City								
Johquelleh	141	27.4	33	25.8	174	27.1		
Suakoko	94	18.3	22	17.2	116	18.0		
Foya	121	23.5	36	28.1	157	24.4	1.33	0.855
Pleebo/ Sodoken	100	19.4	22	17.2	122	19.0		
Lower Kru Coast	59	11.5	15	11.7	74	11.5		
Age (n=616)								
<18 years	40	8.1	9	7.5	49	8.0		
19-24 yrs	76	15.3	17	14.2	93	15.1	4.34	0.227
25-44 yrs	222	44.8	44	36.7	266	43.2		
45+ yrs	158	31.9	50	41.7	208	33.8		
Tribe								
Kpelle	275	53.4	74	57.8	349	54.3		
Grebo	125	24.3	89	22.7	154	24.0	2.09	0.571
Kissi	46	8.9	7	5.5	53	8.2		
Others	69	13.4	18	14.1	87	13.5		
Religion								
Christian	409	79.6	71	55.5	480	74.8		
Islam	26	5.1	11	8.6	37	5.8	32.55	<0.001*
African traditional religion	19	3.7	12	9.4	31	4.8		
Others	60	11.7	34	26.6	94	14.6		
Education attained (n= 631)								
No formal education	179	35.5	23	18.1	202	32.0		
Elementary	201	39.9	52	40.9	253	40.1		
Junior high	102	20.2	38	29.9	140	22.2	24.53	<0.001*
Senior high	17	3.4	13	10.2	30	4.8		
Vocational	3	0.6	1	0.8	4	0.6		
University	2	0.4	0	0.0	2	0.3		
Changed Residence (n=625)	345	68.7	93	75.6	438	70.1	2.23	0.135

Figure: 1

Gender distribution by district/city

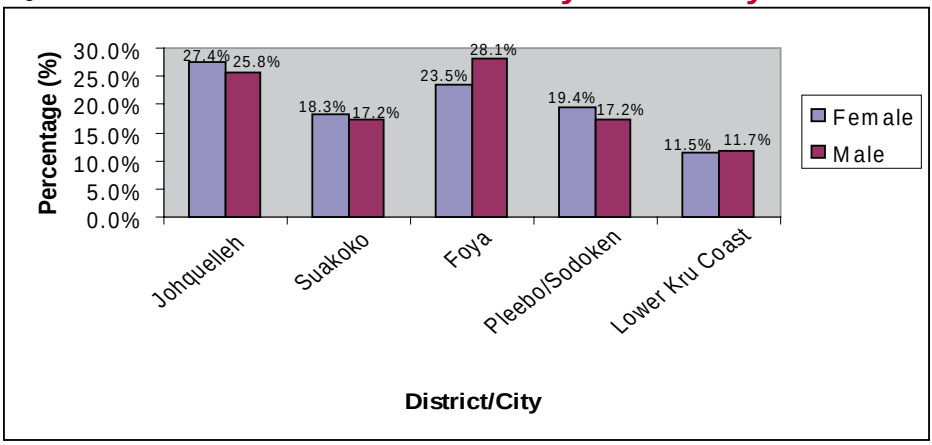


Figure 2

Gender distribution by county

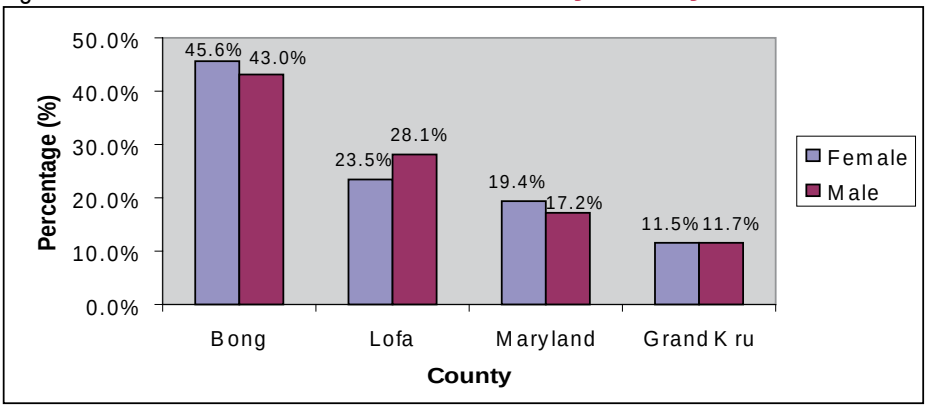


Table 10: Tribe, age, religion and highest educational attainment and change of residence by county. (N= 643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
Characteristics	**n**	**%**	**n**	**%**	**N**	**%**	**n**	**%**
Tribe								
Kpelle	264	91.0	80	51.0	3	2.5	2	2.7
Bassa	18	6.2	1	0.6	6	4.9	0	0.0
Gio	2	0.7	0	0.0	7	5.7	3	4.1
Kru	0	0.0	2	1.3	7	5.7	5	6.8
Grebo	0	0.0	0	0.0	92	75.4	62	83.8
Mano	2	0.7	1	0.6	1	0.8	0	0.0
Mende	0	0.0	1	0.6	0	0.0	0	0.0
Mandingo	1	0.3	0	0.0	2	1.6	0	0.0
Gbandi	0	0.0	19	12.1	0	0.0	0	0.0
Lorma	0	0.0	0	0.0	1	0.8	0	0.0
Kissi	1	0.3	52	33.1	0	0.0	0	0.0
Krahn	0	0.0	0	0.0	0	0.0	0	0.0
Sapo	0	0.0	0	0.0	1	0.8	0	0.0
Others	2	0.7	1	0.6	2	1.6	1	1.4
Age (n=616)								
<18 years	28	10.1	21	14.1	0	0.0	0	0.0
19-24 yrs	54	19.4	28	18.8	9	7.6	2	2.9
25-44 yrs	115	41.4	55	36.9	73	61.3	23	32.9
45+ yrs	81	29.1	45	30.2	37	31.1	45	64.3
Religion								
Christian	197	67.9	92	59.0	117	95.9	74	100.0
Islam	21	7.2	13	8.3	3	2.5	0	0.0
African traditional religion	20	6.9	10	6.4	1	0.8	0	0.0
Others	52	17.9	41	26.3	1	0.8	0	0.0
Highest educational attainment (n= 631)								
No formal education	77	26.8	41	27.5	43	35.5	41	55.4
Elementary	123	42.9	78	52.3	32	26.4	20	27.0
Junior high	72	25.1	27	18.1	35	28.9	6	8.1
Senior high	12	4.2	2	1.3	10	8.3	6	8.1
Vocational	1	0.3	1	0.7	1	0.8	1	1.4
University	2	0.7	0	0.0	0	0.0	0	0.0
Changed Residence (n=625)	188	67.9	117	75.5	97	80.8	38	49.3

4.1.1 Residence

As illustrated in figures 1 and 2**,** out of the 515 women interviewed, 46% were from Bong, 24% from Lofa, 19% from Maryland and 12% from Grand Kru. Amongst the 128 males interviewed 43% were from Bong, 28% from Lofa, 17% from Maryland and 12% from Grand Kru. Analysis by district illustrates that 27% of the women respondents were from Johquelleh district, 18% from Suakoko, 24% from Foya, 19% from Pleebo/Sodoken and 12% from Lower Kru coast. For the male respondents 26% were from Johquelleh, 17% from Suakoko, 28% from Foya, 17% from Pleebo/Sodoken, and 12% from Lower Kru coast.

4.1.2 Displacement

During the armed conflict, women and men were displaced as they fled their homes to safety and in order to protect their families from violence and torture. Research findings revealed that overall, 69% of women and 76% of men changed residence and became internally displaced persons (IDP's) or refugees across national borders to neighbouring countries. In Bong county, 68% of the respondents had changed residence whilst those who said they changed residence in Lofa, Maryland and Grand Kru were 76%, 81% and 49% respectively.

As reported by the survivors, cross-border activities as well as cross-border refugee flows accelerated during the fighting and may have also prolonged the conflict. The argument provided is that a good number of refugees were being recruited into the various warring factions. Porous borders and lack of enforcement of cross-border regulations during the conflict, throughout West Africa is said to have aggravated the situation. Some of the cross-border activities outlined by the respondents included;

- Use of mercenaries and foreign-national proxy fighters, inducing children and adolescents.
- Trafficking of women and girls to carry out different activities including sexual slavery on behalf of the warlords.
- Illegal trafficking and circulation of small arms and light weapons.

- Elicit exploitation and trafficking of natural resources.
- Financing of illegal armed groups by neighbouring governments.

The consequences of displacement

One of the greatest effects of the armed conflict on Liberian women and men was displacement. A large percentage of the population also became Internally Displaced Persons (IDP's) living in camps. More women and girls than men and boys were subjected to discrimination and all forms of sexual exploitation, including physical and sexual violence accompanied by lack of food, education and limited access to health services. This was particularly exacerbated when nearly the whole country was swamped with perpetrators who committed violent atrocities and abuses with impunity amidst collapsed judicial, social, economic and kinship systems.

The forced migration and displacement had different types of negative effects on women's social and economic well being. First and foremost, it destroyed the economic viability of women as in most cases; they were unable to carry out their day to day productive roles and destroyed their houses. Lack of oversight and accountability made it easy for armed groups, criminals and others to easily move freely from one country to another, after committing atrocities especially against women and girls. There is therefore a pressing need for strengthened border controls to reduce the free flow of criminals.

The following revelations by respondents demonstrate these experiences:

Joining a rebel group

Respondents discussed the reasons why they joined rebel groups during the war and a male youth from Lofa told us:

> "*...We were in Sandi society in Lofa when the rebels entered in 1990. So our parents fled with us through the bush and crossed to Guinea. My father and mother separated and this depressed and frustrated me so much and that is why I decided to join LURD armed group".*

Whereas a woman respondent from Foya described why her son joined the fighting forces:

> *"…I decided to go to Sierra Leone to find a camp but I did not know the place. So one man offered to take me there but while on the way, he cut me with a cutlass. As a result one of my sons was very frustrated and angry and escaped from me and joined the rebels"…*

Women who fell into ambushes were frequently subjected to sexual and gender-based violence, particularly if they tried to escape as this woman respondent from Grand Kru explained:

> *"… I suffered because my last name was Taylor. When I was escaping from AFL, one soldier asked me to pay money but I did not have any, so I was raped by three men. Later on another man raped me. At last when I was allowed to cross the river to Ivory Coast, my 16 year old daughter drowned"…*

4.1.3 Tribal/Ethnic Diversity

Respondents belonged to various ethnic/tribal groups with the Kpelle constituting the largest group, accounting for 54% of respondents, followed by the Grebo (24%) and the Kissi (8%). Minority groups combined constituted 14%. These included; the Bassa (4%), Gbandi (3%), Gio (2%), Kru (2%), Mano (0.6%), Mende (0.5%), Mandingo (0.5%), Lorma (0.2%), Krahn (0.1%) and the Sapo (0.2%) constituting less than one percent each. However, when analysed by County, in Bong, the Kpelle were in the majority (91%), followed by the Bassa (6%). In Lofa again the Kpelle were in the majority (51%), followed by the Kissi (33%) and the Gbandi (12%). In Maryland, and Grand Kru, the Grebo dominated with 75% and 84% respectively.

As discussed in the literature review earlier some of the underlying causes of the armed conflict in West Africa were intricately linked to colonialism, as former colonial powers placed different tribes together to form the African Nations that exist today. Hence tribes were split by previous non-existent national boundaries and other tribes found themselves together with their ancestral enemies. Therefore, for many African countries

the post-independent period has been marked by armed conflict fuelled by unequal distribution of resources bringing about tribal hostilities, hatred, anger and bitter rivalries. The post independence struggle has degenerated into power struggles as different ethnic groups vie for an equitable share of the *"National Cake"*. Thus for the past four decades, West African countries as elsewhere in Africa, have been embroiled in one armed conflict situation after another. It is also believed that deliberate government policies resulting in political power and wealth in the hands of a few leaders also fuels major humanitarian crises.

Tribal/Ethnic diversity could be viewed as an asset in terms of human resource capacity or unity. However, it can also be a liability in terms of political clashes when political parties are inclined to tribal sentiments. The majority of the respondents in the current study indicated that tribal conflicts fueled the armed conflict in Liberia. For example, in Southern and Eastern Nimba County, the minority Mano and Gio ethnic groups were thought to have been targeted by the Krahn dominated MODEL forces throughout 2003 due to their perceived association with Charles Taylor.

Another ethnicity issue was that of the Mandingos who, according to the survey, constituted less than one percent (0.5%) of the respondents interviewed. This is a minority group that was similarly attacked due to its deeply entrenched cultural beliefs and segregation. One respondent had this to say about the Mandingos.

> *…"Yes, Mandingos are Liberians. If you know the tribe, the Mandingos are found in Mali, and in many places in West Africa. I think part of the problem we see in Mandingos in Liberia is for example, a Mandingo will marry a woman from one of the indigenous groups and the children she gets are Mandingos. If they have a daughter, they do not want that daughter to marry any body else but a Mandingo. And that is why people feel that they did not integrate fully into the society. Even if the Mandingos have been here just as long as anybody has been in Liberia, they are looked at as foreigners because they do not easily interact with the rest of the tribes... The Mandingos are traders. Normally they trade and make money... When they come to some of the villages, they marry; they will be given land which they then give to their sons. So there is the issue of land, trade, and integration"…* Woman Key Informant, Monrovia.

There is also a general belief that the political economy of Liberia is dominated to a large extent by American-Liberian's and the Congo settlers and their descendants. The respondents revelations indicated that the 1980 coup d'état was a reaction to this phenomenon. If not corrected, this could cause further frictions. There is therefore need for the government of Liberia to find ways to ensure that resource and power-sharing enhances reconciliation and good neighbourliness amongst different ethnic groups as well as increasing the number of women in leadership, and economic empowerment.

4.1.4 Age of Respondents

As depicted in Table 9 and figure 3, the majority of respondents (43%) were in the 25-44 years age bracket and those above 45 years constituted 34%, whilst those below 25 years constituted 24%. When disaggregated by gender, 60% of women respondents were in the 19-44 years age category compared to 51% of men. However, there were more men (42%) in the 45 years and above category, compared to 32% of women in the same age group. This implies that majority of women (60%) were in the productive age category between 19-44 years.

Figure: 3 **Age group by gender**

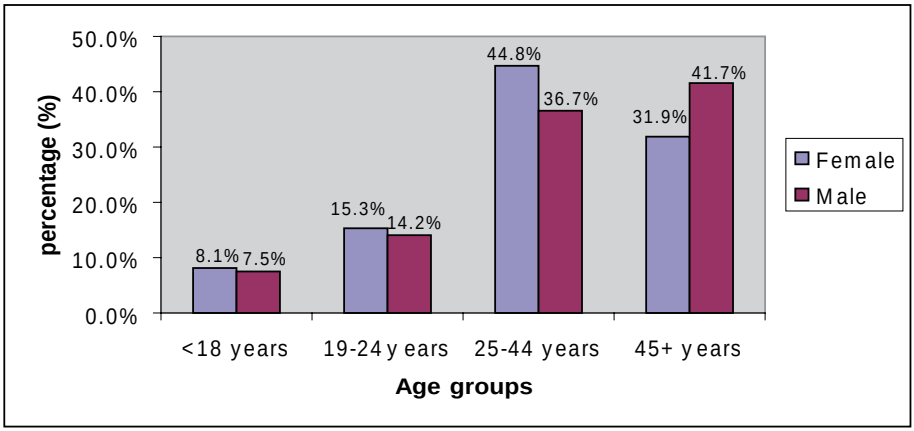


Figure: 4 **Age groups by county**

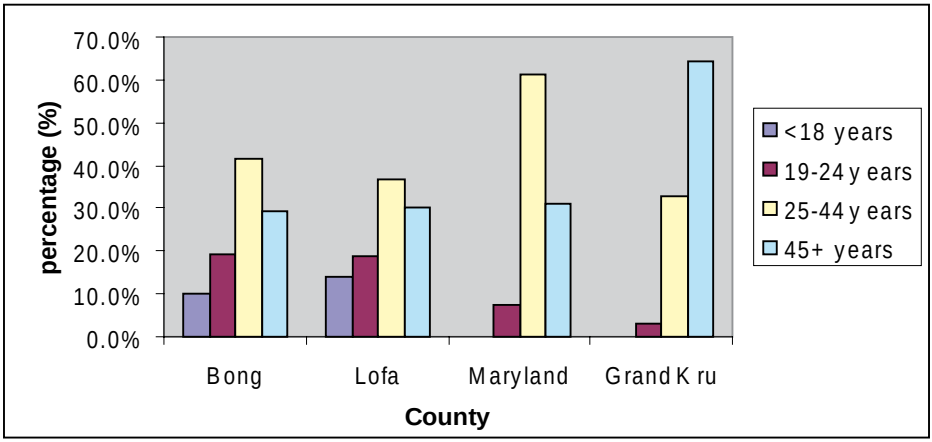


Table 10 and figure 4 show data disaggregated by County. At County level Maryland had 69% of the respondents in the 19-44 years category, followed by Bong (61%), Lofa (56%) and Grand Kru (36%). Interestingly Grand Kru had the majority of respondents (64%) in the 45 years and above age category and had no respondent interviewed in the 18 years and below category.

Understanding the age categories of women, especially those in reproductive age and the adolescents (below 25 years) helps in identifying target groups for designing and implementing relevant and appropriate reproductive health (especially those related to chronic abdominal pains, fistulae, HIV/AIDS, and STI's) and other empowerment programmes. There is also a pressing need for education, social welfare-related services and improved infrastructure. This is especially required due to the levels of poverty and the rampant proliferation of sexual and gender-based violence, that continues to affect the women and girls of Liberia (Amnesty International, 2008).

4.1.5 Religious Affiliation

The majority of respondents (75%) interviewed were Christians, with 80% of women and 56% of men. Muslims constituted 6%, with 5% being women and 9% men. African religions constituted only 5%, with 9% men and 4% women. Other forms of religion constituted 15%.

The non-Christian respondents interviewed, particularly the Muslims, indicated that they were grossly sidelined in employment, education and in political appointments.

4.1.6 Impact of the Conflict on Educational Attainment

The level of educational attainment by respondents analysed by gender and county is given in tables 9, 10 and figures 5 and 6 respectively. Educational attainment by both women and men was quite low with 36% of the women and 18% of the men having had no formal education. Forty percent of both men and women had only attained elementary education. However, analysis revealed that men had gone a little higher with 30% reaching junior high compared to 20% of women. Ten percent of men had attained senior high, compared to only 3.4% of women. Only three women and one man had some form of vocational training and only two women and no men had reached university, out of the total sample of 643 respondents. This means that very few women can effectively participate in post conflict reconstruction especially in areas that require technical expertise.

At county level, Grand Kru had the largest percentage (55%) of illiterate people, followed by Maryland (36%), Lofa (28%) and Bong with 27% each. However, Lofa had the highest percentage of respondents who had elementary basic education with 52%, followed by Bong (43%), Grand Kru (27%) and Maryland (26%). The only two women who had reached university level were from Bong County.

Figure: 5 **Educational attained by gender**

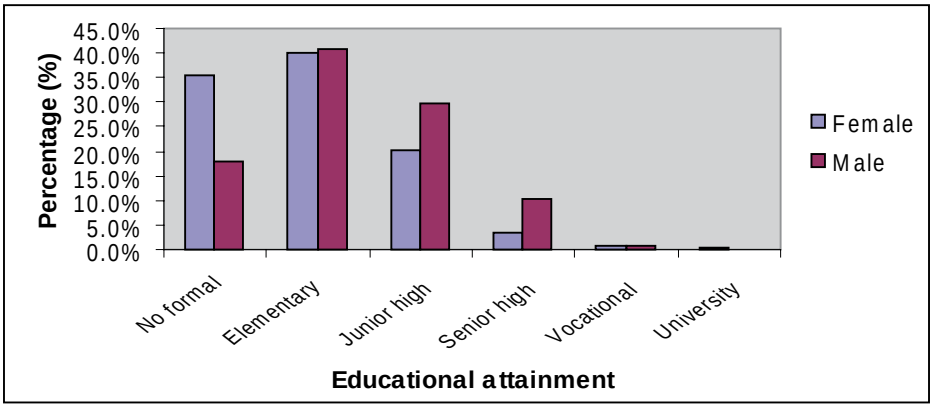
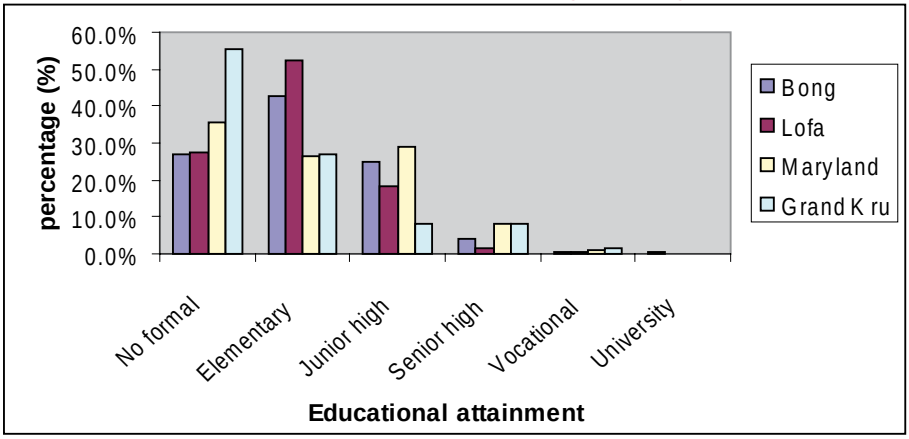


Figure: 6 **Educational attainment by county**



4.1.7 Causes and Consequences of Low Levels of Educational Attainment

The findings highlight factors that led to low educational attainment among survivors of the conflict. Closely related to infrastructural destruction was the inability of children, especially those in women headed households, to go back to school due to the levels of poverty experienced by women. Many schools in Liberia were destroyed during the conflict leading to the disruption of educational programmes in communities and contributed to the increased number of school dropouts among primary and secondary students. For the children who lost their parents and guardians have no support to facilitate their returning to school. Thousands were displaced and many schools were closed or used as refugee camps. Many of the children displaced by the armed conflict were forced to change environment as they relocated to other parts of the country and beyond. This disrupted their social networks leading to majority of girls into early marriage or prostitution. On the other hand, thousands were unable to continue with their education as they had become heads of households. Meanwhile many boys were forced by the circumstances to join the fighting forces. Those who were abducted were forcefully conscripted to become child soldiers. As a result of this situation, women, youth and men in Liberia have suffered a denial of their rights to basic education and diminution of their future prospects.

The Porluma-Lofa Community meeting participants had this to say:

> *…" We have this elementary school. The whole education sector is in shambles. Fees and other scholastic materials are costly and most of the children are not in school because most parents are poor and can not afford the school fees. Teachers are paid from fees paid by the students therefore the reason for having no teachers… There is only one teacher on the payroll and he cannot teach all classes and all subjects!"…*

When asked what would be the best option for the rehabilitation of the education system, respondents in most of the focus group discussions emphasized introducing visual functional adult literacy and vocational training programmes, especially for the women and girls who had already missed out on basic education. They further suggested that girls and boys of school-going age should be encouraged and supported to go to school. It was further discussed that everyone should know how to read and write, as a way of preparing the population for quality life in the future given that education is one of the key opportunities for accessing employment. Trends towards economic empowerment and human resource development hinge on education and training.

Grand Kru and Maryland particularly should be given special attention especially in the area of education because of their historic isolation, poor infrastructure and service delivery as well as the disconnection from government systems based in Monrovia.

4.1.8 Impact on Marriage

Tables 11 and 12 show respondents current marital status and heads of household analysed by gender and county.

Table 11 : Marital status and household head by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
Characteristics							χ^2	**P-value**
Marital status								
Married-monogamous	208	43.3	67	60.4	275	46.5		
Married -polygamous	48	10.0	21	18.9	69	11.7		
Divorced/separated	7	1.5	2	1.8	9	1.5		
Cohabiting	78	16.3	8	7.2	86	14.6	28.58	<0.001*
Widowed	97	20.2	6	5.4	103	17.4		
Single	67	13.0	20	15.6	87	13.6		
Remarried	9	1.9	4	3.6	13	2.2		
Household head (n=558)								
Man	220	47.5	57	60.0	277	49.6		
Woman	197	42.5	21	22.1	218	39.1	16.09	<0.001*
Girl child (15 or less)	25	5.4	11	11.6	36	6.5		
Boy child (15yrs or less)	21	4.5	6	6.3	27	4.8		

**** Statistically significant association***

Table 12: Marital status and household head by county (N= 643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
Characteristics	**n**	**%**	**n**	**%**	**N**	**%**	**n**	**%**
Marital status								
Married-monogamous	133	46.0	79	50.3	44	36.1	19	25.7
Married - polygamous	31	10.7	16	10.2	13	10.7	9	12.2
Divorced/separated	7	2.4	1	0.6	0	0.0	1	1.4
Cohabiting	36	12.5	5	3.2	33	27.0	12	16.2
Widowed	31	10.7	30	19.1	20	16.4	22	29.7
Single	48	16.6	24	15.3	6	4.9	9	12.2
Remarried	3	1.0	2	1.3	6	4.9	2	2.7
Household head (n=558)								
Man	120	49.4	50	39.7	77	66.4	30	41.1
Woman	89	36.6	55	43.7	33	28.4	41	56.2
Girl child (15 or less)	21	8.6	10	7.9	4	3.4	1	1.4
Boy child (15yrs or less)	13	5.3	11	8.7	2	1.7	1	1.4

[#] More than one answer possible

The majority of respondents, both men (60%) and women (43%) were in monogamous

marriages compared to 10% of women and 19% of men who were in polygamous marriages. This indicates that there were more men than women in both monogamous and polygamous marriages.

There were more widowed women (20%) than men (5%) but more single men (16%) than single women (13%). However, a number of the women (16%) were co-habiting or living together with a man compared to only 7% of men. The separated/divorced widowed and single women were 35% which meant that they had no partner or fall back position for support of household provisioni ng, compared to 23% of the men. However, men were at an advantage as quite a number had attained some form of higher education levels and therefore had some professional and vocational training to qualify them get some form of secure employment.

Looking at Table 12 on marital status by county Grand Kru had the largest percentage of widows (30%), followed by Lofa (19%), Maryland (16%) and Bong (11%). However, Bong had the largest percentage of single persons (17%), followed by Lofa (15%), Grand Kru (12%) and Maryland (5%). This implies that Grand Kru had the largest percentage (43%) of female respondents with no spousal support, followed by Lofa (35%) Bong (30%) and Maryland (21%).

Figure: 7 **Marital status by gender**

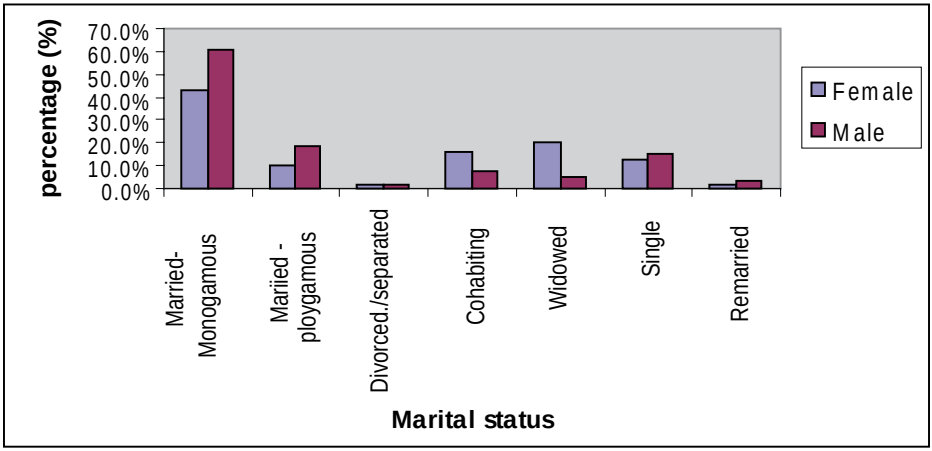
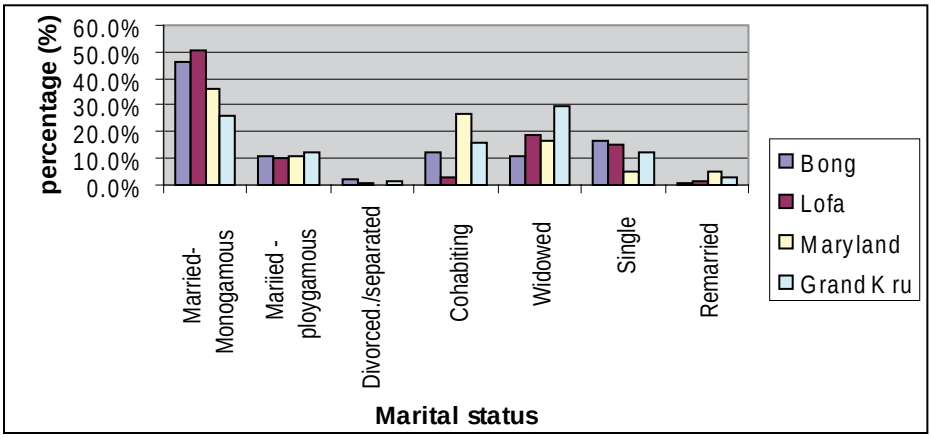


Figure: 8 **Marital status by county**



Widowed, separated/divorced, and single women are more vulnerable than men to physical and sexual abuse and other forms of discrimination, especially during situations of armed conflict. During these periods nearly the whole male community attacked women and girls because of their sexuality.

Further interaction with women by the research team revealed increasing male violence even following the cessation of the armed conflict and the resulting domestic violence forcing many women to stay alone or leave the marital home. Some of the single women however, were reported to have resorted to prostitution as a means of survival because of experiences.

4.1.9 Age at First Marriage

Tables 13 and 14 show the age at which individual respondents were married and the number of times they married as analysed by gender and county respectively.

Table 13 : Age at first marriage and number of times married by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	X^2	P-value
Age at first Marriage (n=477)								
Never been married	64	17.1	20	19.6	84	17.6		
15 years or less	94	25.1	35	34.3	129	27.0		
16-18years	91	24.3	8	7.8	99	20.8		
19-24 years	70	18.7	12	11.8	82	17.2	21.98	0.001*
25-34 years	45	12.0	23	22.5	68	14.3		
35+ years	11	2.9	4	3.9	15	3.1		
Number of times Married (n=546)								
None	67	15.6	20	17.2	87	15.9		
One	333	77.4	76	65.5	409	74.9	11.65	0.005*
Two	24	5.6	15	12.9	39	7.1		
Three or more	6	1.4	5	4.3	11	2.0		

- *Statistically significant association*

Table14: Age at first marriage and number of times married by county from Liberia (N=643

Age at first Marriage (n=477)	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	Female	Male	Female	Male	Female	Male	Female	Male
Never been married	22.4	19.1	13.1	30.0	9.0	0.0	19.4	16.7
15 years or less	24.2	42.6	34.6	43.3	16.4	7.7	16.7	8.3
16-18years	18.8	4.3	29.9	3.3	28.4	0.0	25.0	41.7
19-24 years	18.2	6.4	15.0	3.3	26.9	38.5	16.7	25.0
25-34 years	12.1	27.7	7.5	13.3	16.4	38.5	16.7	8.3
35+ years	4.2	0.0	0.0	6.7	3.0	15.4	5.6	0.0
Number of times Married (n=546)								
None	20.7	18.8	13.0	26.5	7.8	0.0	14.0	13.3
One	70.7	54.2	74.8	52.9	92.2	100.0	86.0	86.7
Two	5.9	18.8	11.3	17.6	0.0	0.0	0.0	0.0
Three or more	2.7	8.3	0.9	2.9	0.0	0.0	0.0	0.0

By the age of less than 15 years, 25% of women and 34% of men were already married. But, also as already observed, in table 11 and 12, there was a tendency of men and

women to cohabit rather than marry. It appeared there was a loose interpretation or definition of marriage to mean a man and woman living together or to describe age at first sexual union. By the age of 24 years 68% of women and 65% of men were already married. The issue of early marriage and therefore early sexual union among adolescents in Liberia is of great concern to all stake holders.

Biological factors and the societal roles of women and girls, render them more vulnerable to gender-based violence. Adolescent girls are especially susceptible to sexual abuse, rape, recruitment by armed forces, trafficking, HIV/AIDS and complications from pregnancies. These experiences, as international literature has also argued (Donovan, 2002; Liebling et al, 2007; 2008; Sideris, 2003), have long-term and devastating effects on their lives and those of their children, as many of them are stigmatized, rejected from their communities, unable to marry and forced to live on the streets.

Having 65% of the adolescents in the age group 15-24 years engaged in early sex, early marriages, child birth and having multiple partners is a high risk factor that exposes them to HIV/AIDS infection and other reproductive complications. This has been recognized by the Ministry of Health and Social Welfare together with the United Nations (United Nations Theme Group on HIV/AIDS, 2003) who stated.

> *…HIV has the potential to become a national disaster because it effects the most productive, reproductive and vulnerable age group of people (15-49 years) with more females than males affected, and it is not adequately addressed by existing public health laws and regulations"…*

Due to limited educational opportunities, during the conflict, girls and boys may have opted to enter into early marital union as they were no longer in school and therefore marriage was a source of protection and survival. On the other hand, because of the new culture of early marriage, girls and boys might be dropping out of school in favour of marriage and sexual relationships. Once in marriage, the issue of adolescent pregnancy emerges, resulting in large number of child mothers with no social and economic support and thus the feminised poverty, poor health and all other social problems.

Therefore there is need for programmes that will ensure that adolescents are in school as a disincentive to early marriage. For those out of school and with babies, special tailored educational programmes to suit their situations must be developed. In addition, programmes on HIV/AIDS should be intensified for adolescent girls and boys. Messages on HIV/AIDS and sexual and gender based violence should be gender sensitive and delivered in the languages women understand and community centres should be established to allow person to person interaction.

4.1.10 Women and Child-Headed Households

Figures 9 and 10 show heads of households analysed by gender and county respectively. Of the 515 women respondents, 43% were heading their households compared to 48% of men. This is a huge shift in relation to the traditional norms. On the other hand, of the 128 men who were interviewed, 60% indicated that they headed their households, whilst 22% of those male respondents indicated that women headed the households. It is rare under normal circumstances for men to admit that there is a woman head of the household when there is a man in that household, even if the woman is the bread winner.

This is a unique situation because in most patriarchal societies men are expected to head their households and even if they don't they will never admit that their spouses are the ones taking on these roles. However, this gives further evidence to the social and cultural effects of war, where women take on male roles including becoming heads of households, a normally male role. In woman-headed households, both access and control factors depend on one individual, the head of the family.

When considered by county, Grand Kru had the largest percentage of women- headed households (56%), followed by Lofa (44%), Bong (37%) and Maryland (28%). There were also households headed by girls (7%) and by boys (5%) who may have lost their parents or been abandoned because of the conflict.

Figure: 9 **Head of household by gender of respondent**

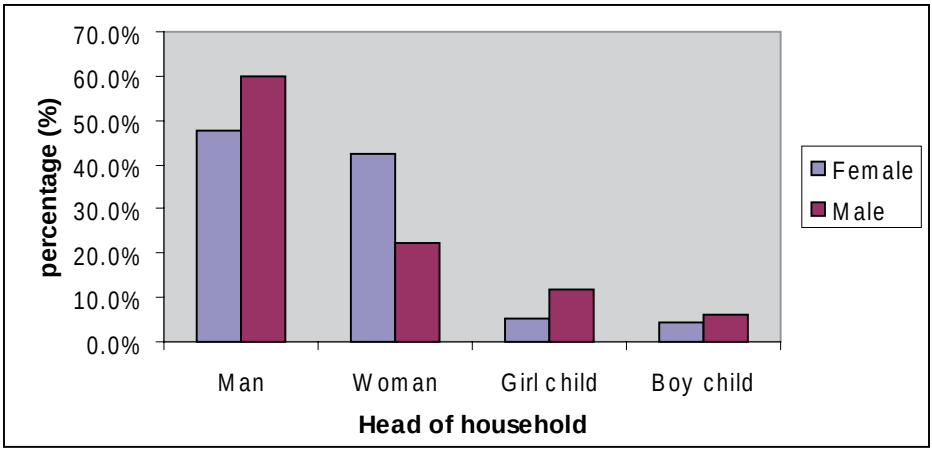
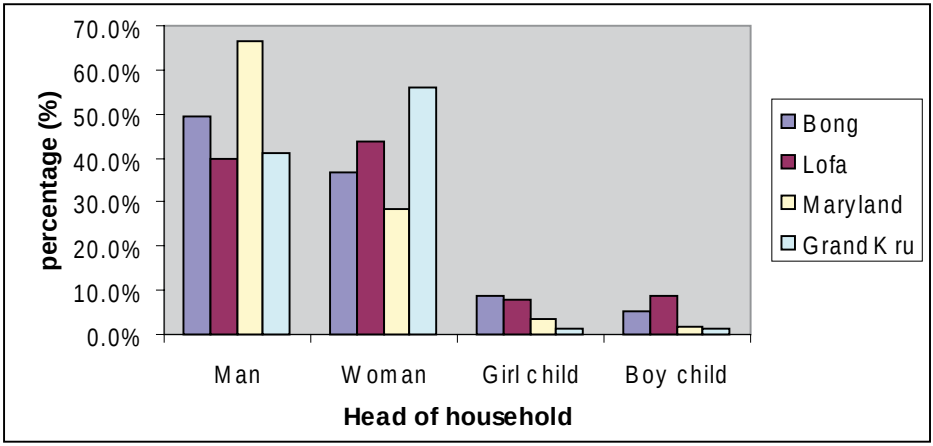


Figure: 10 **Head of household by county**



Women and child-headed households are the most vulnerable in terms of poverty levels, human insecurity, physical and sexual abuse. They are the most prone to increased gender-based and domestic violence. The violence forces many women to remain alone or to leave the family home. Respondents in the current study said that, “male friends” moved away from relationships to avoid responsibility. This entire shift and breakdown of the social fabric during the armed conflict has been a big blow to sustainable, equitable and efficient national development.

This study concludes that women and child-headed households should be the priority targeted group in terms of empowerment and accessing affirmative economic support, and life-skills training.

4.1.11 Household /Family Size

Tables 15 and 16 indicate household size analysed by gender and county respectively.

Table 15: Numbers of adults and children in the household by gender (N= 643)

	Females (n=515)		Males (n=128)		Totals (N=643)			
	mean	std	mean	std	mean	std	t-test	P-value
No. of males in household above 15 yrs of age	1.69	1.14	2.11	1.73	1.81	1.35	3.37	0.001*
Number of females in household above 15 yrs of age	1.93	1.07	1.89	1.09	1.92	1.07	0.41	0.680
Number of children alive	3.65	2.48	4.49	3.13	-	-	-	-

***** *Statistically significant association*

Table 16: Numbers of adults and children in the household by county (N= 643)

Characteristics	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	mean	std	mean	std	mean	std	mean	std
No. of males in household above 15 yrs of age	1.81	1.4	1.72	1.2	1.96	1.3	1.68	1.4
No. of females in household above 15 yrs of age	1.84	1.0	1.75	0.8	2.14	1.3	2.07	1.2
No. of children alive (female respondents)	3.05	2.2	3.47	1.9	4.39	2.9	4.41	2.9
No. of children alive (male respondents)	3.73	4.0	3.45	2.7	5.44	2.2	5.00	2.0

Respondents were asked to indicate the number of adults above 15 years and the number of children alive. The majority of women reported having four live children (mean=3.65) and men reported having 5 live children (mean = 4.49). The slightly larger number of live children reported by men maybe due to the fact that men have children born by different women. Given a total fertility rate of 6.2 children per women in reproductive age, and a child mortality rate of 189 per 1000 children born alive, this implies that in Liberia, women

on average may lose at least two children during their lifetime. Such circumstances cause them to produce more children as replacements of the dead.

With respect to household size, on average, women reported having households constituting of two men (mean= 1.69) and two women (mean = 1.93). Men also reported the same household size constituted of two men (mean = 2.11) and two women (mean = 1.89) all above 15 years of age. A similar pattern emerges for household size when analysed by county.

Given the high annual population growth rate of 3.4% in Liberia (2007), the unemployment rate of 85%, dependency ratio on 96%, coupled with low production and productivity, with National Income Per Capita of only US$191.5, this should raise great concern to the Government of Liberia and all humanitarian agencies. As noted by UNDP, the indicators of human development in Liberia on employment, income, health, education, gender equality and child welfare are among the lowest in the world (UNDP, 2006)

Poverty, hunger and food insecurity with large household size are likely to be both a driver and a consequence of the armed conflict in Liberia, aggravated by the drastic disruption to the agricultural production sector. The sustainability of Liberia's progress will therefore depend upon consolidation of peace and revamping the economy through improvement of the social and economic conditions including equitable sharing of resources between women and men, the vulnerable groups such as persons with disabilities, the youth and the abject poor.

CHAPTER FIVE

EXPERIENCES OF TORTURE DURING CONFLICT IN LIBERIA AND ITS' PSYCHOLOGICAL, MEDICAL AND SOCIAL CONSEQUENCES

5.0 Introduction

According to the United Nations Convention against Torture (1984), torture is defined as;

> *''Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions" (*Independent Medico-legal Unit, 1999).

War torture

Much of the post-independence history of Sub-Saharan Africa has involved fighting numerous wars. The most recent civil war fought in Liberia lasted for fourteen years and ended in 2003. These wars have subjected the populations to various forms of torture that can broadly be grouped into three categories: sexual torture, physical torture and psychological torture. Whilst making these groupings, it is important to consider that all sexual and physical methods of torture have psychological consequences for the survivors, as discussed below:

Physical torture

Previous studies indicate that the physical methods of torture in Sub-Saharan African countries include: rape, bayonet/machete/knife injuries, gunshot injuries, landmine and blast injuries, severe tying of the hands behind the back stretching the anterior thoracic

muscles and causing permanent neuromuscular damage- locally called 'Kandoya' in Uganda, 'Rabutusa' in Southern Sudan and 'Tibay' in Liberia, and body mutilation using different instruments such as bayonettes, knives, hot plastic materials, amongst others. Other forms of physical torture commonly reported include beatings and kicking's, burning with fire, being forced to carry heavy loads over long distances and being forced to sleep in the bush or swamps for extended periods of time (Human Rights Watch 2004; Isis-WICCE, 1999, 2001, 2002, 2006; Kinyanda, 2000a).

Custodial torture

This form of torture is carried out in places where civilians are detained, such as prison cells, or in non-gazetted places, such as army installations and compounds rented and run by governments and their security agencies. The methods of torture documented include; tearing off nails, being subjected to electric shocks, including being made to urinate on live electric wires leading to damage of the internal structures of the urinary system, insertion of needles into the nail bed, tying polythene bags full of red pepper around the victim's head, suspension of weights onto the scrotum, being bitten by red ants, burning with molten plastic, repeatedly beating the soles of the feet, threats of putting victims in cages full of reptiles, stabbing and killing (Amnesty International 2004; Human Rights Watch 2004; ACTV, 2004; Isis-WICCE, 1999, 2001, 2002, 2006; Kinyanda et al. 2000b).

The torture methods used in these places are similar to those reported in the international literature, as the perpetrators are state agents or non state actors who have been trained in torture methods within their coutries as well as in countries beyond Africa.

Psychological torture

Psychological methods of torture include; verbal threats, interrogations, being detained in military installations, attempted rape, abductions, destruction of property and livestock, being forced to kill, being forced to sleep in the bush, forest or swamps for days, weeks and months, being forced to become a combatant against one's will, being forced to engage in incest or to provide sexual comforting, deprivation of food, water and medicine, being forced into marriage, being forced to witness the torture of others, forced to kill and staying in an internally displaced persons camp (Isis-WICCE, 1999, 2001, 2002, 2006; Kinyanda et al. 2004).

The broad aim of psychological torture is political, that is to destroy the individual or to break them spiritually and then manipulate the 'broken person' to spread terror throughout the rest of the community (Musisi, Kinyanda, and Senvewo, 1999).

Socio-cultural maltreatment

This form of torture is rooted in the socio-cultural beliefs of the different countries and ethnic groups that constitute them. This includes:

- Domestic violence or gender-based violence is a common phenomenon in post-conflict societies including Liberia (UNFRA, 2007; Ward and Marsh, 2006; WHO, 2005)
- Female genital mutilation (FGM)
- Cattle-rustling and radings. In North-Eastern Uganda and Southern Sudan this has been carried out by tribes that still practice the pastoralist way of life with devastating consequences for the region including horrendous acts of torture, devastating economic disruption, famine and displacement into internally displaced persons camps (Isis-WICCE, 2002; 2007).
- Widespread corporal punishment in schools that sometimes leads to permanent maiming of children, in some cases even to death.
- Religious inspired violence as was seen in the devastating cult instigated deaths in 2001 in Kanungu, South-Western Uganda where more than 1000 people were killed in a mass murder/suicide (Kinyanda and Musisi, 2002). The continent has also witnessed the periodic spasms of religious inspired violence for example in Nigeria pitting the Muslims against the Christians, not to forget the religious undertones in the Sudan conflict that has pitted the Muslims in the North against the Christians in the South.

Health consequences of torture

Torture against women during war and its aftermath has both short-term and long-term psychological and medical sequellae. These include reproductive health problems *(see next chapter)*, psychological problems, medical and surgical complications.

Psychological sequellae of torture

Torture leads to psychological and physical difficulties (Kadenic, 1998; Kinyanda and

Musisi, 2001; Skylv, 1992). The most commonly recognized psychological disorder of torture is post-traumatic stress disorder, PTSD, (American Psychiatric Association, 1994; Tomb, 1994). Other psychological consequences of torture include major depressive disorder, anxiety disorders, somatoform disorders, and alcohol abuse disorders.

Post-Traumatic Stress Disorder (PTSD)

PTSD follows exposure to a traumatic event that is characterized by actual or threatened death or serious injury or a threat to the physical integrity of self or others e.g. witnessing the killing of another, a rape, an attempted rape (American Psychiatric Association, 1994; Tomb, 1994). The person's response to this traumatic event usually involves intense fear, helplessness or horror. PTSD is characterized by three clusters of symptoms, namely:

- Symptoms of persistent re-experiencing of the traumatic event in the form of flashbacks (like a replay of a film of the traumatic event), recurrent distressing dreams of the event (nightmares), and psychological distress at reminders of the trauma (e.g. on seeing a soldier's uniform after having been raped by soldiers in the past).
- Symptoms of persistent avoidance of stimuli associated with those of the trauma. This may take the form of avoidance of thoughts, places, and activities that are reminders of the traumatic event.
- Symptoms of persistently increased physiological arousal which may take the form of difficulty in falling asleep, irritability or outbursts of anger, difficulty in concentrating, exaggerated startle response and hypervigilance

Like many psychiatric disorders, PTSD commonly presents with other disorders (McNally, 1992). The most common psychiatric disorders that present with PTSD are major depressive disorder, anxiety disorders, alcoholism, somatoform disorder and personality changes (McNally, 1992; Musisi et al. 2000). The features associated with these other psychiatric disorders are described below.

Major depressive disorder

Depression is a psychiatric disorder that is characterized by persistent symptoms for at least two weeks, of; sad mood, reduced interest in formerly pleasurable activities, poor

sleep, loss of energy, feelings of worthlessness, feeling excessively or inappropriately guilty, poor concentration, recurrent thoughts of death or suicidal plans or even suicidal attempts (American Psychiatric Association, 1994). In war affected Luwero, Central Uganda, a previous Isis-WICCE intervention study with 236 women, found the prevalence of depression was 12.5% (Musisi et al.1999), whilst the Isis-WICCE study with war survivors in Gulu found a 55.5% prevalence rate of depression (Liebling et al. 2008).

Anxiety disorders

This is a group of disorders characterized by symptoms of excessive apprehensive expectation, worry, restlessness, feeling on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbance. The anxiety disorders include generalized anxiety disorder, panic disorder, social phobia and agoraphobia (American Psychiatric Association, 1994; United Nations High Commission for Human Rights, 1999).

Somatoform disorder

This disorder is characterized by multiple physical complaints suggesting a physical disorder but for which there is no demonstrable organic basis. For example, a person who was subject to multiple rapes by torturers may report continuous pain in the thighs for which there is no physical explanation. Caution must be exercised by doing all the relevant exclusion medical tests before assigning this diagnosis. The underlying problem in somatoform disorder following torture is often psychological. The somatoform symptoms reported in a study undertaken among torture survivors accessing the medical services of the African Centre for Treatment of Torture Victims (ACTV) in Uganda included chronic headaches, musculo–skeletal aches and pains, fatigue, recurrent “fever” complaints and lower abdominal pain (Musisi et al. 2000).

Alcohol abuse

Alcohol abuse is a common traumatic effect. It can also result in further mental, physical and social harm resulting from excessive alcohol consumption. The physical problems that may result from excessive alcohol abuse include liver disease, heart disease and diseases of the nervous system. The mental illnesses that may result from excessive alcohol consumption include psychosis (madness), delirium and amnesia (black outs).

Excessive alcohol abuse may further exacerbate social problems, such as neglect of the family, gender based violence, family breakups, neglect of occupational function and poverty. Alcohol abuse psychiatric disorders are known to occur together with PTSD (McNally, 1992).

5.1 Gender Aspects of Torture and the Psychological Consequences

Gender has a very important bearing on the torture experiences and the psychological complications developed by the survivors of war (Allodi et al, 1990; Paker et al. 1992). The gendered effects of torture are different for women and men (Liebling et al, 2007; 2008). Socially women are not expected to participate in fighting directly including killing. Instead they are expected to continue their traditional roles of nurturing the family, which includes foraging for food and water and providing for the nursing and health needs of their families, and combatants. However, Isis-WICCE (1998) in a study in war affected Luwero, Central Uganda, observed that women also had military roles. This included mainly logistical and support roles such as reconnaissance and spying, mobilizing support in a community, volunteering their children as combatants and to a limited extent direct involvement in the combat.

Due to these differentiated roles in conflict situations, men who have to go to war tend to be annihilated whilst women and children have to endure the suffering and pain of the war as the majority of survivors. Physical torture of women is frequently directed at their sexuality in form of multiple rapes (Allodi et al, 1990; Paker et al. 1992), sometimes violently using sharp objects (Isis-WICCE, 2007). The gender roles of women in situations of conflict, such as having to forage for firewood often long distances from the camps further exposes them to rape (Isis-WICCE, 2007). The socio-cultural identification of fertile women and their representation as the 'purity of the land' and 'ethnic race' makes them potential targets of the antagonistic forces. This has been seen worldwide including during the Bosnian war against the Muslims as well as the Rwandan genocide.

Gender also has a direct bearing on the presentation of psychological difficulties following exposure to war violence and trauma. Studies carried out in the West have

reported a tendency of women to suffer from a wider range of psychosomatic problems, somatisations, and sexual dysfunction as compared to men (Allodi et al, 1990; Paker et al. 1992). Isis-WICCE (2000) in Gulu, northern Uganda, observed that proportionally more women (82%) than men (77%) suffered from psychological distress following the war. In terms of specific psychiatric disorders observed in Gulu, proportionally more women than men suffered from anxiety disorders, whilst more men than women suffered from alcohol abuse disorders.

5.2 Medical Health Consequences

Surgical problems abound following war as a result of the huge volume of injuries from physical torture, extreme hardships involved in the war situation including the need/ or forced to walk long distances, carrying heavy luggage; poverty; poor nutrition and damaged health infrastructure resulting in delayed attention to physical conditions resulting in chronicity.

The common surgical complications of war include recurrent backaches, chronic discharging wounds, hernia, leg ulcers, painful joints, fractured bones, burn contractures, amputations, gunshot injuries, and chronic osteomylitis (Isis-WICCE, 2002; 2006; 2007).

Reproductive health effects, particularly gynaecological problems are also frequently occurring following war due to the extreme levels of sexual violence women and girls are subjected to (Isis-WICCE, 2006; Liebling et al, 2007; 2008; Musisi et al. 1999). For instance the Isis-WICCE study of war survivors in Kitgum, Northern Uganda, found 66% of women reported at least one gynacecological problem (Liebling et al. 2008).

As research has demonstrated (McGinn, 2000), war-affected populations are disproportionately at risk of contracting STDs, including HIV/AIDS. Displacement promotes transmission between high- and low-prevalence groups, and exposure to the military further promotes transmission. The risks are heightened for all affected by war, not only for refugees and the displaced. Life for women and girls during war is particularly conducive to sexual violence, both in the early stages of a complex emergency, when

rape is used by armies as a weapon of war, and later in the stable phase, when violence perpetrated by intimate partners or acquaintances may become more prevalent, or due to poverty women and girls are forced to go into prostitution.

Understanding the ways in which women and girl war survivor's reproductive health problems are both similar to, and different from, those of women in peaceful environment can help policymakers and programmers address women and girls' specific needs. Service delivery models proven among areas in peaceful environment in the last several decades have been and should continue to be adapted for war survivors. As experience accumulates, particularly regarding sexual violence, a topic that has received limited programme attention in stable settings, the lessons learned will enrich the reproductive health services available to both displaced and settled war survivors (McGinn, 2000).

5.3 The Situation of Torture in Liberia and its Impact on Health

The fourteen years of civil conflict that the people of Liberia suffered involved profound torture and displacement of the population. Estimates of the numbers of people killed during Liberia's most recent war was more than 250,000 people, approximately 500,000 being displaced internally and about 800,000 sought refuge in neighboring countries at the height of war (Background to the National Youth Policy, 2005). A study by the WHO (2005) in four Counties of Liberia indicates the extent of the torture. Of the 1,216 women and girls who were interviewed, 82% reported that that they had been subjected to one or multiple violent acts during or after the conflict. Only 18% reported not having experienced any physical, sexual or social acts of violence during the war. The acts of torture reported during the war years included being detained against one's will (83%), being threatened with a weapon (80%), beaten and kicked (74%) and forced or threatened with weapons to give sex (72%).

In the same study 93% of respondents reported having suffered at least one psychological or emotional disturbances as result of torture, the most frequently reported was fear/ worries (80%), confusion and embarrassment (69%), feeling of humiliation (63%), insomnia (64%), feeling guilty (51%), nightmares (31%), sadness (23%), anxiety (24%), withdrawal (23%) and sexual aversion (16%) among others.

On health seeking behavior following torture, the WHO (2005) study indicates that the majority treated themselves (92%) followed by seeking treatment from traditional healers (63%) with only 35% of the sample seeking treatment from health professionals.

A study conducted last year among women and girls by UNFPA and partners (2007) in Lofa county, indicated that 91% of the surveyed women reported violence during the conflict. In the same study, the torture experiences reported included being slapped, hit, choked, beaten or kicked (79%), threatened with a weapon (68%), shot or stabbed (30%), involuntary detention (77%), raped (vaginal, oral or anal; 31%). The consequences of these forms of torture included physical injuries (39%), fracture of bones (22%) and complications of rape including vaginal and anal bleeding (26%).

A recent study undertaken by Johnson and colleagues (2008) among a population sample in Liberia, noted that 9.2% of the female respondents and 7.4% of the male respondents had suffered some form of sexual violence. The rates of sexual violence were higher among former combatants, 42.3%, amongst female combatants and 32.6% amongst male combatants. In this study the rates of psychiatric disorder were Major depressive disorder (40%), Post traumatic stress disorder (44%) and social dysfunction (8%) (Johnson et al. 2008).

As highlighted in the UNFPA (2007) study where 8% of the surveyed women reported that they had continued to suffer violence in the post-conflict period, the culture of violence experienced during the years of armed conflict had led to the 'militarization' of intimate relations (Joint Programme to Prevent and Respond to SGBV in Liberia, 2008). During the conflict period the perpetrators of violence were mainly fighting forces. However, after the conflict the perpetrators are ex-combatants, community or family members, teachers and husbands/partners.

This chapter explores the torture experiences of both women and men during the 14 years of conflict, the psychological and physical health consequences and health-seeking behaviour for these difficulties.

5.4 Results

5.4.1. War Related Torture

i) Physical torture experiences

Respondents in the study reported a wide spectrum of physical torture experiences as a result of war. The most frequent reported included; beating and kicking (63.3%), forced labour (67.8%), deprivation of food/water (60.5%) deprivation of medicine (52.3%) and denial of sleep (50.7%) (see Table 17).

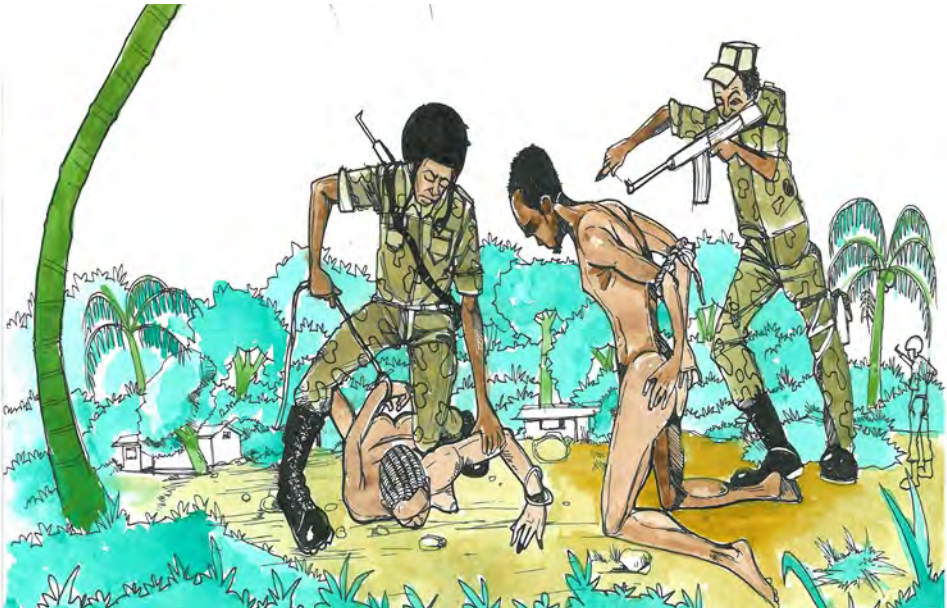
Table 17: Physical torture experiences by gender (N= 643)

Torture experiences#	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	χ^2	P-value
Beating and Kicking	312	60.6	95	74.2	407	63.3	8.21	0.004*
Bayonet/knife/spear/ cutlass injury	133	25.8	59	46.1	192	29.9	20.11	<0.001*
Forced labour	342	66.4	94	73.4	436	67.8	2.32	0.128
Severe tying (Tibay)	119	23.1	36	28.1	155	24.1	1.41	0.235
Deprivation of food/water	337	65.4	52	40.6	389	60.5	26.41	<0.001*
Deprivation of medicine	279	54.2	57	44.5	336	52.3	3.82	0.052*
Burning with molten plastic	97	18.8	34	26.6	131	20.4	3.77	0.043*
Gunshot injury	137	26.6	53	41.4	190	29.5	10.79	0.001*
Landmine injury	112	21.7	46	35.9	158	24.6	11.14	0.001*
Hanging	83	16.1	42	32.8	125	19.4	10.25	0.001*
Being stripped naked	186	36.1	37	28.9	223	34.7	2.35	0.070
Suffocation using red pepper	110	21.4	37	28.9	147	22.9	3.31	0.069
Denied access to toilet facilities	167	32.4	34	26.6	201	31.3	1.64	0.200
Denied sleep	277	53.8	49	38.3	326	50.7	9.86	0.002*

#More than one response possible
* Statistically significant association

The prevalence of torture experiences as analysed by county, in terms of beatings and kicking's were as follows, Bong reported the highest (71.4%) followed by Lofa (68.2%), with both Maryland (47.5%) and Grand Kru (47.3%) reporting the least number of cases. With respect to forced labour, both Bong (74.8%) and Lofa (79.0%) reported the highest while Maryland (45.9%) and Grand Kru (52.7%) reported the least *(Table 18).*

Other physical torture experiences reported as indicated in Table 17 included; Bayonet/ knife/spear/cutlass injuries (29.9%), severe tying (Tibay) (24.1%), burning with molten plastic (20.4%), gunshot injuries (29.5%), landmine injury (24.6%) hanging (19.4%), being stripped naked (34.7%), suffocation with red pepper (22.9%) and denied access to toilet facilities (31.3%*).*



There were gender differences in the physical torture experiences with significantly more women than men reporting deprivation of food/water, deprivation of medicine and being denied sleep. In contrast, proportionally more men than women reported having experienced, beatings and kicking's, bayonet/knife/spear/cutlass injury, being burnt with molten plastics, gunshot injury, land mine injury and experiencing hanging *(Table 17).*

Table 18: Physical torture experiences by county (N=643)

Torture experience#	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	n	%	n	%	n	%	n	%
Beating and Kicking	207	71.4	107	68.2	58	47.5	35	47.3
Bayonet/knife/spear/ cutlass injury	85	29.3	58	36.9	35	28.7	14	18.9
Forced labour	217	74.8	124	79.0	56	45.9	39	52.7
Severe tying (Tibay)	72	24.8	33	21.0	36	29.5	14	18.4
Deprivation of food/water	160	55.2	81	51.6	86	70.5	62	83.8
Deprivation of medicine	145	50.0	68	43.3	72	50.0	51	68.9
Burning with molten plastic	71	24.5	44	28.0	10	8.2	6	8.1
Gunshot injury	106	36.6	62	39.5	15	12.3	7	9.5
Landmine injury	91	31.4	60	38.2	7	5.7	0	0.0
Hanging	68	23.4	51	32.5	4	3.3	2	2.7
Being stripped naked	102	35.2	37	23.6	50	41.0	34	45.9
Suffocation using red pepper	83	28.6	34	21.7	19	15.6	11	14.9
Denied access to toilet facilities	67	23.1	34	21.7	71	58.2	29	39.2
Denied sleep	154	53.1	59	37.6	62	50.8	51	68.9

#More than one response possible

ii) Psychological torture

In terms of the experience of psychological torture during the war the most frequently reported experiences included being forced to sleep in the bush (82.6%) and witnessing someone being killed (62.2%) (Table 19). When these responses were analysed by county, being forced to sleep in the bush was reported in nearly equal proportions of over 80% of the respondents in all the four counties. On having witnessed someone being killed, this was reported the most in Bong (70.0%), followed by Lofa (65.0%), then Grand Kru (52.7%) and least in Maryland (45.9%; *Table 20).*

19: Psychological torture experiences by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
Torture experiences#	**n**	**%**	**n**	**%**	**N**	**%**	**χ^2**	**P-value**
Witnessed people being buried alive	164	31.8	69	53.9	233	36.2	21.60	<0.001*
Witnessed the splitting open of the bellies of pregnant women	100	19.4	28	21.9	128	19.9	0.39	0.533
Witnessed the cutting off of body parts e.g. nose, ears, mouth	103	20.0	26	20.3	129	20.1	0.01	0.937
Detained by the army	135	26.2	61	47.7	196	30.5	22.24	<0.001*
Detained by rebels	328	63.7	73	57.0	401	62.4	1.94	0.164
Detained by militias	116	22.5	43	13.6	159	24.7	6.74	0.009*
Forced to sleep in the bush	434	84.3	97	75.8	531	82.6	5.14	0.023*
Abducted	237	46.0	82	64.1	319	49.6	13.35	<0.001*
Lost property/ livestock	342	66.4	65	50.8	407	63.3	10.78	0.001*
Forced to join fighting groups	70	13.6	37	28.9	107	16.6	17.33	<0.001*
Forced to kill against one's will	24	4.7	8	6.3	32	5.0	0.55	0.459
Witnessed someone being killed	315	61.2	85	66.4	400	62.2	1.20	0.274

#More than one response possible
** Statistically significant association*

Table 20 : Psychological torture experiences by county (N=643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
Torture experience[#]	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Witnessed people being buried alive	131	45.2	64	40.8	21	17.2	17	23.0
Witnessed the splitting open of the bellies of pregnant women	49	16.9	29	18.5	37	30.3	13	17.6
Witnessed the cutting off of body parts e.g. nose, ears, mouth	62	21.4	32	20.4	20	16.4	15	20.3
Detained by the army	97	33.4	31	19.7	49	40.2	19	25.7
Detained by rebels	185	63.8	84	53.5	83	68.0	49	66.2
Detained by militias	72	24.8	43	27.4	29	23.8	15	20.3
Forced to sleep in the bush	234	80.7	132	84.1	99	81.1	66	89.2
Abducted	162	55.9	88	56.1	43	35.2	26	35.1
Lost property/ livestock	171	59.0	72	45.9	101	82.8	63	85.1
Forced to join fighting groups	61	21.0	24	15.3	13	10.7	9	12.2
Forced to kill against one's will	15	5.2	6	3.8	8	6.6	3	4.1
Witnessed someone being killed	203	70.0	102	65.0	56	45.9	39	52.7

[#]*More than one response possible*

Respondents reported other psychological torture including; witnessing people being buried alive (36.2%), witnessing the splitting open of the bellies of pregnant women (19.9%), witnessing the cutting off of body parts such as ears, nose, lips (20.1%), abduction (49.6%), forced to join fighting groups (16.6%) and being forced to kill someone against one's will (5.0%) (Table 19).

In terms of gender differences, the psychological torture methods significantly reported more amongst women than men included being forced to sleep in the bush and loss of property/livestock. The psychological torture experience reported more amongst men than women included witnessing people being buried alive, detained by the army, being detained by militias, abduction and being forced to join fighting groups (Table 19). Below are some of the testimonies as shared by the respondents;

"...*the rebels would start debating whether a pregnant woman was carrying a boy or a girl to show that they had power over life and death and to prove how powerful they were. They would then split the woman's stomach to see what she was carrying. And right there they gave themselves the power to destroy two lives or more incase of twins just to prove a point …*" Male Key informant, Monrovia.

"... *the rebels came to our home here in Foya, they were looking for men. My father was hiding and then came out not knowing that the rebels were here. On seeing this, my mother screamed, and then one of the rebels chopped off her head. He then turned to my father, shot him and chopped off his penis… It was terrible. I was present when all this was happening. As I was crying, the rebels got my mother's head and my father's penis and put them on my laps… they told me to stop crying and instead sing that "it is not the rebels who have killed my parents but it is the war…. This event will never go out of my mind*"... Female Survivor, Foya; Lofa County.

Hence, analysis of the results of this study revealed a considerable proportion of the population in Liberia has suffered war-related torture. Twenty seven percent lost a spouse, 62.5% of the women reported a personal experience of sexual torture, at least two thirds of the respondents had suffered physical torture and 80% suffered at least one form of psychological torture. Previous studies from Liberia indicated a similar pattern (UNFPA, 2007; WHO, 2005).

5.4.2. Psychological Consequences of Torture

5.4.2.1 Use of addictive substances

A common effect of trauma is the use of addictive substances. Respondents in this study reported using cigarettes/tobacco (15.1%), alcohol (29.2%), marijuana/opium (10.1%), cocaine (9.6%) and sniffing of petrol/solvents (10.7%). Significantly more men than women used all of the substances of addiction (Table 21).

Table21: Use of substances of abuse by gender (N= 643)

Problem Use of substance of abuse #	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	χ^2	P-value
Cigarettes/Tobacco	67	13.0	30	23.4	97	15.1	8.70	0.003*
Alcohol	128	24.9	60	46.9	188	29.2	24.03	<0.001*
Marijuana/Opium	45	8.7	20	15.6	65	10.1	5.35	0.021*
Cocaine	38	7.4	24	18.8	62	9.6	15.22	<0.001*
Sniffing petrol/solvents	45	8.7	24	18.8	69	10.7	10.73	0.001*

#More than one response possible

Cigarette and tobacco use was reported to be used more in Bong (19.3%) and Lofa (19.1%) than in Maryland (7.4%) and Grand Kru (2.7%). Alcohol use was more predominant in Maryland (33.6%), Lofa (31.8%) and Bong (30.7%) than in Grand Kru (10.8%). Marijuana/opium use was most predominant in Bong (13.1%) and Lofa (13.4%) than in Maryland (4.1%) and Grand Kru (1.4%) (Table 22). Below is a testimony by one of the respondents;

> *"…most of the former combatants have been disarmed. Some of the girl fighters have taken to drinkingalcohol and smoking. Because they have not received support during the demobilization, they are demorolised. They have not been rehabilitated and reintegrated into society***".** Key Informant, Gbarnga.

Table 22: Use of substances of abuse by county (N=643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru	
	n	%	n	%	n	%	n	%
Use of substance of abuse#								
Cigarettes/Tobacco	56	19.3	30	19.1	9	7.4	2	2.7
Alcohol	89	30.7	50	31.8	41	33.6	8	10.8
Marijuana/Opium	38	13.1	21	13.4	5	4.1	1	1.4
Cocaine	36	12.4	25	15.9	0	0.0	1	1.4
Sniffing petrol/solvents	46	15.9	23	14.6	0	0.0	0	0.0

#More than one response possible

5.4.2.2 Psychological Problems

i) Alcoholism

With respect to psychological problems and as referred to above, 12.0% of all the respondents were psychologically dependant on alcohol. Proportionally there were more respondents in Maryland (22.1%) than in any other county who were psychologically dependent on alcohol. In Lofa 12.1%, Bong 9.7%, and Grand Kru 4.1% were psychologically dependent on alcohol. Significantly more males (20.3%) suffered from alcoholism than women (9.9%) in this study *(Table 23).*

Table 23: Psychological problems by gender (N= 643)

Psychological problems[#]	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	χ^2	P-value
Alcoholism (CAGE positive)	51	9.9	26	20.3	77	12.0	10.54	0.001*
Having significant psychological distress (SRQ≥6)	220	42.7	55	43.0	275	42.8	0.00 3	0.959
Attempted suicide (Life-time)	64	12.4	29	22.7	93	14.5	8.67	0.003*
Attempted suicide (last 12 months)	55	10.7	27	21.1	82	12.8	9.99	0.002*
Suicidal ideation	52	10.1	10	7.8	62	9.6	0.61	0.433
Homicidal ideation	28	15.7	30	28.3	108	17.9	9.45	0.002*
Psychological symptoms affect ability to work	156	70.9	34	61.8	190	69.1	1.70	0.192

[#]More than one response possible
**Statistically significant association*

ii) Psychological distress

The Self-Reporting Questionnaire 20 items (SRQ-20) is largely used for the screening of minor psychiatric disorders. 42.8% of the respondents in this study had significant psychological distress indicating probably psychiatric disorder as indicated by a score on the SRQ-20 of 6 or above. Proportionally more respondents in Grand Kru (63.5%) and Maryland (61.5%) reported significant psychological distress than in Bong (34.8%) and Lofa (33.1%). There were no significant differences between men and women with respect to psychological distress. The rates of significant psychological distress obtained in this study were also very similar to the rates of major depressive disorder (40%) obtained by Johnson and colleagues (2008) in their recent study in Liberia (Table 23, 24).

Table 24: Psychological problems by county (N=643)

Psychological problems#	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	n	%	n	%	n	%	n	%
Alcoholism (CAGE positive)	28	9.7	19	12.1	27	22.1	3	4.1
Having significant psychological distress (SRQ≥6)	101	34.8	52	33.1	75	61.5	47	63.5
Attempted suicide (Life-time)	58	20.0	29	18.5	4	3.3	2	2.7
Attempted suicide (last 12 months)	55	19.0	24	15.3	1	0.8	2	2.7
Suicidal ideation	27	9.3	11	7.0	16	13.1	8	10.8
Homicidal ideation (feell ike killing someone)	62	22.5	27	20.6	17	13.9	2	2.7
Psychological symptoms affect ability to work	96	33.1	34	21.7	65	53.3	35	47.3

#More than one response possible

The following testimonies highlight the different psychological problems that survivors are experiencing.

Key informants in Monrovia shared this;

> *…"This has traumatized all of us. Technically speaking we are all psychiatric patients. We might not want to admit this especially some of us who hold big positions in government and society … We are all traumatized. If you walk down the streets of Monrovia and any other city in the country, you will notice that our people no longer talk at the conversational level; they shout on top of their voices especially when speaking on cell phones"****….***

> *…"Right now the degree of trauma and disorientation is so bad that people are going to cemeteries and bursting the graves. They take out the bodies and throw them on the pavements. They live with their families in the graves and children are being produced in these graves. This is*

what is happening. They remove scrap metal rods from the graves and sell it …. Those days we feared to walk through the cemetery after 6.00 oclock. But now you see what the conflict has done!!!".

"*…I have been counseling young people. One of the boys shared this ….. I was seven years old when I witnessed my mother who was raped in broad day light with all of us seeing. The pregnancy was removed … My father was killed and some of my sisters who were present. I decided to join the fighting forces to kill the government soldiers who killed my parents and sisters…But even now after the war, whenever I see someone putting on the army uniform, I see them as an enemy and if I could have a gun, I would just shoot them … So it is such a big psychological problem for such young boys and girls …..*".

A female respondent from Gbarnga said;

…"These days when you walk down the streets and roads, if you have eyes, you will see frustration walking down the streets and not people".

Another female respondent from Grand Kru described her ordeal;

> ..."*I had thirteen children but now I have only four, all the rest died. They killed my father. I cannot go back and decided to stay here. I do not want to see that place again. It brings bad memories*" ...

iii) Suicidal behaviour/ideation

Fourteen point five percent of respondents reported having attempted suicide in their lifetime. More respondents in Bong (20.0%) and Lofa (18.5%) than in Maryland (3.3%) and Grand Kru (2.7%) reported a lifetime history of attempted suicide *(Table 23, 24).* In terms of gender differences, significantly more men (22.7%) than women (12.4%) reported a lifetime history of attempted suicide. Nine point six percent (9.6%) of the respondents reported having suicidal ideations at the time of the study with more respondents in Maryland (13.1%) and Grand Kru (10.8%) reporting suicidal ideation than Bong (9.3%) and Lofa (7.0%) (Table 23, 24).

iv) Homicidal ideation

When this was analysed across counties, homicidal ideation, were reported by 17.9% of the respondents. Ideas of wanting to kill others was highest in Bong (22.5%) followed by Lofa (20.6%) and Maryland (13.9%) and least in Grand Kru (2.7%). Homicidal ideation was significantly higher amongst men (28.3%) than women respondents (17.9%) (Table 23, 24).

v) Effect of psychological symptoms on work

The majority of respondents (69.1%) reported that their psychological symptoms affected their ability to work. This was highest in Maryland (53.3%) followed by Grand Kru (47.3%) and Bony (33.1%) and least in Lofa (21.7%) (Table 23, 24).

According to gender, women 70.9% than men 61.8% reported that their psychological symptoms affected their ability to work.

5.5 Factors Significantly Associated with Psychological Distres

The factors that were significantly associated with above threshold psychological distress scores were grouped into socio-demographic factors, war-torture experiences, psychosocial problems and socio-economic factors.

5.5.1 Socio-Demographics

The socio-demographic characteristics that were significantly associated with having above threshold psychological distress scores (SRQ scores > 6) were; county (highest proportion in Grand Kru, 63.5%; lowest in Lofa, 33.1%), age (highest proportion in 45+ years, 56.3%; lowest in ≤ 18 years, 16.3%), ethnic group (highest proportion among the Grebo, 63.0%; lowest in the Kpelle, 32.4%; (Table 25).

Table 25: Socio-demographic factors associated with having significant psychological distress scores in a community sample from Liberia (N= 643)

Characteristics	Total (N=643)	Having above threshold psychological distress scores (n= 275)				
	n	n	%	X^2	df	P-value
County						
Bong	290	101	34.8			
Lofa	157	52	33.1	43.89	1	<0.001*
Maryland	122	75	61.5			
Grand Kru	74	47	63.5			
Sex						
Female	515	220	42.7	0.00	1	0.959
Male	128	55	43.0			
Age						
≤ 18years	49	8	16.3			
19-24 yrs	93	28	30.1	35.63	3	<0.001*
25-44 yrs	266	111	41.7			
45+ yrs	208	117	56.3			
Tribe						
Kpelle	349	113	32.4			
Grebo	154	97	63.0	42.20	3	<0.001*
Kissi	53	23	43.4			
Others	87	42	48.3			

** Statistically significant association*

Another socio-demographic factors significantly associated with above threshold psychological distress scores was religion (highest proportion among the Christians, 49.4%; lowest among African traditional religion, 12.9%), highest educational attainment (highest among Senior high and above, 61.1%; lowest in Junior high, 35.7%; *Table 26).*

Table 26: Socio-demographic factors associated with having significant psychological distress scores in a community sample from Liberia (N= 643)

Characteristics	Total (N=843)	Having above threshold psychological distress scores (n= 275)				
	N	N	%	χ^2	df	P-value
Religion						
Christian	480	237	49.4			
Islam	37	12	32.4	35.86	3	<0.001*
African traditional religion	31	4	12.9			
Others	94	22	23.4			
Education attained						
No formal education	202	106	52.5			
Elementary	253	92	36.4	19.81	3	<0.001*
Junior high	140	50	35.7			
Senior high and above	36	22	61.1			

** Statistically significant association*

5.5.2 Marital Status

Marital status was also significantly associated with having above threshold psychological distress scores. The highest proportion was among the divorced/separated, 66.7%, and the married polygamous, 50.7%; and lowest among the single, 35.6%, and the married monogamous, 37.8%. (*Table 27).*

Table 27: A comparison of the marital status with having significant psychological distress scores among a community sample from Liberia (N=643)

	Total (N=643)	Having above threshold psychological distress scores (n= 275)				
Characteristics	**N**	**n**	**%**	**χ^2**	**Df**	**P-value**
Marital status Married-monogamous	275	104	37.8			
Married-polygamous	69	35	50.7			
Divorced/separated	9	6	66.7			
Cohabiting	86	37	43.0	15.19	6	0.019*
Widowed	103	57	55.3			
Single	87	31	35.6			
Remarried	13	5	38.5			

** Statistically significant association*

5.6 War-Torture Experiences

Table 28: Physical war-torture experiences and their association with significant psychological distress scores amongst a community sample from Liberia (N=643

Characteristics Physical trauma	Total (N=643)	Having above threshold psychological distress scores (n= 275)				
	N	n	%	χ^2	Odds Ratio	P-value
Beating and Kicking	407	166	40.8	1.78	0.8(0.6-1.1)	0.182
Bayonet/knife/spear/ cutlass injury	192	87	45.3	0.72	1.2(0.8-1.6)	0.433
Forced labour	436	183	42.0	0.35	0.9(0.6-1.3)	0.554
Severe tying (Tibay)	155	78	50.3	4.76	1.5(1.0-2.1)	0.029*
Deprivation of food/water	389	197	50.6	24.95	2.3(1.7-3.2)	<0.001*
Deprivation of medicine	336	182	54.2	37.35	2.7(2.0-3.8)	<0.001*
Burning with molten plastic	131	51	38.9	0.99	0.8(0.6-1.2)	0.320
Gunshot injury	190	64	33.7	9.09	0.6(0.4-0.8)	0.003*
Landmine injury	158	49	31.0	11.83	0.6(0.4-0.8)	0.001*
Hanging	125	52	41.6	0.09	0.9(0.6-1.4)	0.769
Being stripped naked	420	128	57.4	29.86	2.5(1.8-3.5)	<0.001*
Suffocation using red pepper	147	72	49.0	1.10	1.2(0.8-1.8)	0.088
Denied access to toilet facilities	201	145	72.1	103.05	6.2(4.3-9.0)	<0.001*

** Statistically significant association*

Physical torture experiences that were significantly associated with having above threshold psychological distress scores were having suffered, severe tying (Tibay), deprivation of food/water, medicine, gunshot and landmine injury, being stripped naked and being denied access to toilet facilities (Table 28).

5.6.1 Psychological Torture

Psychological torture experiences that were significantly associated with above threshold psychological distress scores were having been denied sleep and witnessing the cutting of body parts such as ears, noses or mouth (Table 29).

Table 29: Psychological war torture experiences and their association with significant psychological distress scores amongst a community sample from Liberia (N=643)

Characteristics	Total (N=643)	Having above threshold psychological distress scores (n= 275)				
	N	n	%	χ^2	Odds Ratio	P-value
Denied sleep	326	180	55.2	41.85	2.9(2.1-4.0)	<0.001*
Witnessed people being buried alive	233	94	40.3	0.88	0.9(0.6-1.2)	0.349
Witnessed the splitting open of the bellies of pregnant women	128	60	46.9	1.10	1.2(0.8-1.8)	0.294
Witnessed the cutting off of body parts e.g. nose, ears, mouth	129	74	57.4	14.05	2.1(1.4-3.1)	<0.001*

** Statistically significant association*

Table 30: Other psychological war trauma experiences and their association with having significant psychological distress scores among a community sample from Liberia (N=643)

Characteristics	Total (N=643)	Having above threshold psychological distress scores (n= 275)				
	N	n	%	χ^2	Odds Ratio	P- value
Detained by army	196	102	52.0	9.90	1.7(1.2-2.4)	0.002*
Detained by rebels	401	189	47.1	8.29	1.6(1.2-2.2)	0.004*
Detained by militias	250	125	50.0	8.74	1.6(1.2-2.2)	0.003*
Slept in the bush	531	242	45.6	9.81	2.0(1.3-3.1)	0.002*
Abducted	319	145	45.5	1.87	1.2(0.9-1.7)	0.172
Lost property/ livestock	407	205	50.4	26.17	2.4(1.7-3.4)	<0.001*
Forced to join fighting groups	107	49	45.8	0.48	1.1(0.8-1.8)	0.488
Forced to kill against one's will	32	21	65.6	7.19	2.7(1.3-5.7)	0.007*
Witnessed killing of others	400	186	46.5	6.02	1.5(1.1-2.1)	0.014*
Loss of husband	171	80	46.8	1.53	1.2(0.8-1.8)	0.215
Loss of wife	65	31	47.7	0.72	1.2(0.7-2.1)	0.397
Loss of parent	259	119	45.9	1.79	1.2(0.9-1.7)	0.181
Loss of children	261	110	42.1	0.07	1.0(0.7-1.3)	0.792
Loss of other relatives	374	182	48.7	12.69	1.7(1.3-2.5)	<0.001*

** Statistically significant association*

Other psychological torture methods significantly associated with above threshold psychological distress were having been detained by army, rebels, militias; having slept in the bush, lost property/livestock as a result of war, forced to kill against one's will, having witnessed the killing of others and loss of close relatives (Table 30).

5.6.2 Psychosocial Problems

Table 31: Psychosocial factors associated with significant psychological distress amongst a community sample from Liberia (N=643)

Characteristics	Total (N=643)	Having above threshold psychological distress scores (n= 275)				
	N	n	%	χ^2	df	P-value
Alcoholism (CAGE positive)	77	48	62.3	13.69	1	<0.001*
Attempted suicide (Life-time)	93	34	36.6	1.71	1	0.191
Attempted suicide (last 12 months)	82	45	54.9	5.63	1	0.018*
Having at least on gynaecological problem	243	120	49.4	6.98	1	0.008*
Having at least one surgical problem	395	194	49.1	16.85	1	<0.001*

** Statistically significant association*

The psychosocial problems significantly associated with having above threshold psychological distress scores were alcoholism, having attempted suicide in the last 12 months, having at least one gynaecological problem and having at least one surgical complaint (Table 31).

Socio-economic status

Those with above threshold psychological distress scores had significantly higher socio-economic scores before the conflict than those with psychological distress scores below the threshold *(Table 32).*

Table 32: Socio-economic status before, during and after the conflict and it's association with having significant psychological distress in a community sample from Liberia (N=643)

Characteristics	Having significant psychological distress scores (n= 275) mean	SD	No significan psychological scores (n= 368) mean	SD	t-test	P-value
Socio-economic index before the conflict	20.12	5.9	17.31	5.1	6.31	<0.001*
Socio-economic index during the conflict	12.57	5.6	15.01	4.9	4.70	<0.001*
Socio-economic index after the conflict (currently)	15.63	4.1	16.70	4.5	3.00	<0.003*

** Statistically significant association*

During conflict the situation was reversed, those that currently have above threshold psychological distress scores had on average significantly lower socio-economic scores than those whose psychological distress scores are below threshold. After the conflict, the later situation has persisted with those with above threshold psychological distress scores having lower socio-economic scores compared with those whose psychological distress scores are below threshold *(Table 32).*

5.6.3 Health-Seeking Behaviour for Psychological Problems

Table 33: Psychological problems and the associated health-seeking behaviour analysed by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	χ^2	P-value
Previous health seeking behaviour for psychological problems (n=275)								
Sought no treatment	30	13.6	5	9.1	35	12.7	0.82	0.366
Self medication	72	32.7	14	25.5	86	31.3	1.08	0.298
Traditional healers	76	34.5	16	29.1	92	33.5	0.59	0.443
Clinics	119	54.1	27	49.1	146	53.1	0.44	0.506
Local health centre	72	35.0	24	43.6	101	36.7	1.41	0.235
District hospital	82	37.3	27	49.1	109	39.6	2.57	0.109
Referral hospital	34	15.5	15	27.3	49	17.8	4.20	0.041*

#More than one response possible
**Statistically significant association*

Just over half (53.1%) of the respondents had sought treatment at clinics for psychological problems. Although, significant numbers had also sought treatment through self medication (31.3%), traditional healers (33.5%), local health centres (36.6%) and district hospitals (39.6%), a tenth (12.7%) of the respondents had not sought any treatment for their psychological problems (Table 33).

Table 34: Health-seeking behaviour for psychological problems by county (N=643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	n	%	n	%	n	%	n	%
Previous health seeking behaviour for psychological problems								
Sought no treatment	16	15.8	4	7.7	11	14.7	4	8.5
Self medication	33	32.7	8	15.4	25	33.3	20	42.6
Traditional healers	40	39.6	12	23.1	23	30.7	17	36.2
Clinics	43	42.6	12	23.1	64	85.3	27	57.4
Local health centre	41	40.6	16	30.8	33	44.0	11	23.4
District hospital	52	51.5	17	32.7	21	28.0	19	40.4
Referral hospital	32	31.7	7	13.5	8	10.7	2	4.3

#More than one response possible

When health-seeking behaviour for psychological problems was analysed by county: the majority of respondents (51.5%) in Bong had been to the district hospital; the majority of respondents in Lofa had been to both the local health centre (30.8%) and the district hospital (32.7%); the majority of respondents in Maryland had been to clinics (85.3%); whilst the majority of respondents (57.4%) in Grand Kru had also been to clinics (*Table 34).*

The only statistically significant difference when the results were analysed by gender and health-seeking behavior for psychological problems was that proportionally more men (27.3%) then women sought care at the referral hospital (Table 33). This could be due to the fact that men had some money as well as easy mobility.

5.6.4. Surgical Consequences of Torture

The majority 61.4% of respondents in this study had at least one surgical complaint. The most frequently reported surgical complaints were; backache (55.8%), pains in joint(s) (50.9%) and swellings of limb(s) (11.5%). There were gender differences in the proportion reporting at least one surgical complaint with more women (66.6%) then men (40.6%) (Table 35).

When the variety of specific surgical complaints were analysed by gender, backache was reported more frequently by women (60.6%) than men as well as pains in joint(s); women (54.2%) and men (37.5%) as illustrated in Table 35 and in the narration by a female respondent from Foya below;

> *"… because of the blows to my head, my hand and ears were cut using a cutlass. I now have blood coming out of my nose sometimes*".

Table 35: Surgical complaints by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	x^2	P-value
Problems[#] Backache	312	60.6	47	36.7	359	55.8	23.68	<0.001*
Swelling of limb(s)	67	13.0	7	5.5	74	11.5	5.72	0.017
Broken bone in limb(s)	30	5.8	6	4.7	36	5.6	0.25	0.616
Pain in joint(s)	279	54.2	48	37.5	327	50.9	11.41	0.001*
Severe wound	26	5.0	10	7.8	36	5.6	1.48	0.223
Lost whole or part of a limb	3	0.6	2	1.6	5	0.8	-	0.260[t]
Swelling in abdomen or groin	12	2.3	3	2.3	15	2.3	0.30	0.993
Severe burn scars	2	0.4	1	0.8	3	0.5	-	0.487[t]
Part of the body forcefully cut off (e.g. ears, nose, lips etc)	3	0.6	1	0.8	4	0.6	-	0.589[t]
Having at least one surgical complaint	343	66.6	52	40.6	395	61.4	29.20	<0.001*

[#]More than one response possible ** Statistically significant association* *[t] Fischer's Exact test*

The proportion of respondents reporting at least one surgical complaint by county was; Grand Kru (98.6%), Maryland (80.3%), Bong (52.8%) and Lofa (45.2%).

Table 36: Surgical complaints by county (N= 643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	n	%	n	%	n	%	n	%
Problems[#] Backache	140	48.3	65	41.4	84	68.9	70	94.6
Swelling of limb(s)	24	8.3	9	5.7	24	19.7	17	23.0
Broken bone in limb(s)	11	3.8	6	3.8	15	12.3	4	5.4
Pain in joint(s)	128	44.1	63	40.1	72	59.0	64	86.5
Severe wound	10	3.4	7	4.5	14	11.5	5	6.8
Lost whole or part of a limb	0	0.0	2	1.3	3	1.5	0	0.0
Swelling in abdomen or groin area	3	1.0	3	1.9	6	4.9	3	4.1
Severe burn scars	1	0.3	1	0.6	1	0.8	0	0.0
Part of the body forcefully cut off (e.g. ears, nose, lips etc)	2	0.7	0	0.0	1	0.8	1	1.4
Having at least one surgical complaint	153	52.8	71	45.2	98	80.3	73	98.6

[#]More than one response possible

Table 37: Health seeking behaviour for surgical problems by gender (N= 643)

	Female (n= 515)		Male (n=128)		Total (N= 643)			
	n	%	n	%	N	%	χ^2	P-value
Previous health seeking behaviour for surgical complaint (n=393)#								
Sought no treatment	11	3.2	2	3.8	13	3.3	0.06	0.810
Self medication	105	30.6	13	25.0	118	29.9	0.68	0.410
Traditional healers	89	25.9	15	28.8	104	26.3	0.20	0.658
Clinics	161	46.9	21	40.4	182	46.1	0.79	0.377
Local health centre	65	19.0	8	15.4	73	18.5	0.39	0.537
District hospital	86	25.1	13	25.0	99	25.1	0.00	0.991
Referral hospital	31	9.0	2	3.8	33	8.4	1.59	0.207

#More than one response possible

In terms of health-seeking behaviour for surgical complaints, the majority of respondents (46.1%) had visited clinics, with 29.9% having sought self medication and 26.3% having sought help from traditional healers (Table 37).

Table 38: Health-seeking behaviour for surgical complaints analysed by county (N= 643)

	Bong (n= 290)		Lofa (n=157)		Maryland (n= 122)		Grand Kru (n= 74)	
	n	%	n	%	n	%	n	%
Previous health seeking behaviour for surgical complaint (n=393)#								
Sought no treatment	4	2.6	0	0.0	5	5.1	4	5.5
Self medication	50	32.7	13	18.3	25	25.5	30	41.1
Traditional healers	35	22.9	22	31.0	19	19.4	28	38.4
Clinics	67	43.8	31	43.7	49	50.0	35	47.9
Local health centre	24	16.3	15	21.1	15	15.3	18	24.7
District hospital	41	26.8	27	38.0	8	8.2	23	31.5
Referral hospital	10	6.5	5	7.0	12	12.2	6	8.2

#More than one response possible

When variation of health seeking behaviour for surgical complaints was analysed by

County, the most frequented place of health care was the clinics reported by the following proportions of respondents; Bong (43.8%), Lofa (43.7%), Maryland (50.0%) and Grand Kru (47.9%) (Table 38).

5.7 General Analysis of the Psychological and Physical Consequences of Conflict Trauma

Hence, analysis of the results demonstrate that the psychological and physical consequences of the war trauma is considerable. In this study 42.8% of respondents had psychological distress scores suggestive of a mental disorder, 12% had alcoholism and 14.5% had attempted suicide during their lifetime. In terms of physical consequences, 61.4% of respondents had at least one surgical complaint.

Previous studies undertaken in Liberia confirm the magnitude of mental health problems (Johnson et al, 2008; WHO, 2005).

Analysing the pattern of psychological problems by county suggests that there are regional differences in the expression of psychological distress as illustrated by the almost reciprocal relationship between the county rates of significant psychological distress on one hand and the rates of attempted suicide on the other.

The factors that were significantly associated with having above threshold psychological distress scores were multidimensional and included those in the psychological, social and economic spheres. War-related physical and psychological trauma was significantly associated with having above threshold distress scores in this study as shown elsewhere (Kadenic, 1998; Johnson et al. 2008; Skylv, 1992). Having a higher educational attainment was significantly associated with having above threshold psychological distress scores probably pointing to the sense of frustration that the educated feel in the post-conflict environment of Liberia where there are limited possibilities of realizing one's aspirations including employment.

Changes in marital relationships through divorce/separation and widowhood as well as

unstable and stressful marital arrangements such as polygamous marriages were also significantly associated with having above threshold psychological distress scores. A low socio-economic status was significantly associated with having above threshold psychological distress scores, pointing to the importance of poverty alleviation programs to the attainment of good mental health.

Alcoholism was significantly associated with having above threshold psychological distress scores pointing to the dangers inherent in excessive alcohol use, including psychosis.

Having gynaecological and surgical complaints were each significantly associated with having above threshold psychological distress scores pointing to the need for a multi-disciplinary approach in addressing the medical consequences of war.

In summary, addressing the mental health of post-conflict Liberia will require a holistic approach that will not only treat mental illness, but also promote mental health through creating employment opportunities for the young, enhancing stable marital relationships, discouraging excessive alcohol use through health education and the uplifting of the standard life of the population from the current state of massive poverty.

In the words of Emmanuel Bowler, a former Minister and trauma therapist:

> *"…Liberia is a big psychiatric ward because people are really going out of their minds. People are being challenged by trials and tribulations in life but if they have psychosocial counseling they could cope"...*

The most visited health facility for psychological problems (53.1%) and surgical problems (46.1%) related to war in this study was the private run clinics. In their current state the private clinic and government health facilities do not have the necessary professional expertise to handle the psychosocial consequences of war trauma as well as the emerging epidemic of domestic violence.

Previous attempts to address the problem of psychological trauma in Liberia by the

international community have been found wanting as indicated summarized by a trauma therapist interviewed:

> *"…I came home to help the psychosocial situation…but what I saw was happening made me fold my books and papers….. they (The UN) were training psychosocial helpers in a matter of weeks. How can you have training of people who are going to help de-traumatise others to come back to normal …and give them only two-weeks of training ? … the trained people then gave psychological counseling for 5 days maximum 7 days ! …. Then you say people are ready to be integrated in society that is a grand fraud"...* Emmanuel Bowier-former minister, Trauma therapist

Apart from the issue of the quality of psychological therapy offered, as described by the above quote, any programme that is going to address the magnitude of psychological trauma in Liberia must be cognizant of the reality in Liberia; a country with very few mental health professionals i.e. Liberia has only two psychiatrists with none in government service. Government must also consider the issue of sustainability once donor funds have dried up. This is a fate that has befallen previous psychological trauma treatment programmes in other war affected countries.

The primary health care (PHC) model, which Liberia is pursuing offers some potential (National Health Plan 2007-2011; Ministry of Health and Social Welfare, Republic of Liberia, 2007). Under the current PHC programme, Liberia has undertaken to offer a Minimum Health Care Package (MHCP) that includes mental health care (Ministry of Health and Social Welfare, Republic of Liberia, 2008). Under this program health workers at the different levels of health care service provision are supposed to offer some components of all the elements of the MHCP including mental health care to their clients with the possibility of referral to the next level of care for the more complex clients.

To date the inclusion of mental health care into PHC has largely not been implemented and if made operational it promises several advantages. Firstly, it promises to make mental health services available to a larger population as the service will be taken to all existing health units. Secondly, it will provide mental health care at a much reduced cost since it will utilize already serving government health workers and health centre infrastructure. The challenges of setting up a primary mental health service however

is that it requires a lot of in-service training of already practicing health workers, calls for the strengthening of the referral system as well as support and supervision of the trained health workers and the provision of an essential stock of mental health drugs to all health units.

Low income countries such as Uganda have used the Primary Health care model combined with the training of specialized cadres of mental health professionals; such as psychiatric clinical officers, psychiatric nurses and support and supervision provided by the few psychiatrists in the country to extend mental health services to most of the country.

In conclusion, analysis of the results of this study on the extent of war related torture validate previous studies that have been undertaken in Liberia, pointing to the widespread nature and effects of torture. That the population is suffering from a wide range of psychological and alcohol /drug related addiction problems and surgical problems related to war, calls for the prioritization of medical interventions to address this urgent public health problem. That 69% of the respondents with significant psychological distress reported that these psychological problems were affecting their ability to function points to the negative consequences of this continued neglect of this important aspect of rehabilitating post-conflict societies. To realize the full potential of their rehabilitation programs, Liberian policy makers and planners working together with international partners should urgently address the psychological and physical health consequences of war and its psychosocial aftermath, the domestic violence.