

Women War Survivors of the 1989-2003 Conflict in Liberia: The Health Consequences of Sexual Torture

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Background and Context

- Conflict in Liberia descended into civil war from 1989 ending with signing of a Comprehensive Peace Agreement in 2003
- UN mission to Liberia to support the peace process and sent 15,000 troops
- Presidential elections brought the first ever woman Head of State, Hon. Ellen Johnson Sirleaf, to power in November 2005
- In 2005 the Government of Liberia enacted the Rape Law, which expanded the definition of rape, raising the age of consent to 18 years and imposing longer sentences for perpetrators.
- In 2006 Ministry of Gender and Development spearheaded a National Plan of Action on Gender-Based Violence to utilise a holistic approach to prevent and respond to violence against women including care for survivors.
- First Country to implement UN Resolution 1325, urging women full participation, prosecution of people for crimes against women and extra protection of women and girls in war zones

Methodology

- Situation analysis research study carried out by Isis-WICCE (2008) in collaboration with the Ministry of Gender and Development, Women in Peace Building Network, WIPNET and West African Network for Peace Building, WANEP
- Multi-stage purposive sampling design involving selection of locations and 643 participants; 80% women; 20% men.
- Carried out in four Counties: Bong, Lofa, Maryland and Grand Kru.
- Data collection and analysis included:
 1. Qualitative methods-interviews, meetings, focus groups, case studies and narratives. Thematic analysis used.
 2. Quantitative methods-semi-structured interview schedule and questionnaires. Analysis used Epi-Info and SPSS.

Liberia Counties and Districts



	National Capital
	County Capital
	Country boundary
	International boundary
	County
	District
	Ocean

Boundaries depicted do not represent official endorsement by the Government of Liberia or by the United Nations. Many boundaries were derived from small scaled maps and will be updated as soon as better information is available.

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General Effects of War

- Over twelve different groups recorded as carrying out widespread torture and abuse
- Destruction of Liberia's social, economic, transport and health infrastructure
- Conflict destroyed the agricultural sector and communication
- High levels of brutality by all factions
e.g. widespread killings, rape, sexual violence & torture, abductions, forced labour, recruitment of child soldiers
- Consequences of displacement had serious effects on women and girl's lives
- Many experienced war as adolescents destroying their education, health and relationship experiences
- 43% of women became heads of households during the war



Experiences of Sexual Violence & Torture

- Extensive physical, psychological and sexual torture was carried out against women and men during the conflict.
- Significantly more men survived physical torture whereas significantly more women and girls survived psychological & sexual torture and sexual violence. Women used their bodies for 'safe passage' at checkpoints. Rape accounted for 73.9% of sexual violence.
- 62.5% of women and girls suffered sexual torture including sexual abuse, gang rape, opening stomachs of pregnant women, genital mutilation, early forced marriages, and pregnancies. Due to stigma & shame these figures are likely to be much higher.

“Four MPFL soldiers raped me...they threatened me that if I refuse, they will kill me with my children. I accepted because I wanted to save my children and I knew they were serious...other women were raped, mutilated and then killed for me to survive together with my children.”

(Women from Maryland County)

Statistical Mapping of Sexual Torture amongst women

Single episode of rape	18%
Gang rape	14%
Attempted rape	17%
Forced marriage	16%
Sexual comforting	10%
Defilement	28%^{**}
Sex in exchange for food	28%^{**}
Forced incest	5%
Abduction with sex	8%
Widow inheritance	14%
insertion of objects in vagina	20%^{**}

Experiences of Sexual Violence & Torture

“The ULIMO people also raped my young sister’s daughter and she became very ill. She died because there was no medicine.” (Woman in Gbanga, Bong County)

“...One of the women I have been counselling was raped by 7-10 soldiers every night for two weeks...She now feels useless and wanted to commit suicide. She could not tell her husband and the children...”

(Male key informant in Monrovia)

Sexual violence was also perpetrated against men, an under-researched area (Hettonen et al. 2008). Johnson et al. (2008) found higher levels of sexual violence in Liberia amongst former combatants; 42.3% in women and 32.6% in men.

Reproductive Health Effects

- As a result of sexual violence and torture suffered during war, women and girl respondents suffer from serious and chronic reproductive and gynaecological health complications. 50% had no access to health care.
- 68.5% had at least one gynaecological complaint- including abnormal vaginal discharge (31.8%) infertility (22.1%) chronic abdominal pain (37.1%) and leaking urine (21.6%)
- Other complications include leaking of faeces due to fistulae, abnormal bleeding, sexually transmitted diseases, perineal tears, genital sores, sexual dysfunction and unwanted pregnancies.
- The younger the woman when the conflict began the more likely she was to have a gynaecological problem
- Under-reporting due to very high levels of stigma and shame associated with women's experiences

Reproductive Health Effects

“After that rape I started bleeding and my back still hurts...My bladder was affected and I could not hold ‘pupu’ (urine). And up to now if I feel like urinating and I delay for some seconds the urine can come out on its own...Sometimes I delay to go into my periods. At times I can delay for seven days or even spend three months without menstruating. In fact the doctors told me I cannot give birth again because my womb was spoilt.”

(Woman respondent from Foya)

HIV/AIDS

- Levels of HIV/AIDS have escalated due to the war
- 28.9% of respondents knew of persons with HIV/AIDS
- Lack of knowledge of spread of HIV evident only 33.8% knew about sexual transmission. Knowledge was higher amongst men (47.5%) than women (24.6%)
- Having a family member with HIV/AIDS reported at 28.9%, more common amongst men
- Study concluded the differences reflected gender differentiated and high levels of stigma of HIV/AIDS and under-reporting by women

“During the war in 1994 I was in Gbarnga and my children went missing. While I was searching for them I came across a group of five soldiers who raped me. In 2006 I fell very sick and ...in 2007 I was diagnosed positive. It is only my sister who knows my status, even my husband does not know...I cannot tell my husband because he would abandon me with my four children.”

(Woman respondent from Pleebo, Maryland County)

HIV/AIDS

- The problems of increasing HIV/AIDS has also been reported by the Ministry of Health and Social Welfare together with the United Nations (United Nations theme group on HIV/AIDS, 2003):

“HIV has the potential to become a national disaster because it effects the most productive, reproductive and vulnerable age groups of people (15-49 years) with more females than males.”

Psychological Effects and Trauma

- Study concluded that the entire population is suffering from a wide range of psychological problems and drug/alcohol addiction related to the conflict
- 80% suffered at least one form of psychological torture
- 42.8% of respondents had significant psychological distress as measured by the Self-Reporting Questionnaire (SRQ-20)
- Sexual violence and torture of women and girls and the associated stigma and shame exacerbated the serious and long-standing psychological effects and trauma and 69.1% reported this affected their ability to work
- 43% of respondents had significant mental health problems
- 12% addicted to alcohol (twice as high in men), 15% had attempted suicide, 17.9% homicidal ideation.
- More respondents in Grand Kru (63.5%) and Maryland (61.5%) reported significant psychological distress than Bong and Lofa

Psychological Effects/Trauma

“Right now the degree of trauma and disorientation is so bad that our 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....you see what the conflict has done.”

(Key informant, Monrovia)

However, there is a lack of trained health workers in conjunction with a broken down health infrastructure, poorly equipped to deal with these psychological effects. Unresolved trauma including anger, likely to lead to trans-generational effects and cycle of violence and conflict (Liebling-Kalifani et al. 2008)



Gendering Trauma

- Several effects that can be understood as what Herman (1992) terms 'complex Post Traumatic Stress Disorder'
- Although a useful starting point, PTSD is a western concept. We propose an alternative model of trauma as a deconstruction of identity
- PTSD is not gendered and it cannot account for the social and cultural reality, experiences and effects described by women and men in this study. Not can it explain the long-term traumatisation evident
- First, we argue war trauma is normal not pathological response to torture, which requires recognition by others as normal
- Second, war trauma is viewed as a collective/communal destruction of cultural identity equally deserving of compensation and facilities for recovery as are mostly provided to male soldiers

Training and Health Interventions

- Training provided in Harper, (EU -MDG3 funded) as recommended by the Isis-WICCE (2008) research report
- Training based on the Isis-WICCE manual developed in Northern Uganda, piloted in Liberia on *“Understanding & Treatment of Medical and Psychological problems of War Survivors of Violence and Torture”*
 1. Build capacity of community based health workers in the management, identification, documentation and treatment of physical, reproductive and psychological health problems of women and girl war survivors of sexual violence and torture
 2. Illustrate the importance of healing reproductive and psychological health problems of war survivors so they can engage actively in rehabilitation and rebuilding their lives and their communities

Training and Health Interventions

- Training included counselling, management of medical, psychological, reproductive health problems of war survivors, sexual and gender-based violence, justice and human rights, documentation of SGBV and professional standards in health care as well as psychosocial support for health and community workers.
- 70 participants trained from Bong, Lofa, Maryland and Grand Kru Counties including health workers, psychosocial counsellors, religious and women leaders, activists, legal personnel and non-government organisations, community and social workers.

Training and Health Interventions

- Interventions in isolated and marginalised communities of Maryland and Grand Kru
- Ugandan and Liberian team screened > 1000 war survivors
- Operated very successfully on 130 respondents; majority had reproductive health complications including fistulae, cancers of the cervix, genital prolapses and fibroids
- A number of men also operated on- majority had swelling of testicles causing great stigma (50%)
- Women and male respondents have reported decrease in stigma due to treatment of these health problems
- Large majority of respondents had psychological trauma
- Evaluation of the training, screening and interventions being carried out and report will follow
- Policy briefs prepared and sent out for consultation with team in Liberia
- Round table lobbying meetings to lobby stakeholders including MOG, WIPNET, WANEP, MOH and Ministry of Transport

Summary

- 1989-2003 conflict in Liberia and sexual violence and torture caused devastating effects on individuals and communities, particularly their health.
- Sexual and gender-based violence has caused extensive damage to women and girls psychological, reproductive and gynaecological health. They have been infected with STD's, have serious gynaecological problems and there are escalating levels of HIV/AIDS.
- Some gynaecological health problems are not treatable within the Liberian health care system and factors including poverty, lack of health structure, services and trained health professionals, lack of transport with broken bridges & few passable roads as well as stigma all affect women and girls ability to access health services.



Summary

- Levels of psychological trauma are very high resulting in a large percentage of women being able to work. The stigma and shame of women's experiences and their reproductive health problems further impact on their identities and a gendered understanding of trauma is proposed. (Liebling-Kalifani, in press)
- However, Liberian women demonstrated resilience; contributing to peace processes, taking up male roles and bringing the first ever woman Head of State to power.
- Despite the Beijing Platform for Action, Vienna Declaration, UN Resolutions 1820 and 1325 and CEDAW, violence against women in Liberia persists and a 'militarization of intimate relations' is evident following the ending of the protracted war, with high levels of domestic and sexual violence.

Recommendations

- **Government should draw up a post-conflict recovery policy to address the psychological, social, medical, legal and reproductive health needs of war survivors and women's health should be a priority**
- **Health facilities should be upgraded within reach of the communities and equipped as outlined by the MOH and Social Welfare (2007; 2008)**
- **UN missions in Liberia should put the wellbeing of women and girl war survivors as a priority and their health needs should be addressed in post-conflict recovery programmes. The Disarmament, Demobilisation Rehabilitation and Re-integration Programme failed to their needs. (Amnesty International, 2008)**
- **There is an urgent need to address the psychological needs of war survivors, develop accredited training programmes in mental health and psychological counselling, which also support and employ professionals providing services.**
- **Psychological training programmes should incorporate approaches based on therapeutic approaches that build on survivors resilience, a gendered understanding of trauma; addressing stigma and shame sensitively**

Recommendations

- Services should integrate psychological/trauma programmes with reproductive health, justice and income-generating programmes using a holistic approach.
- To establish closed focus groups for survivors who are able to support each other, share their experiences and develop strategic plans for their communities
- Establish treatment centres to address the massive reproductive health and psychological problems of the population. NGO's should assist Liberia with sustainable programmes until the health sector is rehabilitated.
- To implement and evaluate the effectiveness of the UN joint programme to prevent and respond to sexual and gender-based violence (Republic of Liberia, 2008)
- Further research involving survivors-evaluating implementation of UN resolution 1325 and SGBV programmes, domestic violence, evaluations of health service training and health services for war survivors, the gendered effects of war and the needs of men and children, governance issues including the health and legal/policing responses for survivors.
- Since Liberia's economy depends on the efforts of women their needs and concerns must be at the centre of the post-conflict rebuilding processes

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- Sincere appreciation and recognition to all the women, men and children participants and key informants in Liberia. We hope that the urgently needed psychological and reproductive health services as well as justice sought will be achieved

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Thanks for listening!

Any questions?

