



Silent Suffering

The psychosocial impact of war, HIV and other high-risk situations
on girls and boys in West and Central Africa

Sierra Leone, Liberia, Cameroon, Burkina Faso and Togo



Authors: Jenny Morgan and Alice Behrendt
Editing: Stefanie Conrad

Plan – committed to child protection

Plan was founded in 1937 by a British journalist, John Langdon-Davies, and a refugee worker, Eric Muggeridge, to support children whose lives had been disrupted by the Spanish Civil War. Plan has become one of the largest international, child-centred development organisations in the world.

Over the past seven decades, Plan's focus has shifted from wartime relief effort to long-term community development. However, children and their well-being still remain at the centre of everything we do. Plan operates in 49 countries in Asia, Latin America and Africa. Twelve of them are situated in West and Central Africa. Our programmes use children's rights as a key concept in promoting their development, survival, participation and protection.

Plan's work in Africa is guided by its Strategic Framework for Africa, which acknowledges the right of the child to be protected from harm. It corroborates Plan's dedication to help children, their families and communities cope with conflict and disaster, reaching out to the children in greatest need or danger. Plan's child protection work in West and Central Africa includes support to community-based and national initiatives to stop female genital mutilation/cutting (FGM/C). In addition to strengthening national and regional legal frameworks and policies to prevent child abuse, Plan provides psychosocial support services for children who have survived abuse and exploitation. It also offers financial support for women and youths to enable them to create a protective domestic environment for children.



Plan West Africa
#4023 Amitié II BP21 121
Dakar Ponty, Senegal
Telephone: +221-33-8697430
Email: waro.ro@plan-international.org

Family Health International – reaching vulnerable children



Formed in 1971, Family Health International (FHI) is among the largest and most established not-for-profit organisations active in international public health. FHI's work includes public health research and technical assistance in a range of areas including HIV, reproductive health, tuberculosis, malaria and avian influenza. FHI operates research and field activities in more than 70 countries in Africa, Asia, Latin America and the Middle East. Our programmes strive to meet the public health needs of some of the world's most vulnerable people, including children and adolescents.

Although our efforts were originally born out of the need to address the needs of children made vulnerable by HIV, FHI works toward long-term solutions to provide a safe and caring environment for all vulnerable children and youth. In our programmes we bring government, civil society and private sector partners together to increase access to quality healthcare and social support services for vulnerable children. Based on over a decade of experience working with children, FHI developed a Child Outreach Strategy that outlines a strategic framework for reaching vulnerable children, adolescents and their families using child-focused, family-centred and community-based approaches.

While targeting vulnerable children through mitigation efforts, FHI programmes also support parents and other primary caregivers so they remain healthy and productive and continue to provide a loving and nurturing environment for children under their care. In order to thrive, vulnerable children and families often need a range of services and support: health, nutrition, education, legal, and child protection services, as well as shelter and socioeconomic, psychosocial, and spiritual support. FHI works closely with communities to identify and increase access to services in critical need by utilising participatory mechanisms, carrying out needs assessments, and mapping of available resources and services.



The regions of West and Central Africa are home to ever-growing numbers of suffering children. These are children who live on the streets, who are trafficked and exploited as cheap labour, neglected or sexually abused, or who are forced into combat in a civil war.

To learn more about the impact of these difficult circumstances on children, Plan's West African Regional Office, in partnership with Family Health International, initiated a five-country study entitled 'Psychosocial support to children in difficult circumstances'.

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Definition of terms

Mental health: cultural differences, subjective assessments and competing professional theories all affect how mental health is defined. The commonly agreed elements which combine to make good mental health are subjective well-being, autonomy, competence and the exercise of intellectual and emotional potential.

Psychological trauma: caused by exposure to actual or threatened death or injury, or by a bodily threat to the self or others. When exposed to trauma, a person feels intense fear, helplessness and horror. Short-term reactions include behavioural changes, sleep disorders, psychosomatic disturbances, problems of concentration and low self-esteem. As a result, children become more vulnerable to severe illness, they lack energy to engage with their situation, their development may be retarded and they may find it difficult or impossible to control their emotions and behaviour.

Post-traumatic stress disorder (PTSD): a mental disorder featuring a delayed or lengthened response to a traumatic life experience. The key symptoms are flashbacks and nightmares, reduced emotional responsiveness known as 'psychic numbing', feeling disconnected from others, a condition called 'hyperarousal' (whose symptoms include insomnia), difficulties concentrating, general irritability and an extreme 'startle' response.

Resilience: the inner strength, responsiveness and flexibility, that some individuals and groups have more than others, that enable them to withstand stress and trauma, and/or recover quickly.

Suicide risk: children were considered at high risk of committing suicide if, during the interview, they expressed constant thoughts about killing themselves and how to do it, or if they had elaborated a concrete plan for committing suicide, or if, in the previous four weeks, they had tried to kill themselves.

Transactional sex: a sexual relationship with a non-primary partner in exchange for goods or money. The person offering sex is not a full-time sex worker and the relationship may endure over time. Studies show transactional sex is linked to an increased risk of HIV infection and gender-based violence, as well as substance abuse.

Psychosocial support to children: activities and programmes that promote the psychological and social well-being and development of children. The goals of such support include helping children build meaningful peer relationships and friendships, a sense of belonging, trust in others, secure attachment to caregivers, access to opportunities for cognitive and spiritual development and hope and optimism for the future.

Secondary trauma: listening repeatedly to other people's traumatic experiences can deeply affect the mental health of the helper/interviewer and lead to a phenomenon called 'secondary trauma', which includes symptoms of anger, sadness, disgust, emotional exhaustion and fatigue.

From January 2007 to February 2008 we interviewed over 1,000 children and adolescents.

These interviews raised serious issues which had to be addressed according to the highest ethical standards. We worked with children affected by trafficking in Togo, war-affected communities in Sierra Leone and Liberia, communities with high HIV prevalence in Cameroon and child returnees in Burkina Faso who had been expelled during the armed conflict from Côte d'Ivoire. The study design included a commitment to intervene in critical cases: 280 study participants, identified by our researchers as being in acute life-threatening or risky situations were integrated in a follow-up project, providing them with individual psychosocial support over several months.

This publication highlights a critical situation. It advocates collective action on behalf of thousands of children affected by violence and abuse in West and Central Africa. We urge donors, policy makers and practitioners to react to the suffering of children. We hope to make the response to these children's suffering a priority issue for the public agenda.

The psychological and physical suffering of children expressed in the testimonies makes for disturbing reading. But the findings need to be understood for what they are: reports on children in extreme situations where traditional and modern protection mechanisms of states, families and communities have failed.

This publication should be read with discretion. The findings are not representative for all children in West and Central Africa. The region's diverse culture cherishes and attributes great value to children. While not intended as a quantitative study according to mathematical models, neither should the findings be read as an accumulation of destroyed existences and dramatic victimisation. Rather, the accounts we have gathered bear witness to the children's extraordinary resilience in surviving repeated and enduring violence.

We would like to acknowledge the outstanding work of the field researchers involved in the study. Without their commitment, patience and ability to work in arduous circumstances this study would not have been possible. Our most sincere gratitude goes to communities for opening their doors and welcoming us into their lives and to all children who participated in the study for their great courage and openness. We would also like to thank our donors, Plan Germany and United States Agency for International Development, for the important technical and financial support during and after the project period.

Study objectives

The specific objectives of the project were to:

- assess the mental health and psychosocial needs of children in different study sites
- analyse the existing institutions which provide psychosocial support to children in the region
- identify best practices and lessons learnt in the field
- make recommendations for strengthening psychosocial support programming in the region



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but rather as testimonies of their extraordinary resilience.

The dramatic events that have engulfed societies in Africa – civil wars, ethnic cleansing, HIV pandemic, as well as the ongoing effects of globalisation – draw children into their vortex every bit as much as adults.

Yet, when the fighting is finally over and the militias are disarmed, when the xenophobic mobs have gone away, when the survivors are desperately trying to make a new life and put food in the pot, who thinks about the **psychological** impact on children of the violence they have experienced? It's the children who think about it. Some of them can't get what has happened out of their minds:

"When terrible thoughts come into my head about the war in Côte d'Ivoire, I go to my friend to talk but I can't say anything. I just sit there and then I go back home. I never feel safe. The war is always in my mind and I don't think life has any meaning."

This 18-year-old disabled boy thought he was going to die during the escape from Côte d'Ivoire, when armed men found him underneath a tree, alone and unable to move. He was 13. Now in Burkina Faso, he has no idea where his mother is. Even though he seeks consolation in the company of friends, he is in too distressed a state to let them know what's really hurting him.

This boy, wounded in mind and spirit, is part of the silent suffering of children in West and Central Africa. Their emotional suffering lies mostly under the radar of their parents, their guardians, their teachers, their pastors or imams and their governments. The child may be wetting the bed, staying out late or forgetting household tasks. These are signs of distress, but most adults treat them as abnormal behaviour that needs to be disciplined:

"I don't know why, but I pee in bed when I am asleep. Every time it happens, the wife of my uncle strips me naked and sends me like that out of the house. Then she tells the other children to sing about me and throw things at me. Every time it happens, she starves me for the whole day. I wish I could just disappear."

15-year-old boy in post-war Sierra Leone

Traumatic events don't affect all children the same way. Some are extremely vulnerable, others are extraordinarily resilient. When dangerous and disturbing events accumulate, children's resilience diminishes.

How have children in West Africa coped psychologically with extreme circumstances? And what support is there for children who feel so overwhelmed they wish they were dead?


Introduction

Plan West Africa and the Family Health International project AWARE-HIV/AIDS¹ have investigated the psychological impact on children of five potentially traumatising life circumstances:

- loss of parents in an area with a high HIV rate in Cameroon
- ethnic cleansing in Côte d'Ivoire and the mass flight of people to Burkina Faso
- growing up without parental support in post-conflict Sierra Leone
- former association with the fighting forces in Liberia (child soldiers)
- child trafficking for labour in Togo

The detailed investigation of psychological trauma and emotional well-being we conducted is the first of its kind. We not only asked affected children how they felt, but in every situation we compared their responses with those of a control group, matched for age, gender and educational level.

Perhaps we could have expected that in Lofa County, site of continuous fighting in the cruel civil war in Liberia which ended officially in 2003, all except one of the 197 children we interviewed would still have trouble sleeping, whether or not they had been with the fighting forces. Perhaps we could have expected that in neighbouring Sierra Leone, where the war ended officially in January



“I never
feel safe
- the war is
always in my
mind”

2002, and where, during ten years of conflict, rival militias chopped off their countrymen and women’s hands and subjected around one-third of women and girls to rape and sexual slavery², three-quarters of all the children we interviewed would still be suffering from post-traumatic stress disorder.

But we didn’t expect the level of despair we had to face. For instance, of the 183 children we interviewed in Kailahun district, Sierra Leone, 56 had already tried to kill themselves. These are children who feel abandoned by adult society and expect no kindness from it:

“When I was small, my parents were captured, tortured and shot dead. Life in the refugee camp was hard, and after we got back to Sierra Leone, an old man caught me one night at the well and had sex with me. There is no one to assist me, my grandmother and the child. This is beyond what I can bear, we are suffering so much. I lost hope. While I was trying to [... end my life], I was caught by someone and taken to the police.”

16-year-old girl in Sierra Leone

The testimonies of the control groups, who hadn’t been trafficked, hadn’t been abducted to join the fighting forces and weren’t orphans revealed a further shocking finding. Time and again we learned that the most harmful violence children were facing was in their own homes, at the hands of their guardians and protectors:

“I went to stay with my maternal uncle, but life there isn’t easy. His wife beats me with a stick for the least little thing. Sometimes I cry the whole day and ask what world this is I’ve come into.”

17-year-old girl in Togo

Violent disciplinary measures such as beating or shouting are considered by many adults in the region as necessary for educating children. Though rearing children has traditionally been the task of the extended family and community, today community members seldom interfere when they see a child being beaten or insulted or, indeed, being neglected. These are family matters, and private. Our study used the approach of asking children how they felt about discipline at home and when researchers broached the subject, they observed that many children “trembled and cried”.

We learnt that violence by adults in the home against the children in their care can be as damaging to the mental health and well-being of those children as more explicitly dangerous events like war and trafficking. One in five of all the children we interviewed in Togo, not just those who had been trafficked, had symptoms of post-traumatic stress disorder (PTSD). Nearly half the non-orphan girls in our control group in Cameroon had symptoms of PTSD. In our study in Burkina Faso, almost as many boys who had not been forced to flee ethnic cleansing in Côte d’Ivoire had symptoms of dysthymia (a milder but chronic form of depression) as boys who had been forced to flee.

These are high levels of psychological disturbance and suffering, amongst children who have not experienced conflict and displacement. Our studies show that the cause is the sustained and overwhelming physical

violence, humiliation, verbal abuse and neglect children experience in the home at the hands of their guardians, caregivers and siblings. These are sometimes biological parents, sometimes members of the extended family (because in African societies several relatives can be responsible for a child's education and not only the biological parents).

During long interviews, the children in our studies unburdened themselves of some of the traumatic events and wounded feelings they were carrying around in their heads. The psychological demands on the researchers themselves were intense. One of the researchers in Burkina Faso said:

“We carried the pain of these children. Day after day, as we elicited yet more stories of suffering, we began to feel scared as we faced each new child. We dreaded hearing what the child in front of us would reveal about their experiences. When we asked the child to name the person they loved the most, there would be hot tears, or they would refuse to speak.”

Because the suffering of some of the children was so intense – some of them had already tried to kill themselves, were assembling the means to do so or were victims of ongoing sexual or severe physical abuse – we realised we had an obligation to take action to protect and assist these children. One such example was a girl in Liberia whose parents were killed when she was very young and whose grandmother was burnt alive in front of her. Then, at the age of 10 or 11, she was forcibly recruited as a sex slave by a rebel group. In a tense post-war climate, she is sinking:

“A friend invited me to stay with her at her mother's house, but I am really unhappy there [...]. I have to do all the housework and they sometimes beat me and don't share their food with me. I am always struggling to find money to eat and to pay my school fees. Sometimes I go with men and they give me money or food for that. My grades in school have dropped and I have no friends except one girl [...]. I often feel like an outcast and think about killing myself. ”

18-year-old girl formerly associated with the fighting forces in Liberia

In the absence of existing state structures or local capacity to provide psychosocial support, we reconstituted our research teams. Made up of trauma counsellors and psychologists, these teams formed emergency psychosocial mobile units to work with severely affected children, many of them girls like the example above, hoping to relieve some of their pain, restore some of their resilience and, where possible, mediate with their caregivers to improve the circumstances of their lives. The emergency teams worked for months conducting trauma counselling, traditional healing ceremonies and family mediation, as well as providing medical care and social assistance (such as fees for apprenticeships and school). In Liberia and Sierra Leone they ministered to more than 35 per cent of our interviewees (133 children) from February to December 2008. In Togo and Burkina Faso the teams counselled and assisted around 150 children in all³.

In spite of the interventions we were able to make, in every country we worked in there are still many more sad, angry, withdrawn, aggressive or suicidal children who need psychosocial assistance. Plan West Africa and Family Health International are campaigning for psychosocial mobile units to be established permanently, at community level, in all five countries.

We are also advocating a simple, humane, feasible programme that focuses on adults as much as on children, and mobilises the supporting and healing resources of communities in the interests of their children. In every country we went to, adults are under pressure from economic insecurity, ethnic and civil tensions, the terrible aftermath of civil war and their own trauma. We believe that only by supporting adults in their daily tasks of caregiving, only by creating spaces where information on violence and trauma can be shared and the goodwill, sensitivity and loving kindness of adults be mobilised, will the psychological well-being of children be significantly improved.

Assessing the mental health of children: the methodology of the study

Ethical issues and assessment tools

In every country, we presented the project to government authorities for ethical clearance and recruited highly qualified local research teams. In Cameroon, Burkina Faso and Togo, we used researchers with master's degrees in (child) psychology and working experience with children. In Sierra Leone and Liberia, we employed psychosocial counsellors with several years of field experience in assisting children and adults on mental health issues. Fluency in local African languages was another prerequisite for becoming a field expert.

The research teams received three weeks' training and preparation for their work with the children. In anticipation of their difficult task we provided them not only with the necessary technical skills, but also acquainted them with the phenomenon of secondary trauma and its prevention and treatment. Furthermore, the researchers worked together

to arrive at the best possible translations into local languages of all the research materials (scales, questionnaires, interviews, test instructions and discussion guidelines described in Appendix 2) and to adapt the research material to the sociocultural context by adding, adjusting or deleting items. We also conducted a three-day pre-test in each country for validating the recruitment criteria and to find out whether or not the tools were culturally appropriate and child-friendly.

Most of our assessment tools were developed in western cultural settings. Clearly, we were aware that assessing mental health in West Africa with western tools would be a delicate issue. However, when faced with disaster, children's experience of terror and helplessness is the same, wherever they are in the world. We took care to develop an assessment kit that mixed standardised questionnaires with highly participative exercises that would allow children to express their ideas and feelings freely. Where necessary, we adapted questionnaires. When we compared the responses of the exposed, or the 'at-risk' group, it was not to any set of western norms, but to the responses of a control group from the same society. This is what we measured – the differences or similarities in feelings, behaviour and degree of exposure to traumatic events between children at risk, and other children **in the same setting**.

The researchers then spent at least two months, and sometimes longer, living in a succession of villages in the study areas. For

this, agreement had to be obtained from the local authorities, which were mostly welcoming but occasionally sceptical. The effectiveness of the study relied on being able to compare the responses of affected children with those of a control group. For this reason, and in order to avoid further stigmatisation of already marginalised groups, the teams had to emphasise time and again that they were interested in all children and not only in a particular group.

When researchers arrived in a new community and had obtained the consent of the local authorities, their first step was to organise a gathering for as many children as possible. The children would play games or sing songs, and then the researcher/s would tell short stories about children in difficult situations and elicit remedies from the children. Recruitment of children for the study proceeded from these gatherings and focus group discussions.

Researchers would identify children who met the various criteria (age, gender, whether they had been affected or not by the critical event), talk to them about the study, and record the consent of the children and their parents or guardians. The children needed to be at least eight years old and interested in doing the interview. All data-collection activities respected the children's right to anonymity and confidentiality. After the interview, researchers would ask the child if they could suggest another child. In addition, researchers met possible subjects in markets and at sporting events. The teams recruited children in an open

and participative way, being careful not to select children because they looked particularly happy or particularly sad.

Adults regularly volunteered themselves to answer questions on the child's behalf. In some places, whole families wanted to sit in on the interview. It took time and patience to explain that it was the child's own answers, given in privacy (but in a public enough space for no one to feel uncomfortable), that were required. Before doing the formal interview, researchers would spend time with the child to establish a relationship of trust.

Individual interviews took around three hours. They started with eliciting background information, and moved on to the questionnaires and interviews described in Appendix 2. Children would frequently need reassurance that their answers were confidential. Researchers would give the children short breaks so that, as one researcher said, the interview "wouldn't feel like a police investigation". Researchers would also have to take a break from time to time to console a child. They were often very "shaken up", the researchers noted, once they talked about distressing events. They would "burst into tears, get sweaty hands, get tense and lose their power of speech", and the interview would have to be halted temporarily.

Nonetheless, many children told the researchers that they had found the whole process liberating – they had told their stories and they had been listened to with kindness and sympathy. One researcher noted that after the interview, it was "as if life had been breathed into the children".

Case studies

The researchers also selected a small number of children to do 'life-line' exercises as the basis for case studies. Children were given a piece of rope which they could use to represent the trajectory, or line, of their life, and stones and flowers to mark painful and joyful events.

After the work on the ground, the children drew pictures of their life-lines. This exercise helps children to confront the negative events they endured and to remember the positive ones whose memory they can summon up when they feel overwhelmed by memories of the terrible things that have happened to them.



CHILDREN IN CRISIS BECAUSE OF PARENTAL LOSS?



Country Facts

Geography and population: *Cameroon is located in Central Africa and is sometimes referred to as 'Africa in miniature' due to its geological and cultural diversity. It is home to more than 200 ethnic groups. Both English and French are official languages.*

Economy: *Compared to its neighbouring countries, Cameroon has benefited from relatively constant political and social stability. The country's roads, railways and its petroleum and timber industries have been fairly well developed. Still, the country shows strong regional disparities in development levels and many Cameroonians live in extreme poverty relying on subsistence agriculture.*

Human Development Index: *Cameroon ranks 150th⁴ out of 179 countries.*

Status of HIV in Cameroon

The status of the HIV epidemic in Cameroon: The last national Demographic and Health Survey in Cameroon reported an overall national HIV prevalence of 5.5 per cent. The highest rates were found in the northwest region (8.7 per cent), in the eastern region (8.6 per cent), in Yaoundé city (8.3 per cent) and in the southwest region (8.0 per cent). Women are significantly more affected by HIV infection: in our research area, the northwest region, the reported HIV prevalence among women was 11.9 per cent while it was only 5.2 per cent for men.

HIV/AIDS estimates for Cameroon

543,294 Estimated number of adults living with HIV (older than 15)

44,813 Estimated number of children living with HIV (age range from 0-14)

43,632 Estimated number of death (adults and children) due to AIDS

305,000 Estimated number of orphans due to AIDS

The HIV epidemic in Sub-Saharan Africa has deprived many children of their parents.

In 2006, UNICEF reported that as many as 12.1 million African children had lost one or both parents to HIV-related illnesses. What impact does losing a parent have on the mental health and emotional resilience of children?

We sent a research team to the northwest region of Cameroon. Due to various social factors including the practice of polygamy, high unemployment, which leads to labour migration by both men and women and prostitution, this area, Bamenda province, has the highest HIV prevalence rate in the country. The researchers observed many sick and dying people in the villages.

Our team of two women and one man spent two months living in six different communities and interviewed 180 children (100 girls and 80 boys). The children fell into the following groups:

- 34 had lost both parents
- 21 had lost their mother
- 74 had no father – either he was dead, had disappeared a long time ago or they had never known him⁶
- 51 had both parents living and known

At the time of our study, nearly half of all the children we interviewed were living with members of their extended family, even if one

or both of their parents was still alive. In fact, 12 of the 51 children with both parents still alive were fostered out to grandparents, aunts and uncles.

Somewhere in these extended family networks is the person the child considers its guardian and protector, the adult who pays the child's school fees and champions its rights. This person may be a biological parent, but sometimes not. In these circumstances, the death of the protector is much more distressing than the death of a biological parent:

“My aunt who was paying my school fees died. I felt very depressed and disappointed and my whole life changed for the worse. I came back to stay with my mother, but her husband does not love me. I have to do all the housework and my mother treats me like a housemaid. She has refused to continue sponsoring me in school.”

18-year-old girl in Cameroon

“My life became better when a friend of my mother decided to sponsor my primary education. This gave me hope about life and I was happy again. But after some years, he disappeared and, ever since, my life has become sad and difficult. I dropped out of school and I even have to worry about how to meet my day-to-day needs. Now, no one cares about me any more.”

17-year-old girl in Cameroon

Cameroon

In polygamous households, children are often victims of family conflict. In the following example case, having both parents alive contributes nothing to the well-being of the child, in fact, quite the opposite:

“Whenever I make a small mistake my older brothers or half-brothers beat me. My father has six wives and my mother is the third. There are always conflicts between my father and the mothers, between the mothers themselves and between us and our half-brothers and half-sisters. My mother tries to be nice, but she cannot do anything against our father who scares everybody and always takes position against me. One day I had a quarrel with an older brother and he beat me badly, leaving me with wounds and a swollen eye. Although I was injured, my father did not blame him.”

15-year-old (non-orphan) girl in Cameroon

Dealing with death

Most of the children with one or two deceased parents attributed the death to “a long illness” which they couldn’t name. Witchcraft and poison were cited as causes of death. Only one child named AIDS. This reflects the reticence of families to acknowledge HIV and its related illnesses, since they are a source of shame and stigma.

A quarter of all the children we interviewed said that being present at the death of a beloved person has been the most frightening experience of their lives:

“I was with my father in the hospital. He loved me so much. He told me not to worry about anything, that my mother will take good care of me in his absence. After some time, he stopped talking and breathing. I called him and he did not respond. I was very frightened.”

14-year-old girl in Cameroon

“My father was ill for a long time. I was the person taking care of him. I used to sleep with him and lead him to the toilet in the night. One night I tried to wake him up. He was cold. I called his name and shook him and shook him, but there was no reaction. It was only when my grandmother started screaming that I knew my father was dead.”

14-year-old boy in Cameroon

Sometimes the death of a parent removes the only protection children have against other family members:

“When my father died, my sister and I had no one left to protect us against our stepsister. We received all sorts of maltreatment, like severe beatings, refusal of food, being forced to do very difficult labour. My sister was driven away from home because she tried to protest. I was left there all alone.”

18-year-old (orphan) boy in Cameroon

Going to school – a source of hope

In answer to the question, “What makes you happy?” the most commonly-cited answer from all the children was “participation in school”. It appears that, in spite of the violence children can experience in school⁷, the simple fact of being registered for school, having one’s fees paid, receiving text books and doing well in exams, is a source of well-being for children (see figure 1 on page 13).

But most of the children in our study described a constant battle to get school fees paid by one or another of the adults in their lives. Refusing to pay a child’s school fees is, as parents and guardians both know, a painful sanction:

“My father gave me hard work on the farm and forced me to do it all before I came

home. After that, when the school year started, he refused to provide my school fees. Since I did not have textbooks, I was beaten in front of others and driven away from school. I was very ashamed.”

17-year-old (non-orphan) girl

Fifteen per cent of all the children in our study were not registered in school at the time of the interview. Some told our researchers that they had had to start working to earn for their younger siblings. They had gone to the city to work as domestic servants, babyminders and hawkers and had been badly treated. Some orphans said their guardians had paid school fees for their own children, but not for them.

However, when we compared duration of school attendance for all groups, there were no differences between orphans and non-orphans. Orphan and non-orphan girls and boys alike had spent an average of seven years in school.

Being discriminated against and feeling suicidal

More than half the orphans in our study said they were often discriminated against. This treatment, they said, made them feel sad, isolated and sometimes suicidal:

“They have already shown me that I am different from other children. I don’t eat the

same food with them and everything I do is considered to be wrong. I think it is better to [... kill myself].”

16-year-old orphan girl in Cameroon

We observed a high suicide intention rate amongst orphans and children who had lost their mother:

“Since my mother died, things are no longer the same. Nobody takes care of me or thinks of giving me food. All they do is beat me up. My situation worries me so much that I tried to kill myself [...].”

10-year-old girl in Cameroon

What our study shows is that these children are hurt to the point of despair, not so much by the loss of their parents as by the sustained abuse, indifference and humiliation they are subject to in their home surroundings.

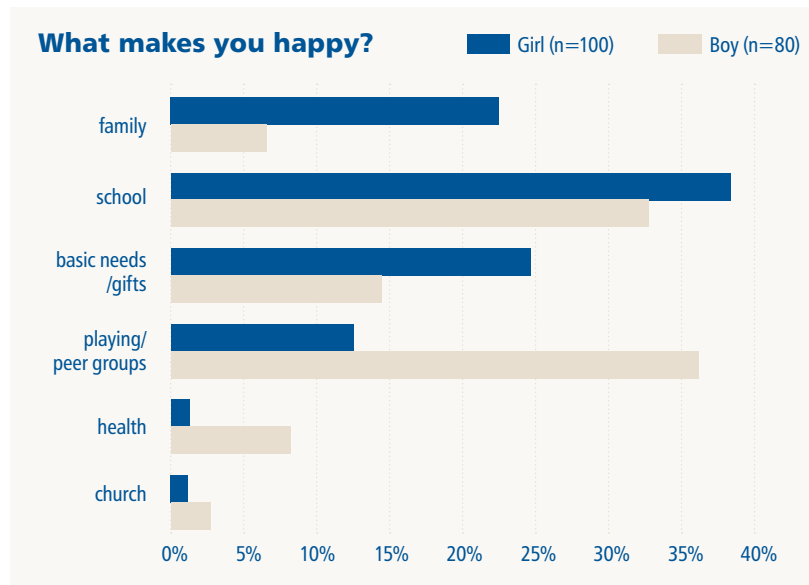


Figure 1: Answer (in %) to the question: what makes you happy?

Many non-orphans suffer for similar reasons. The shocking fact our analysis demonstrated is that major depressive disorders, dysthymia and post-traumatic stress disorder (PTSD) were common among all the boys and girls, whether or not they were orphans. We learnt that many children (45 per cent of all our sample) had symptoms of depression and 28 per cent had symptoms of PTSD – but the highest level of PTSD was among non-orphan girls, nearly half of whom have symptoms (see figure 2).

What has created this bleak picture of the mental and psychological health of the children in our study?

Children reported an extremely high level of violence in the home, taking the form of physical violence, verbal abuse and humiliation, sexual abuse, neglect and starvation. Yet there was no difference between children living with members of the extended family and children living with their biological parents. Parents were as likely to beat, humiliate and starve their children as were grandfathers, aunts and second or third wives.

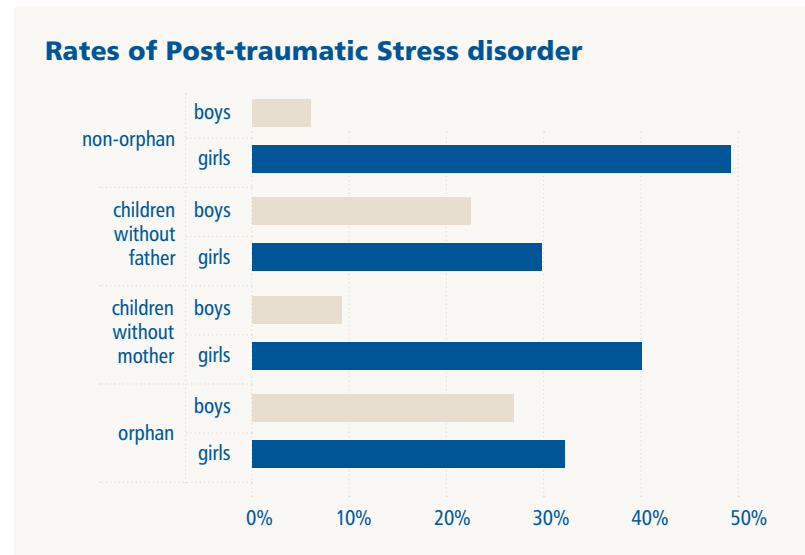


Figure 2: Rates of Post-traumatic Stress disorder in different groups in Cameroon

“Relations between parents and children are characterised by fear and insecurity, not by love and respect”, said one of the researchers. “Most children do things not because they want to, but because they are afraid of what the parents can do to them.”

“I was sent to pick up something from the kitchen and when I was about to cross the fire to fetch it, my grandmother slapped me. I found myself in the fire, with my legs burning. My grandmother didn’t pull me out, but when I got out by myself, she beat me. Nobody took care of my burns. I have a big wound. When I look at it, I’m very sad and tired and find it difficult to feel love.”

12-year-old girl in Cameroon

This violence affects orphans and non-orphans alike. Asked if they had experienced physical violence in the month before the study, 70 per cent of boys without a mother answered yes, but so did 62 per cent of non-orphan boys. Between 60 and 70 per cent of non-orphan girls reported having suffered physical violence, verbal abuse and neglect (meaning they were denied food, attention and proper clothing) in the month preceding the study.

In our study, younger boys across all groups were the most likely to suffer physical and verbal violence; they reported as common experiences:

- being slapped, kicked or punched in the face, body, arms and legs

- being hit with an object (belt, broom, stick, stones)
- having things thrown at them
- being tied up or locked up
- being verbally threatened

Violence is omnipresent and overwhelming. Children reported incidents that changed forever the way they felt about their parents and guardians:

“Early on a Sunday morning, my grandmother asked me to go to the farm and fetch firewood. I told her I would like to go to church before I went to the farm. She took a stick and beat me so hard she broke my leg. Then she refused to take me to the hospital and left for church. It was more than pain that I felt. I was so sad and angry.”

12-year-old girl whose mother died in Cameroon

Orphans may feel that they are treated more harshly, but our data does not support this. In fact, the lowest rates of corporal punishment were reported by orphan girls. And the highest rates of sexual abuse were among non-orphan girls.

Living with sexual violence

Fifteen out of 100 girls had already experienced rape, often at a very young age. The rates for other forms of sexual abuse, such as being touched in intimate body parts

against their will by an older person, is even more common. The family status does not seem to be related to sexual violence – orphan and non-orphan girls are equally at risk.

“When I’m left alone with my aunt’s son in the house or on the farm, he always forces me to sleep with him, touching me on my private parts. When I refuse, he beats me, and when I report it to my aunt or any other person in the house, they don’t believe me, but instead beat me up and tell me that I am a spoiled girl.”

10-year-old (non-orphan) girl in Cameroon

None of them received medical attention after the attacks, but what is psychologically hard for the girls to bear is the stigma:

“I was raped at the age of six by a man who visited our village. He escaped and we had no proof for what he’d done. My mother took the case to the police, but they could not find the man. My mother was very ashamed. Our neighbours did not allow their children to play with me and I was very alone.”

18-year-old girl in Cameroon

What has traumatised this young woman is not so much the rape – though that was terrifying – as the unsympathetic reaction of the community, and her mother’s shame.

It is difficult to know which is worse, making the rape known and suffering stigma on top

of the violence, or just keeping quiet, as the following girl has chosen to do:

“A man of 27 forced me to make love with him. I felt a lot of pain. I lost my virginity to someone I did not know and who disappeared. My father gets angry very easily and does not care a lot about us. I did not dare to tell him because I knew he would beat me very badly. I also did not tell my mother, for fear that she would tell my father. I feel guilty and angry with myself.”

15-year-old girl in Cameroon

This girl, who wants to be a doctor or a teacher, has adopted “a strategy of hyper-obedience”, says the researcher. But behind her submissive exterior she is feeling a lot of pain. This abuse of girls is unacknowledged and vehemently denied, as is the sexual abuse of boys. In our study, four boys also said they’d been sexually abused.

The stigma of mental disorders

In order for psychological disorders to be diagnosed, we looked for evidence of psychopathological symptoms and critical impairment of children’s day-to-day activities such as not being able to concentrate and achieve in school or not having any friends because of disturbed behaviour. The symptoms of the trauma the children related to us severely bother and upset them in their daily lives. Not able to recognise that these children need help, their parents and guardians scream at them:

“Since I was raped, my life has become different. I am afraid to leave the house alone and my mother screams and shouts at me all the time because I am too afraid to look for a job in town. I somehow believe that all men are wicked and I cannot forget the day it happened. I feel guilty because I am too afraid to go and look for work like other girls do. I just sit around at home, doing nothing.”

17-year-old girl in Cameroon

A factor that prevents adults from recognising psychological and emotional trauma in children is the pronounced stigma attached to mental illness and neurological disorders:

“I had [epileptic] convulsions in school and all my friends ran away from me. I was very embarrassed and ashamed. The worst thing is that my closest friend avoided me, and when I asked her why, she told me that her mother warned her I was going to contaminate her with the illness. I just thought of locking myself up somewhere. I am sad and frustrated and angry with myself.”

15-year-old girl in Cameroon

Do orphans need specific support?

As in much of Africa, the social structure of communities in Cameroon has been unsettled by factors like rapid population growth, economic depression and the HIV epidemic. Modes of community organisation and forms of solidarity are weaker than they used to be. Nonetheless, our study found that communities in the

northwest region were reasonably successful in providing for orphaned children in concrete terms. None of the orphans who participated in our study had been completely abandoned by the family. Nor had any of them been forced to engage in commercial sex work, for instance, to survive, even if some of them were cruelly treated by the relative with whom they were lodging.

These findings question the rationale for projects that target support to children on the basis of their orphan status only. If there are many children who suffer in a community, is it ethical to support only the orphans?

We argue that any material assistance programme aimed solely at orphans is very likely to have a negative impact. We do not think that orphans should be taken away from the extended family and institutionalised. Nor do we think that assistance programmes should intervene to pay orphans’ school fees for long periods. On the contrary, these are strategies that will single out children and reinforce their feeling of being different, while at the same time destabilising family responses to orphaned children.

However, we do consider it absolutely essential to develop a holistic and integrated approach to the critical issue of violence against children in the home. Violence against children is a criminal act that needs to be prosecuted by law. Currently, these crimes against children appear to be invisible to society at large because their victims are children. This must change.

“My father hates me with passion”

Beltha's life-line

Beltha⁸ is 17 years old. She lives in a village in the northwest region of Cameroon. When asked about her family situation, she said:

“My father has seven wives and my mother is the fourth. My grandfather gave my mother to my father to settle a debt. My father does not love my mother and he really hates me. I have to work very hard to survive. We are more than 35 children and we all live in the same compound. According to my father, my mother is the cause of any bad thing that happens in the family and he beats her all the time.”

When our researcher met Beltha she displayed strong suicidal intentions and a high fever caused by malaria. She agreed to participate in a case study, although she felt very self-conscious about her drawing skills and was scared that it would be “a test”.

1st event:

my first decisive experience in life was that my father beat me badly and I had wounds and cuts all over my body. I was unable to walk for two weeks. Up to now I feel frightened and scared when I talk about it.

2nd event:

my father gave me hard work on the field and forced me to do all of it before coming back home. He gave me a large plot, one that is not meant for one person and limited time to finish it and very little food for the time allocated. When I got home, my half-sisters mocked me and told me that that farm is my home and my mother and I are supposed to pack up and go there.

3rd event:

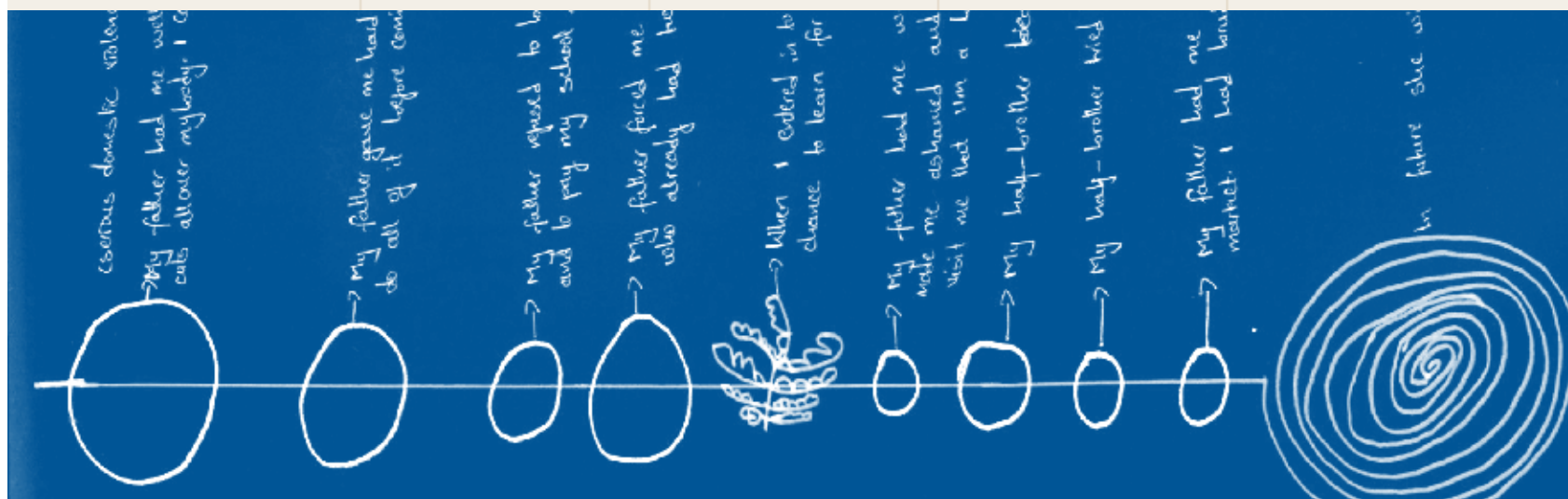
after that, when the school year started, my father refused to provide my school fees. Since I did not have textbooks, I was beaten in front of others and driven away from school. I was very ashamed and thought of dropping out of school. Since this bad experience, I always remain quiet to avoid insults about what happened to me.

4th event:

my father asked me to get married, as the third wife, to a man the same age as him. He already had two wives. When I refused, he tried to force me but I still resisted. My refusal to get married to this man has made life worse for me. Because of this, my father has ignored me and does not care about my well-being any more. This is when I really started to feel that life is not worth living.

5th event:

this is the only good thing that comes to my mind. I entered secondary school and had a chance to learn for myself. I made a few friends and this made me a bit happy.



6th event:

my father beat me badly because I stopped to talk to friends in the street. He humiliated me in front of them, telling them I'm a bad girl and none of them should be friendly with me. I now spend all my time on the farm and I prefer to be alone, rather than being ridiculed in front of others.

7th event:

my half-brother asked me to sleep with him. When I refused, he tried to force me. I defended myself, but he beat me up terribly for my refusal. I told my father, but since he does not care about me, he first turned a deaf ear, then accused me of lying and beat me very severely as well.

8th event:

my father again gave me work in the field. Since I had to live in the farm and finish the work, this same half-brother followed me to the farm and tried to rape me. I ran back home, but my father drove me away and I had to sleep out of the house.

9th event:

my father sent me to the market to sell tomatoes. I spent a long time there because people did not come forth to buy them. When I came back, my father beat me badly for spending too long in the market.

Dreams for the future:

Beltha wants to continue school and become a nurse.

Disciplining children in the home: what does international law say?

The five countries where we carried out studies have all ratified the United Nations Convention on the Rights of the Child (CRC) – Burkina Faso, Sierra Leone and Togo in 1990 and Cameroon and Liberia in 1993⁹.

Article 19 of the CRC is intended to protect children against all forms of physical and mental violence, neglect, exploitation and sexual abuse, and specifically defines corporal punishment as a violation of the rights of the child. African States also subscribe to a specifically African Charter on the Rights and Welfare of the Child, adopted by the African Union in 1999. Individual States such as Sierra Leone and Togo have passed special children's codes or acts to ensure that children's rights are being adequately reflected in national legislation.

Unfortunately, in our field studies, most of the adults whose responsibility it is to make children's rights a reality – the police, lawyers, teachers, chiefs and elected local politicians – were distinguished by their failure to intervene to protect children. In the case of the little girl in Cameroon whose leg was broken by her grandmother's beating – was the grandmother arrested and charged with criminal assault? She was not. What about the girl in Togo, mentioned later in this report, whose aunt's

husband, a trafficker, was responsible for allowing two children to die by suffocation on one trip alone – has he been arrested and charged with manslaughter and criminal negligence? He has not.

In November 2007, government ministers, parliamentarians and civil society representatives from eight francophone countries in Africa, including three in our present study – Burkina Faso, Côte d'Ivoire and Togo – came together in a conference¹⁰ organised by the Office of the High Commissioner for Human Rights, to discuss how to improve implementation of the CRC including the findings of the 2006 United Nations Secretary-General's Study on Violence against Children (see Appendix 3 on page 59). They recognised the current impunity of the perpetrators as a key factor that perpetuates violence against children, in the home and elsewhere.

The conference recommended that it be made possible for a child under 18 years of age to bring a charge of violence against an adult¹¹. A child who does so should not be victimised by the police and should have their complaint investigated properly. The conference recommended that police and other authorities should automatically take an injured child to a doctor to obtain a medical certificate for use in the prosecution of perpetrators. It recommended that civil society organisations be given the legal right to pursue cases of violence against children on behalf of the victims.

It is clear that legislation has been passed by some African States to satisfy the demands of international organisations and donors. The same legislation is not being accompanied by measures to help populations, as much as decision makers, to understand and comply with the new laws; indeed, it already risks making the situation in several countries worse rather than better.

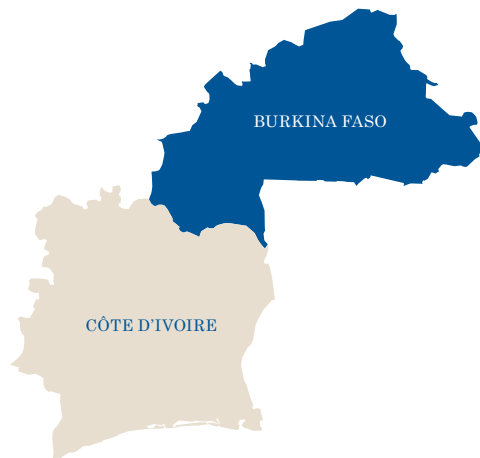
Not only are the laws routinely broken, the prosecution of people who wound and maim children physically and psychologically is a complex and challenging undertaking, especially if the child is abused by a relative such as an aunt, father, grandmother or older brother. Sending a caregiver to jail is often not in the best interests of the child. If the perpetrator is sentenced by a judge, community members are often unable to forgive the betrayal and subsequently ostracise the child. To be efficient, prosecution has to go hand in hand with consciousness-raising and parental education about the physical and psychological damage caused to children by beatings, insults, sexual abuse and neglect. In all cases, the children's best interests need to be the guiding factor for law making and law enforcement.

Despite existing legislative frameworks to protect children, a lot remains to be done at country level. The ministry departments responsible for children's welfare often operate with very modest resources and can assign only one person to cover 200 villages. The intervention of international donors has been given priority over the implementation of preventive measures by government. At the same time, teams from the Department of Social Affairs receive neither sufficient financial resources to buy fuel for their motorbikes nor adequate training to deal with severely affected children. On a positive note, some promising initiatives and efforts to end the silent suffering, like the 'Allo-11' helpline in Togo, have emerged.

The Allo-11 initiative

The Allo-11 initiative is a free telephone crisis line for children and family members subjected to violence and abuse. The phone line started operating in January 2009. When a child calls, trained social workers register the case and refer it to specialised institutions.

CHILDREN EXPELLED FOR ETHNIC REASONS FROM CÔTE D'IVOIRE



Country Facts

Geography and population:

Surrounded by six countries, Burkina Faso is a landlocked country of 274,000 km². The population has almost tripled in the past 30 years and has reached 14 million people, referred to as Burkinabé.

Economy: Over 80 per cent of the working population is occupied in subsistence agriculture. A small number of people are employed in the industry and service sectors.

Human Development Index: Burkina Faso is one of the poorest countries in the world and ranks 173rd out of 179 countries¹².

The migration of Burkinabé to Côte d'Ivoire:

During the colonial period, agricultural workers from Burkina Faso – then called Upper Volta – were encouraged to go to Côte d'Ivoire to work and settle. The first Ivorian President, Houphouët-Boigny, continued the process. The land, he said “belongs to those who cultivate it”. Migrants from Burkina Faso started as agricultural labourers, but after years of hard work many became landowners with shops and other businesses. The 1998 census found nearly 2.5 million Burkinabé in Côte d'Ivoire¹³.

The expulsion of Burkinabé during the Ivorian crisis:

Xenophobia was vigorously stimulated by Ivorian politicians during the 1990s. In 1999, when an Ivorian involved in a land dispute with a Burkinabé died at Tabou, more than a hundred Burkinabé were killed, and at least 12,000 were expelled¹⁴. Ethnic cleansing intensified once a rebellion began in the North in 2002. Families who had lived in mixed villages and neighbourhoods for decades, whose children and children's children regarded themselves as Ivorian, found themselves under attack by neighbours and harried by soldiers and militias.

“We were living in Côte d’Ivoire, and my father had a shop that sold all sorts of different products. During the war in 2003, Ivorians set fire to the shop, and everything was destroyed. My father cried a lot, and we cried too. We had nothing left and we were frightened, because the Ivorians were insulting us all the time, not leaving us in peace. Two days after the fire in the shop, some people set fire to our neighbours’ houses and they lost everything. Luckily, the fire didn’t reach our house, but the following day, my father managed to find a bus that was leaving for Burkina Faso and that’s how we escaped death. Here we are extremely poor, but we live in peace.”

14-year-old (returnee) girl in Burkina Faso

To date, no research has been done to establish exactly how many Burkinabé abandoned their property to escape these murderous pogroms. However, many children who barely knew Burkina Faso and were used to a comfortable life in Côte d’Ivoire, suddenly found themselves at the mercy of unknown relatives in their parents’ or grandparents’ town or village of origin:

“When we arrived at my parents’ village, we were welcomed by my maternal aunt and some other people I didn’t know. My aunt gave us something to eat and I felt very happy to have escaped death. But what became really troublesome was the problem

of food. My father had no money and it was very difficult for our family to live.”

14-year-old (returnee) girl in Burkina Faso

We set out to study the psychological impact on these children of their uprooting and transplantation. We focused our study in two areas of southwest Burkina Faso where many migrants had originally come from, and where many of the repatriated children (most born in Côte d’Ivoire) are now living.

Some idea of the fluidity of these resettlements comes from local authority statistics. For instance, the town of Banfora, in one of our research localities, has a population of over 100,000 adults. In 2003, during the period of intense Burkinabé flight from Côte d’Ivoire, local authorities registered 18,698 returnees. By 2004, this figure had fallen to 3,004. Either returnees had left the town to look for land in the villages, or adults had gone back to Côte d’Ivoire.

A 2004 survey of 10,000 returned migrants in the southwest, carried out by the government and UNICEF, found that two-thirds of them were children. Many have to fend for themselves with relatives who are not necessarily sympathetic. We observed many returnee girls and young women working long hours in poor conditions in factories in the agricultural area of Berekoubo or in the gold mines of Samnata.

As in all our country studies, we compared the replies to our questionnaires of returnee

Burkina Faso

children (50 girls and 53 boys) with those of a matched sample of 50 girls and 52 boys who were not returnees.

The trauma of the flight

“The Ivorians came very early one morning to chase us out of our house. I wasn’t awake and in the panic of the flight my parents forgot about me. When my father realised I was missing, he came back, thinking I must have been killed. He opened the door and called me, and was relieved to hear my voice. But when I came outside and saw the bodies of our neighbours, I started to shake and I couldn’t walk, so he carried me on his back. We had nothing with us, and we stayed walking in the bush, rather than on the roads, in case the soldiers found us and killed us.”

17-year-old (returnee) girl in Burkina Faso,
13 years old at the time

The terror of this sudden flight is echoed by all the returnee children we interviewed – all of them had had experiences that were similarly traumatising:

“We were three months in the bush, trying to escape, and we walked 200 km on foot. Some rebels found us, and told us that if anyone moved, they’d shoot. They demanded money. We told them we had nothing. Luckily one of the rebels was of Mossi origin, like us. He told his companions to let us go. I was terribly frightened, and I think about it a lot.”

Boy, 10 years old at the time

Getting onto a bus or a train or into a long-distance taxi was not the end of the ordeal. Some people were charged huge sums to



travel and then Ivorian soldiers and militias would constantly stop the vehicles:

“They took away all our money and threatened to kill those who had nothing to give them. They were insulting us all the time, saying ‘You animals! We are making sure you go back to your poor, dry country with nothing’.”

The girl, now 16, who told this story, was 12 years old when she and her family fled “to escape death”. But they did not escape it:

“In the bush we were surprised by soldiers. They cut the throats of my father and his third wife and they burned my big brother alive. My little sister and I were hiding in the bushes, watching everything. When the soldiers left, we ran away, past the bodies. We had no idea where we were going.”

Arrival in Burkina Faso: a mixed blessing

People crossed the border and were safe. Parents, having got their children out, sometimes then gave way to their own distress, which in itself was frightening for the children:

“The journey was very hard. We walked in the bush for a long time until we found transport. It took seven days, and we were hungry and thirsty and very weary. When we arrived, I saw my father weeping and I

was very sad to see him in this state. But of course we had lost everything.”

10-year-old (returnee) girl in Burkina Faso

Local children also noticed the distress of the adults:

“The people who came from Côte d’Ivoire had nowhere to go. They were hungry and thirsty and their clothes were filthy. They had lost everything and they didn’t want to speak. I even saw grown-up men crying. I felt very sorry for them.”

14-year-old (non-returnee) boy in Burkina Faso

The Burkina Faso authorities spent a lot of money on a rescue programme called Operation Bayiri, organised by a specific state structure, CONASUR, to assist reintegration and built temporary reception centres. In fact, most returnees got themselves out of Côte d’Ivoire by their own efforts, and once in Burkina Faso very few received assistance from the State. In the localities where we worked, up to 200 returnee children in total were having their school fees paid by the Department of Social Affairs. Most immediate relief for the returnees we interviewed came from family members, or from other people in the locality.

However, the southwest region of Burkina Faso is poor, with very few employment possibilities – the reason people left in the first place. Even if they had wanted to continue subsidising these dramatically impoverished relatives, whom they scarcely knew, many

local families lacked the means to do so. Almost all the returnee children had experienced hunger, but so had more than 60 per cent of the non-returnee boys, nearly half of them in the month preceding the study. Getting enough to eat was already an issue for villagers and townspeople, even before the refugees arrived with their empty pockets.

Even before the sudden collapse of their lives and fortunes, returnees were already the focus of resentment in their country of origin. Burkinabé living in Côte d'Ivoire rarely bothered to invest much in their areas of origin – they may have sent money to relatives, but they didn't build houses, for example, or give any other sign they intended to come back some day. On return trips for funerals or baptisms, they were always much better dressed than their relatives in the village. They seemed to like dancing and theatre and having a good time. The judgement was made that they were less hard-working, less tough, than so-called real Burkinabé. Another source of resentment was the fact that prices for foodstuffs went up with the arrival of the returnees. Resentment impeded the social and economic

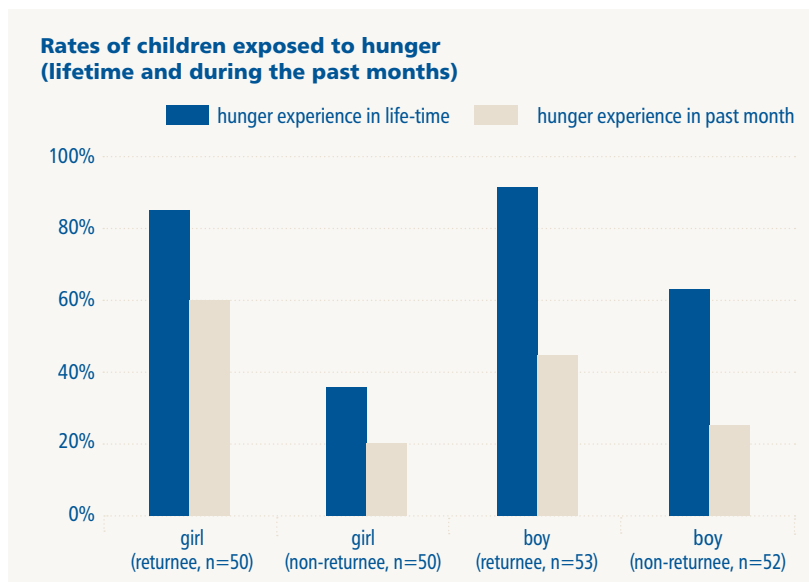


Figure 3: Rates of children exposed to hunger (lifetime and during the past months)

integration of returnees. Even adults who had been allocated pieces of land by the authorities found themselves threatened and chased off by other villagers when they began to cultivate.

Children who were already traumatised by the mobs in Côte d'Ivoire and the terrors of the flight through the bush were further traumatised by the rigours of their new life as poverty-stricken outsiders:

"We don't have any fields to plant. And we don't have any money to buy food, either. The result is that we're always hungry. There's a famine in our house. We eat at most once a day. Sometimes it's once every two days."

15-year-old (returnee) girl in Burkina Faso

"I feel sorry for them, because they don't have anything to eat, and then they have difficulties getting land here, because we consider them foreigners."

14-year-old (non-returnee) boy in Burkina Faso

It is a measure of how hostile and unyielding these circumstances were, and remain, that very many fathers, and some mothers, left their children with relatives and went back to the place they'd escaped from – Côte d'Ivoire – to try and recover what they had lost, or start again. Many returnee children felt abandoned in an emotional and economic wilderness, starved of everything, including love and kindness. Of the 105 returnee children we interviewed, 46 had not previously known a single soul in the village in which they were now living. Many in our study found themselves living in the households of people with whom all they had in common were a few genes. These children, left behind by their parents, became the focus for rage or resentment against the parents:

"My aunt never stops insulting me. All the time, she makes me understand that she's sorry to have taken me in. She's told me that if my father comes back from Côte d'Ivoire, she'll ask him to take me away."

15-year-old (returnee) girl in Burkina Faso

The trauma of war, the burden of hunger and the stigma of being a returnee compounded by violence in the home

The visibly traumatised condition of some returnee children is observed by non-returnees:

“Many are getting thin because they think too much. I’m sorry for them. They can’t forget Côte d’Ivoire. I think the war is in their minds all the time.”

The non-returnees describe a mental health crisis among some returnee children:

“You have to feel sorry for them. Some have gone crazy, or seem possessed. They stop washing, and go around talking to themselves.”

One in four of the returnee girls in our study was suffering from post-traumatic stress disorder and so were nearly one in four returnee boys. Five returnee girls out of 50 had severe depression and so did a higher proportion of returnee boys, around 13 per cent. We diagnosed more than 15 per cent of returnee boys and girls with dysthymia.

Still, there was no evidence that the psychological crisis affecting many of the returnee children had been recognised and addressed by adults or the authorities. Even worse, as our study shows, is what compounds the trauma sustained by returnee children

– the violence, abuse and neglect they experience in their present homes:

“Since my mother went back to Côte d’Ivoire, my foster mother beats me and insults me and gives me arduous jobs to do. She doesn’t let me eat.”

14-year-old (returnee) boy in Burkina Faso

“My father’s wife insults me all the time. And my father says nothing. Sometimes the situation is unbearable. I’ve been thinking about killing myself [...], because there isn’t anywhere else that I could go.”

14-year-old (returnee) boy in Burkina Faso

However, children in the control group (children who are not returnees) told us similar stories of violence in the home:

“My mother keeps telling me that things would be better if I was dead. My two sisters are with their husbands; nobody wants me. My mother says she’s sorry she brought me into the world and if there was a market in children, she’d sell me. I’ve been thinking about [...] kill[ing] myself.”

14-year-old (non-returnee) girl in Burkina Faso

The questions to children about personal abuse were supplemented with further questions: about whether the child had already witnessed family members being beaten up, threatened to death, injured or burnt and about the children’s feelings about the situation at home.

Domestic violence

The interviews in all five study countries included an in-depth assessment on how, and to what extent, children experience violence in their homes. We asked each participant a set of questions to explore three different categories of violence:

Physical violence – being punched, kicked or slapped in the face, being tied up or locked up, being burned deliberately with hot water or cigarettes or being hit with belts, whips or sticks.

Verbal abuse – repeated insults, demeaning remarks or threats including threats of death.

Neglect – withholding food, drink or clothing and being ignored by the caregiver. Neglect was particularly often mentioned by children who were fostered by relatives.

We inquired if the children had experienced each specific type of violence at least one time in their lives. If the answer was affirmative, we asked whether they had experienced this type of violence within the past month and who inflicted it.

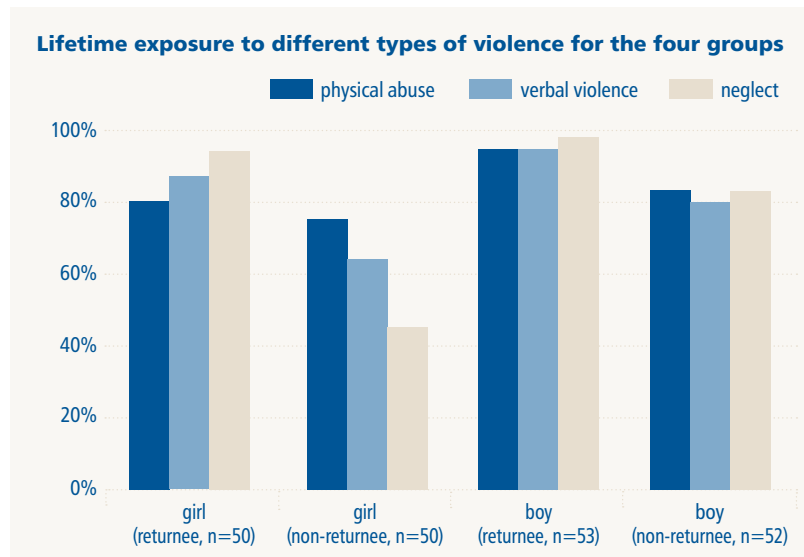


Figure 4: Lifetime exposure to different types of violence for the four groups

From our material, we developed a profile of the child most at risk of violence and abuse in our study area in Burkina Faso. This child is:

- younger, rather than older
- in a Muslim or Christian family, rather than a family practising a traditional religion
- in a household that has been exposed to traumatic and dangerous situations
- a boy¹⁶

Intervening to support children

The whole experience of displacement from Côte d'Ivoire to Burkina Faso created conditions that challenge children's resilience, and violence in the home is a further challenge. However, many of the non-returnee children in our study were also depressed, also showing symptoms of post-traumatic stress disorder and also suffering from hunger and neglect.

Returnee children in Burkina Faso share with refugee children everywhere the experience of being torn between nostalgia for the lost Eldorado of the old country and the pressing demands of a new life where everything has to be built from scratch, especially relations with the host society. In the course of our study we met children to whom terrible things had happened, but who had overcome the trauma of these events. Others, confronted with hostile circumstances and hunger, have found it difficult to adapt, and they experience intensified discrimination and rejection as a result. Parents with nothing in their pockets are too busy to attend to the basic and emotional needs of their children, or are simply not present. We call for joint actions at national, regional and international levels to end the silent suffering of thousands of repatriated families in Burkina Faso who are still lacking access to basic resources for survival.

CHILDREN WITHOUT PARENTAL SUPPORT IN A POST-WAR SITUATION



Country Facts

Geography: *Sierra Leone is bordered by Guinea and Liberia and covers a total area of 71,740 km². The population estimate is close to 6,300,000.*

History: *The capital Freetown was founded in 1792 by formerly enslaved African Americans, and became later a British protectorate. The country became independent in 1961.*

Economy: *The country is rich in mineral and natural resources including diamonds, rutile, bauxite, gold, an abundant water supply and rich fishing grounds. Yet many social and economic infrastructures were destroyed during the war, corruption is impeding investments and there has been little effort to build up large-scale agriculture, even though about two-thirds of the country's population tries to earn a living within this sector. Unemployment is high, particularly among youths and ex-combatants. Wages range between €0.70 and €1.50 a day.*

Human Development Index: *Sierra Leone is the lowest-ranking country on the Human Development Index coming 179th out of 179 countries¹⁷.*

The civil war in Sierra Leone (1991–2002):

The armed conflict began in 1991 when the Revolutionary United Front (RUF) led by Foday Sankoh invaded towns in Kailahun district, near the Liberian border. The fighting with the Sierra Leonean army continued for months and the RUF gained control of the diamond mines in the Kono district and pushed the Sierra Leonean army back towards Freetown. The RUF soon became well known for ritual maiming, torture and cruel killings of civilians as well as forceful abductions of young people and children. They also made use of indoctrination and drugs to manipulate children to comply during combat. UNICEF highlighted the epidemical dimension of sexual violence inflicted upon women and girls during the war¹⁸. It was common practice to kidnap girls to become 'bush wives' and to coerce them to provide sexual services for the members of the armed forces. In May 2001, a ceasefire agreement was signed and the disarmament process of more than 72,000 combatants started. In 2002, President Kabbah declared the civil war to be officially over. As a result of the war, an estimated number of 50,000 people were killed, over one million civilians fled the country and more than two million people were displaced¹⁹.

The 10-year long civil war in Sierra Leone caused families to disperse and lose track of each other.

Children who were tiny at the moment of separation didn't necessarily know who their relatives were, and so were unable to find them when the war was over. In any case, by that time many family members were dead.

The children we interviewed for this study were born during, or just before, the war. We located 94 children whom we identified as being without parental support, children whose parents are dead or missing and who are living with very old, disabled or chronically ill guardians. The majority of children in this group were orphans. We matched their state of emotional and psychological well-being with that of a group of 89 children identified as having support from at least one parent.

We learnt that for the exposed group, the absence of family safety nets and the extreme poverty of caregivers compounded the traumas inflicted by the war. We noticed many girls engaging in prostitution. There were high levels of depression and an alarmingly high risk of suicide. But both groups of children are suffering. We observed symptoms of post-traumatic stress disorder in three-quarters of all the children we interviewed.

Into the field

Plan recruited three experts, native to Kailahun district, who'd worked as psychosocial

counsellors with the Centre for Victims of Torture²⁰. Kailahun is where the war started and where armed groups operated right up until the official end of the war in January 2002. Kailahun is in the far east of Sierra Leone, and has borders with Guinea, where many people took refuge, living in camps that were themselves often attacked, and Liberia, some of whose politicians and warlords were involved in the war in Sierra Leone.

Infrastructure in Kailahun district is very badly damaged. Roads are in a terrible state, power is only available from generators, vehicles are difficult to locate and local transport is only possible on motorbikes.

At least half of the 183 children in our study had received some material assistance, usually school equipment or food, from international non-governmental organisations or the United Nations, but very few had received any psychological support.

How families were destroyed

The poor and vengeful young men who made up most of the Revolutionary United Front's rebel militia murdered children's parents in gruesome circumstances. This boy was three years old when he and his parents, trying to get to Guinea, were trapped by rebels of the RUF:

"One of the commanders opened fire on my father and shot him dead. My mother's

Sierra Leone

hands were cut off with a blunt knife and she was killed soon after."

The RUF was not alone in their methods. All armed groups in Sierra Leone and across the border in Liberia specialised in extravagant violence:

"I was a very small boy when the RUF rebels attacked my village. My parents took me to Liberia. After a year, NPFL [National Patriotic Front of Liberia] rebels violently invaded the town. They killed my father in a big ceremony and ate his body raw."

17-year-old boy, 7 years old at the time,
Sierra Leone

Out of all the children in our survey, 46 per cent of the girls and 42 per cent of the boys had watched a family member be killed or be threatened with death. Ninety-four per cent of the girls and 90 per cent of the boys had had their homes or property looted. Forty-eight per cent of the girls, and 54 per cent of the boys

reported having been surrounded by, lying underneath, or stepping on dead bodies. These figures indicate how widely traumatising the events of the war were.

Some of the children reported having been picked up by someone they didn't know after the murder of their relatives and taken to a refugee camp. The three-year-old boy whose mother's hands had been cut off with a blunt knife was left alone on the road with his parents' bodies when the militia moved on. He says:

"One stranger, who used to do business with the RUF rebels on both sides of the border, saw me and brought me to Guinea, where we stayed for six good years."

But others were not so fortunate.

Taken into captivity and its consequences

"In 1997, both of my parents and my sister were killed by rebels. I wasn't even 10 years old and I was all by myself. The rebels took me to their base, where I did domestic chores like cooking, laundering, fetching wood and I was trained to clean their weapons. In 1998, I was trained to fight and sent to the front. I killed a lot of people. I looted, burnt down houses and inflicted pain on many people."

20-year-old young man in Sierra Leone

Fewer than one in five of all the boys and girls we interviewed had lived among the rebel groups. The majority had spent the war in the supposed security of refugee camps in Guinea. However, being taken into captivity by the rebels meant either an inexorable progression into the fighting forces (thus having the services of some other child slave to fetch the water and do the cooking), or, for girls, the additional forced servitude of becoming a bush wife. Many of the girls in our study had been raped during the war, often in areas of supposed safety, notably the refugee camps:

"After the death of my father in the war, something terrible happened. I was nine years old when I was captured and forced to have sex with a rebel. I tried to run away and refuse, but he beat me up very badly and separated me from my mother. Up

to now, the whereabouts of my mother is unknown."

16-year-old girl in Sierra Leone

"When the rebels entered the camp in Guinea, I was captured and beaten. They forced me to take my clothes off and to have sex with a group of men. What could I do? They pointed their guns at my head all the time."

18-year-old girl in Sierra Leone

The Truth and Reconciliation Commission that sat in Sierra Leone after the war reported in 2004, "It is clear that there were deliberate policies systematically to target women and girls and systematically to rape and violate them²¹." Yet, said Amnesty International in November 2007²²:

"Little has been done to ensure that survivors of sexual violence receive justice, acknowledgement of their suffering, or full, meaningful and effective reparations."

Rape was a feature of the war, but so was transactional sex, including in the alleged security of the refugee camps in Guinea:

"I stayed in Guinea with my aunt. Life was not easy, and I was forced to have sex with camp workers in order to get food."

19-year-old young woman in Sierra Leone

Safety in refugee camps and the danger of ethnic marks

Many families from Liberia and Sierra Leone fled to neighbouring Guinea when the war reached their home and spent several years in refugee camps. The refugee camps in the Guinea Forest Region situated close to both the Sierra Leonean and Liberian borders, were no havens of safety, but repeatedly invaded by armed forces and attacked in spillover fighting from Liberia. Many families were temporarily captured by dispersed rebel groups or had again to witness forceful abductions, torture and killings:

“I was with some of my family members at Katkama in Guinea when we were caught by the rebels and they forced me to have sex with them. We managed to get back to the camp, but it was invaded soon after. I tried to run away, but there was no way out. There were dead bodies everywhere. I had to step on them, there were too many and I could not find my way out.”

Girl, 12 years old at the time, in Sierra Leone

In order to flee the violence or to rejoin family members, people moved between different camps. But this was dangerous, especially if you had particular scars or marks on your body. Guinean military and paramilitary personnel arbitrarily screened the refugees for hidden rebels both inside and outside the camps. During the controls, children reported that they were forced to take off their clothes and lie down naked on the floor for body examination. The armed forces conducted highly traumatising and humiliating body controls including an inspection of body openings in order to uncover fighting material and to identify potential rebels in the group on the basis of giveaway scars or body tattoos. Almost all ethnic groups in the forest areas of Sierra Leone, Guinea and Liberia practice ritual tattooing ceremonies during initiation rites. During the war, these tattoos could become a death sentence. This boy was five years old when he and his mother fell into the hands of a military patrol:

“When our camp was invaded, my father was forcefully abducted and was later killed in the war. My mother managed to escape with me to a safer zone. But only shortly later, at Katkama, she was taken by several men and thrown to the ground. They stripped her naked and said that she was carrying rebel marks.”

Ethnic marks

If you were unlucky enough to carry the tattooing of an ethnic group that the Guinean forces associated with Liberian or Sierra Leonean rebel forces, you were subjected to abuse, torture and, in the worst cases, death. For the children, this meant often that their parents were tortured and even killed in front of their eyes. For this five-year-old boy, the day became the worst in his life:

“They did very bad things to her and she was killed not much later by one of these men. I was left with my uncle.”

Older children were often themselves threatened with death, sexual abuse or torture, whether or not they had ever been associated with a fighting force:

“The UNHCR was evacuating us to Borea camp. But then a Guinean military group took hold of us. When they saw a mark on my leg, they accused me of being a rebel. They took me in detention and said that to prove that I was not a rebel wife, I should be with the government forces and become their wife. No one listened to me when I said that I had never been with the rebels. But they left me naked on the floor for a long time. It was in 2000 in Gueckedou town. ”

Girl, 12 years old when this happened,
Sierra Leone

Struggling emotionally with post-war life

Many of the children we interviewed were effectively living in an emotional desert, including those we classed as having parental support. Seventy-six per cent of all our interviewees told our researchers that they had wished to be dead on at least one occasion. These are not idle thoughts:

“I have bad, bad dreams about the killing of my parents. How can life continue if in your head awful things go on and on? Every time I wake up it is as if my parents have just been killed another time and me watching, not able to move.”

15-year-old boy in Sierra Leone

“My parents died in the war after the rebels burned our house down. I got a baby eight months ago, but it has no legal father and it is always sick and crying. My grandmother has to take care of both of us and cannot help me. I feel like killing myself and the baby [...] to end our miserable existence.”

17-year-old girl in Sierra Leone

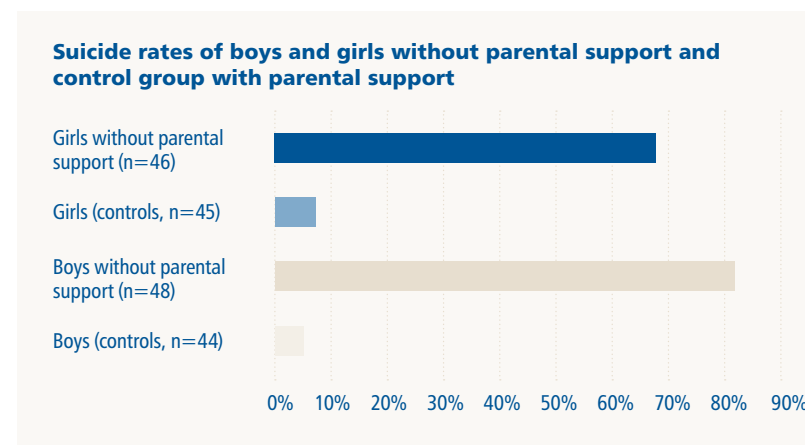
At the time of our study, nearly 70 per cent of the girls and 80 per cent of the boys without parental support were, we judged, at serious risk of suicide. That is 30 girls out of 46 and 38 boys out of 48:

“I think a lot about death. I feel that life is so much pain. I know how you can kill yourself. You can [follow a particular method ...] and it is all over. Very often, after being beaten or chased out of the house, I feel like stealing [means of committing suicide] from the shop to end my life.”

17-year-old boy without parental support in Sierra Leone

Amongst children with more supportive living situations, the figures are considerably lower – 10 per cent of these girls and below five per cent of the boys seriously wanted to kill themselves at the time of the interview. This is still 13 young people from the control group at serious risk of suicide (see figure 5).

Figure 5: Suicide rates of boys and girls without parental support and control group with parental support



We learnt that from the 183 children we interviewed in total, 56 had already tried to kill themselves, amongst them former perpetrators as well as victims:

“I tried to kill myself [...] but before I could [do] it I was discovered and taken to the police. They let me go after a couple of hours. I tried another time [...] but I did not die, although I lost a lot of blood. I just don’t see any sense in life.”

18-year-old girl from the control group in Sierra Leone

“I killed innocent people, looted their property, burned their houses. I don’t know what to do now with my life. I am a failure. My parents are dead and I often feel ill. I tried to kill myself once [...], but my cousin stopped me.”

20-year-old young man in Sierra Leone

Are parents and guardians helping these desperate children?

We uncovered a destructive circle of violence between caregivers and children. Caregivers, often overwhelmed by their own traumatic experiences, their grief and a very hard daily struggle for survival, project their own distress onto children. For a small mistake, such as not completing a household task, a child will be severely punished. Because so many children are already emotionally distressed, many do have deviant behaviour: they wet their beds, are chronically apathetic or stay out late at night. This behaviour, a symptom of their distress, is met with violence from caregivers who are unaware of alternative ways of dealing with it. In their view, they need to beat these abnormalities out of the children. The children without parental support often become scapegoats for any mischief happening, and many of them were subjected to ongoing abuse at the time we interviewed them (see figure 6).

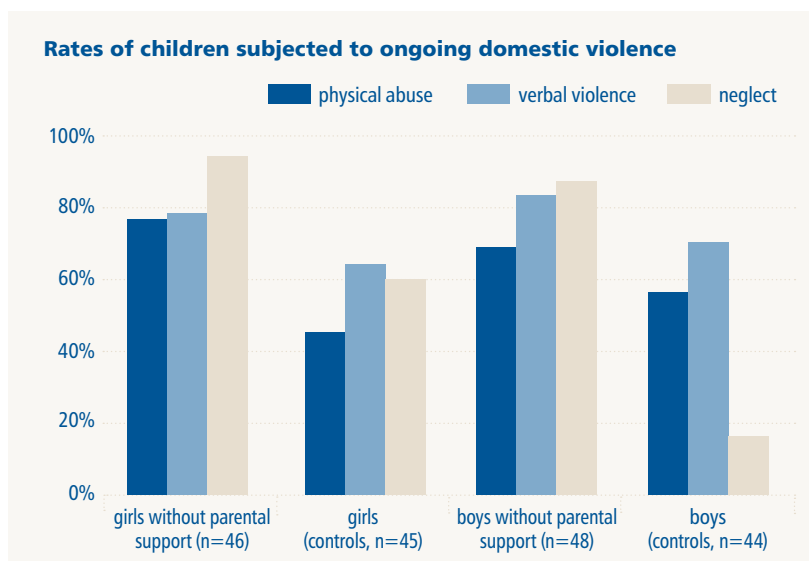


Figure 6: Rates of children subjected to ongoing domestic violence

This is truly a vicious circle of suffering. Both the violence in the homes and the conduct deviancies rapidly become chronic. The child is always beaten, whether or not she misbehaves, and misbehaves whether or not she is beaten.

Then, the violence children experience in their homes can set off their trauma and make their behaviour unpredictable. The boy who saw his father shot dead and his mother's hands cut off with a blunt knife when he was three years old is living in very cruel circumstances with a man who forces him to work as a servant and inflicts injuries on him so severe they need to be treated in hospital. This boy told researchers:

"The memory of seeing my father and mother killed is reawakened every time I'm beaten and abused at home. Then I feel completely helpless and confused. I think a lot about killing myself [...]."

There is no magic formula that will transform this desolate picture overnight. However, to help traumatised children and their traumatised caregivers to emerge from the emotional and psychological wasteland created by the war, we are proposing the holistic and integrated approach outlined in our **Recommendations** section at the end of this document.

Institutional support for traumatised and other children who have been affected severely

Institutional support is hard to find in West Africa. We researched 285 organisations that appeared to offer psychosocial services in 10 countries, and we visited the 25 that appeared the most promising, after having evaluated them using a questionnaire. Yet in few countries did we find workers trained in the management of mental disorders. Nonetheless, in Liberia and Sierra Leone, the Centre for Victims of Torture, for example, has developed programmes with a special focus on mental health and it is reaching out to communities in order to support people suffering from psychological problems.

Other organisations are, we observed, operating mainly in capital cities, without adequately trained staff or the long-term financial support from governments that would enable them to develop their activities to meet children's needs. They were mostly delivering social assistance to a handful of children in situations where potentially thousands need the comfort of a trained listening ear and appropriate intervention.

The most promising institutions we identified had incorporated the following features:

- a highly qualified team of field staff, native to the community and respected by people in the community
- a supervisory clinical psychologist whose job is to prevent secondary trauma and burnout in the field team
- an operational referral system that links nurses, midwives gynaecologists, social workers, teachers and skills trainers
- systematic long-term planning and evaluation, based on operational research, to measure the impact of the intervention

The first two flowers:

what I remember about the first years of my life is how my parents loved me and took care of me. In 1992 when I was three years old, my parents invited a doctor to circumcise me at home. I received so many gifts on that day and many of my friends spent that whole day with me. Though the war was already going on in some parts of Sierra Leone, we were not yet affected.

Next event:

the following year the rebels attacked our village. I was separated from my father. He was later killed by the rebels. I was forced to witness the violent rape of my mother. We managed to cross over to Guinea and settled in Gbekadou camp.

Next event:

in 1997 I was sent to school. This was one of the favourite days in my life because I received a new school uniform of new shoes, shirts, trousers and a school bag and started my education in a school in the camp. One year later, I came first in our class and had a double promotion to Class 3 instead of Class 2.

Next event:

in 1999 my mother and other relatives organised a funeral ceremony for my late father. We never found his body and did not know if he had a grave site. I felt incredibly good. The prayers offered by the Christians were nice. In general, our stay in Gbekadou camp was a good time for me because the United Nations High Commissioner for Refugees gave regular food distributions and free medical treatment and there was free education from the International Rescue Committee and there were camp supplies such as hoes, cutlasses, tarpaulins, mats and more.



Next event:

in 2000, when I was 11 years old, Guinean rebels invaded our camp. It was horrible. I was walking over dead bodies while fleeing to Nyaedou camp. On our way to Nyaedou, I was captured by Guinean rebels. I was forced to carry stolen goods from Gueckedou town to Macenta town. The load I carried was very heavy and all that with an empty stomach. I got separated from my family for nine days.

Next event:

in the year 2002 my mother got sick and died in Borea camp. She was suffering from bad abdominal pains. I believe this was because of the gang rape. I was left in the care of my elder sister.

Next event:

we were repatriated to Kailahun in 2003 from Borea camp in Guinea. I was registered and sat my National Primary School Examination. During the years 2004 and 2005 my life was manageable though I was an orphan, but my elder sister was caring.

Last event:

about two years ago my sister was divorced by her husband because he called her barren and he was tired of supporting all of us. Everything changed after that. She started to beat me, punch me in the face and throw things at me. I dropped out of school. I was in grade 10 when I left school because no one could pay my school fees, uniform, books, study fees and even food to eat. My sister did not refuse to pay my school fees, but she has no money of her own. A young woman without a husband who has to support three children—that's not easy. I feel like I am a problem carrier. I lived with my mother and this is why she died. Now I live with my sister and this is why her husband divorced her and called her barren and because I am still living with her, life has become such a burden for her and unbearable for me. But people in the community like me. I have become a by-toat (a carrier, in local Krio) on the market and get a bit of money for that.

“I have become a problem carrier”

David's (19 years old) life-line

When David²³ was first interviewed in Kailahun town, the researcher noted that the young man “appeared dirty and physically unhealthy, weak with very dry lips and unkempt hair”. David wore dirty clothes and barely made eye contact during the interview. He agreed to meet for a case study and showed up a couple of days later with new wounds and bruises on his head and hands.

CHILD SOLDIERS – STILL LIVING WITH THE WAR



Country Facts

Geography: *Liberia is located on the west coast of Africa and covers 111,369 km². In a recent population census, 3,489,072 people were registered.*

History: *The Republic of Liberia was founded in 1822 by the American Colonisation Society, which repatriated many former slaves to this Promised Land. In 1847, these Americo-Liberian settlers declared Liberia's independence. The following century was characterised by a profound gap between the ruling class of settlers and the various indigenous ethnic groups, who suffered from discrimination and exploitation at the hands of the Americo-Liberians. In 1980, a group of indigenous army officers led by Samuel Doe organised a military coup. They overthrew the government and killed President William R. Tolbert. Doe became the first Liberian President not to have descend from Americo-Liberian settlers.*

Economy: *By the end of the second Liberian war (see below) large parts of the country's infrastructure were devastated. To date, even the capital is without electricity and running water (except for fuel-powered generators). Despite a wealth of mineral and natural resources, the unemployment rate is estimated to be around 85 per cent and ranks second highest in the world. The lack of human resources, the fragile security situation and endemic corruption represent considerable challenges for the country's economic and social recovery.*

Human Development Index: *Liberia currently ranks of 176th out of 179 countries²⁴.*

The first (1989–1996) and second (1999–2003) civil wars in Liberia:

In 1989, Charles Taylor and his rebel formation, later known as the National Patriotic Front of Liberia (NPFL) invaded Nimba County. Soon after, Charles Taylor's NPFL ruled most of the country, while another guerrilla force led by Prince Johnson overtook most of the capital and assassinated President Samuel Doe. In 1991, the United Liberation Movement of Liberia for Democracy (ULIMO) was formed by supporters of the assassinated President Samuel Doe and the former Armed Forces of Liberia. After attacks on Monrovia, the Economic Community of West African States Monitoring Group (ECOMOG) persuaded the interim government, the NPFL and the ULIMO to sign a treaty and to set up a coalition government. In 1996, the first Liberian civil war ended and elections were organised in 1997. Taylor and his NPFL won with a large majority. The second Liberian war broke out when splinter parts of the ULIMO set up a new rebel group: Liberians United for Reconciliation and Democracy (LURD). They invaded Lofa County in 1999 and progressively gained control of large parts of Northern Liberia. Taylor resigned in August 2003 and a 15,000-strong peacekeeping mission, the United Nations Mission in Liberia (UNMIL), arrived in the country²⁵.

The 14 years of armed conflict in Liberia have cost the lives of hundreds of thousands of Liberian citizens.

About two million people were displaced inside Liberia and into neighbouring countries. It is estimated that between 6,000 and 15,000 children were recruited in the first Liberian civil war by regular or irregular fighting forces. Many of them were dragooned again when the second civil war broke out.

The psychological impact of war on children and on child soldiers²⁶ in Africa has been investigated previously, but this is the first study to compare the mental health of children formerly associated with the fighting forces with that of a control group.

In some respects the comparison simply revealed different intensities of suffering. Because the majority of all the children we interviewed had been exposed to many traumatic life events, almost all of them had problems sleeping, many expressed sadness and hopelessness and many had already run away from home. Around 60 per cent of all the children had symptoms of post-traumatic stress disorder and nearly 30 per cent had symptoms of a major depressive disorder.

However, these figures, terrible in themselves, were outstripped by the findings for the former child soldiers. Around 90 per cent of them show symptoms of PTSD and around 65

per cent have symptoms of a major depressive disorder (see figure 7 on page 36).

Take the case study of this 18-year-old girl. She had witnessed her father's throat cut by government forces, had subsequently been abducted by rebel forces and forced "to have sex with any of the rebel commanders". She was now living without any family support and going to school, but involved in transactional sex to survive and had aborted a pregnancy because "I did not know who I was pregnant from". Researchers noted that she displayed all of the following symptoms: feeling sad or depressed most of the day, loss of interest in pleasurable activities, insomnia, weight loss, feelings of hopelessness, preoccupation with thoughts of dead relatives, flashbacks, nightmares, sweaty hands and panic attacks. They noted that she stayed by herself, avoiding the company of other young people.

Three in five of the girls associated with the fighting forces had suffered sexual violence during the war. For the control group of girls, the figure was one in five.

The girls formerly associated with the fighting forces were the least resilient group in our study. Forty per cent of them had already attempted suicide or had a concrete plan to end their lives.

But across all the groups, we observed that one in five of the children we interviewed (21 per cent) had already tried once to kill themselves. The researchers observed:

Liberia

"The majority of the children were having difficulties in dealing with their daily activities due to the war. But the children from the control group were somehow coping better, because in the refugee camps they at least had the opportunity to go to school or learn some skills. The children formerly involved with the fighting forces are more aggressive and more severely affected. Some are disabled, which is aggravating their psychological problems. And we noticed that they are often blamed and stigmatised by other community members, which makes them become hostile and fight and abuse drugs."

Our sample

We conducted interviews with 50 girls and 48 boys formerly associated with the fighting forces, and matched them in age and education level with a control group of 50 girls and 49 boys. It is important to remember how young the children were when they were taken by the fighting forces. We interviewed them

five years after the end of the war, so someone who is 17 now would have been 12 or even younger during the events they describe.

It was not easy for these children to speak about what had happened to them and their loved ones. There were, said the researchers, many “bitter tears”. Answering the questions took children back into “the world of darkness” that one young girl described herself entering when her parents were killed.

When our study was completed, we provided emergency individual psychosocial support to 49 out of the 197 children, and to 18 babies and toddlers of teenage mothers included in the study. That represents more than one in four of all the children we interviewed, whom we judged to be at risk of suicide or who lived in situations of life-threatening physical

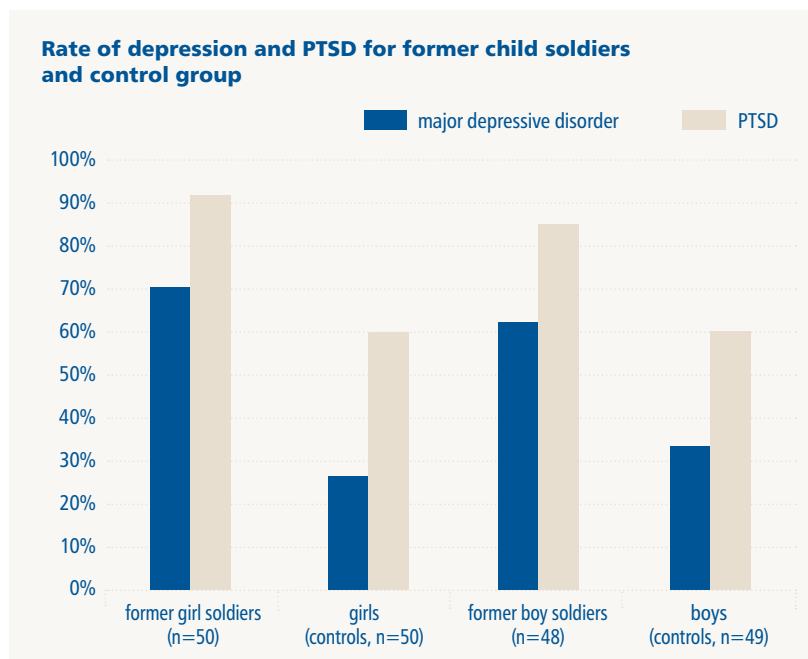


Figure 7: Rate of depression and PTSD for former child soldiers and control group

or sexual violence. We started working with them in February 2008, and phased out our programme in December 2008.

There are quite possibly many more young people like the children we have sought to assist who need psychological help. Without adequate support, these young people might fail to reintegrate into society and could very well reproduce the violence that they have experienced themselves.

In the fighting forces

Nearly two-thirds of children with the fighting forces said they had been abducted by force. Only five children in our study said they had volunteered to serve, in the hope of a better future in the long term and protection in the short term.

It is possible that these figures do not altogether reflect the reality of why and how children became involved with the fighting forces. The children themselves said former “small soldiers” are not regarded kindly in post-war Liberia, and some who joined up out of commitment may have preferred not to acknowledge it.

Yet for many children it was clearly impossible to say no:

“We were trying to get to safety in Guinea, but we were arrested by rebel forces. My parents pleaded with them to let me go, but they forced me away, and I underwent three months of training. So many threats and punishment, a lot of beatings and sometimes they tied me up. After the training, the war could not be any more inhuman than what I already lived through.”

18-year-old boy in Liberia

Being in the fighting forces exposed children more intensely to potentially traumatising circumstances. Twenty-seven of the 97 children in the control group had witnessed another child being punished to death, while 59 of the 100 former child soldiers had had this experience.

| Event | Former child soldiers (n=98) | Control Group (n=99) |
|--|------------------------------|----------------------|
| To witness a landmine explosion | 47 (48%) | 8 (8%) |
| To witness another child being punished to death | 59 (60%) | 27 (28%) |
| To be surrounded/ lying underneath/ stepping on dead bodies | 82 (84%) | 33 (41%) |
| To have one's home or properties looted | 94 (96%) | 69 (85%) |
| To see houses being burnt | 93 (96%) | 63 (78%) |
| To witness a forced recruitment/ abduction | 82 (84%) | 34 (42%) |
| To be forced by violence to leave one's family | 86 (88%) | 44 (54%) |
| To see a family member being injured with a weapon | 70 (71%) | 39 (40%) |
| To see a family member threatened to be killed or being killed | 85 (87%) | 53 (55%) |

Table 1 Traumatic war experiences for child soldiers and control group²⁷

Thirty-three children in the control group had found themselves surrounded by, lying underneath or stepping on dead bodies, while 82 of the former child soldiers had had this experience.

When asked what the most frightening event of their lives had been so far, more than half of all the children, combatants and non-combatants, said it was witnessing the torture or murder of a loved one. One child had escaped with his parents to a refugee camp in Guinea:

“The rebels attacked. I heard gun shots, people dropped dead and my mother was skinned alive in front of me.”

15-year-old boy in Liberia

This boy and his father subsequently walked to Conakry, the capital of Guinea, a distance of around 700 km, which they completed in 29 days, walking day and night. Since then, he has had severe trouble with his feet, and is unable to walk more than a few steps at a time.

For girls, becoming the bush wife of a particular commander might mean being protected from sexual violation by other men. But many small girls, with no means of defending themselves, had to be available to whoever wanted them.

“My mother used to be with a man before the war started, but she left him. He

joined the rebels and came back to kill her. My mother managed to escape, but he kidnapped me instead. I was nine years old. The rebels took me as bush wife whenever they wanted.”

16-year-old girl in Liberia

“I was 11 when I became a bush wife. I was given drugs in order to be brave and continue obeying them. I was trained how to fight, shoot and operate guns. They forced me once to kill a woman and many times to punish people that had been captured. Every day we had to burn houses, to steal and destroy.”

19-year-old young woman in Liberia

Some young women interviewed immediately after the war said that they had joined the fighting forces as combatants specifically to protect themselves from rape, or to take revenge. Women commanders said that they had been able to protect the young women in their fighting units from sexual attack²⁸. But none of the girls in our study had benefited from such protection.

Trying to restart life after the war

“I was happy when we decided to go back home in September 2005. But all the food and other things we had received from the UN High Commission for Refugees were stolen at the transit camp during very heavy

rains. My father and I went to the house, but there were only trees and thick bushes. When my father tried to reach his friends and relatives they were either dead or had not come back yet. For two weeks, we lived on the veranda of the police station. It was disappointing and deeply discouraging.”

15-year-old boy in Liberia

This is the boy whose mother was skinned alive in front of him in the refugee camp in Guinea. He and his father returned to Liberia with their emotional resources already depleted but, as the boy says, they were initially happy to be going home.

Only two months later, the father was killed in a car crash on the highway to Monrovia. He had been on his way to contest in court the appropriation of his land and property during the war by his sole surviving relative, his cousin. Since the father’s death, the cousin has blocked any family member from the mother’s side taking care of the boy, though he himself fails to pay school fees and treats the boy cruelly.

This epic tale of suffering has not completely defeated the boy, however. He cannot walk more than two paces without having to rest and can barely feed and clothe himself, but he is still resilient. The researcher commented, “He has courage, and could be a good role model for other children about how to survive with minimal support”.

With psychosocial support, even just a little kindness, many children could be helped to recover and progress. Yet what is so disheartening in our study is that so many of those we interviewed say they are facing cruelty in their present domestic circumstances. Not only are they not being consoled for traumas they sustained during the war, their caregivers are traumatising them further:

“I am now living with my aunt. My father was killed, and we don’t know up to now where my mother is. My aunt does not love me. Sometimes she cooks only for her own children, while I remain with an empty stomach. I would so much like to have someone who cares for me.”

10-year-old boy in Liberia

Part of the cruelty some children experience is to do with stigmatisation of young former soldiers by community members. This stigmatisation is fierce, and it leaves these children with nowhere to turn except further destruction and self-destruction:

“They say that my father was a general of rebel forces and I myself was a bush wife. I don’t trust anyone. I drink, gamble and offer my services to men. I am alone because people don’t accept my way of living. I can’t go near other people. I feel hopeless and very alone, but people say that I am aggressive.”

15-year-old girl, formerly with the fighting forces, Liberia

When researchers first met this girl she was very drunk. However, she arrived sober for her interview and participated fully, said the researchers, despite what they described as the “sickly tiredness” of her movements. She has never been to school and lives by herself. Her parents, who were involved in the rebel forces, and up to a hundred other relatives were killed in a single attack by government forces. Her

parents were burnt alive in a house. She was 10 or 11 years old at the time. She was then abducted by government soldiers and forced to become a bush wife to one. Then the war ended:

“After my life as a bush wife, I was all by myself and did not know where to go. I finally went to Monrovia in order to find someone to support me. In Monrovia six men made me drunk and kept me in a house for three weeks. I became pregnant. In order to find someone to support the pregnancy, I continued to have sex with these men, hoping one of them would believe he was the father. By the time I was six months pregnant, they had all disappeared. I decided to abort, and went back to Foya afterwards [a provincial town], where I was supposed to marry someone, but he has also disappeared. I am still a sex mate to different men, and I go around town and insult women by saying that I will take their husbands.”

This young girl is living with layer upon layer of psychological trauma, and being submerged by them, as her drinking and the general chaos of her life suggest. Her suffering is an extreme example of how the traumas sustained during the war make it difficult for children to adapt to peacetime – and how, without psychosocial support, they cannot make peace with what has happened to them.

Suicide risk

Resilient children have been able to embrace peacetime life:

“I had been living with [one of the rebel forces] for over a year when I was freed during the disarmament process. I was very scared at first, not knowing what was going to come next. But then I understood that I had gained back my humanity. In 2006, I decided to go back to school. I am thankful to God. Life finally seems to have become normal again.”

18-year-old girl in Liberia

However, many of the children in our study are not so resilient. More than two out of 10 expressed the concrete intention to commit suicide. Girls are more suicidal than boys. Twenty-seven per cent of all the girls interviewed and 40 per cent of girls who had been with the fighting forces showed suicidal behaviour. Slightly more than 20 per cent of the boys associated with the fighting forces are also at high risk and 41 of the 197 children we interviewed had already tried to kill themselves once in their lives:

“I am sad and worried. Last week my grandmother insulted me and drove me out of the house. I did not know what to do any more [...]. Before I could [... kill myself], I was discovered and taken to the police. Now I am back with my grandmother, but

things have not changed. I just don't see a way out.”

18-year-old girl in Liberia

“I have [prepared ...] on two occasions, to end my life. I can't stand seeing my father and mother getting drunk any more. As I am a cripple, I cannot be of great use to anyone.”

18-year-old boy, formerly with the fighting forces, in Liberia

We developed a profile of the child at high risk of suicide. This child belongs to one or several of the following groups:

formerly associated with the fighting forces

- a victim of sexual abuse
- currently subject to verbal abuse
- having already witnessed someone committing suicide
- a girl

Children with high suicidal tendencies had in common that they feel rejected by their family and the community, and missed solid bonds with adults:

“Since my bigger sister, on whom I totally depended, died due to an abortion, life has been very frustrating and painful. I did not recognise myself as a human being for two months. All my hope and positive relationships have been destroyed. I feel like this is a curse from God.”

14-year-old girl from the control group

Transactional sex in the two post conflict countries

Many girls in Liberia and Sierra Leone continue to resort to transactional sex. Forty per cent of all the girls in our study in Sierra Leone and almost 50 per cent of all girls in Liberia had done so at least once in their lives. The emotional trauma of the sexual violence endured, and the chaos and economic malfunctioning of war and post-war society, forces the girls to sell themselves to men.

“I was raped during the war by gunmen. Shortly after, both my parents died. Since then I have nobody to take care of me and I have to sell myself to men to get the things I need for living.”

18-year-old girl in Sierra Leone

The number of girls involved in transactional sex was highest in the group of former girl child soldiers in Liberia: about two-thirds had already been “going around the men”. Transactional sex is a short-term solution for the girls to pay for their school fees, food and other needs. But in the long run, there are two consequences:

pregnancy and sexually transmitted diseases, including HIV. Almost 50 per cent of all interviewed girls in Liberia had already been pregnant. Most of them decided to have the baby while some opted for clandestine abortions in order to escape the shame and difficulties of having a baby born out of wedlock:

“I stay with an aunt who does not care about me. No one helped with my school fees and other needs, so I became the men’s friend for some time. At the age of 15, I got pregnant. My child was born, but it has no father.”

19-year-old young woman in Sierra Leone

“The last terrible event in my life was when I got pregnant, but I did not know whom I was pregnant from. I felt like dying. I did not know what to do. They refused to help me with the abortion at the hospital, so I had to use traditional medicine. It worked, but up to now I am suffering from constant stomach aches.”

18-year-old girl in Liberia

Vulnerable mothers

Unmarried girls who become pregnant are very often driven out of the caregiver’s home and become extremely vulnerable. Due to the multiple sexual partners, most girls cannot identify the father of their future child or find themselves abandoned by the father of their child. Deprived of all support, they have no other option than to continue selling themselves to men after the baby’s birth.

Exposure to sexually transmitted diseases

Condom use is very uncommon in transactional sex. Men pay less or nothing in exchange if the girl insists on condom use. Girls are also afraid to ask their partners because, as one said, “people say that girls who want to use condoms are already infected with HIV”. Having numerous sexual partners without protection exposes the girls to a high risk of infection with sexually transmitted diseases, including HIV. Several girls talked about constant vaginal itching, sores or pelvic pain.

Disarmament, Demobilisation, Rehabilitation and Reintegration programme (DDRR)

This extensive post-war programme, intended to speed up the reintegration of the former fighting forces in post-war society, reached very few of the children in our study. Only seven of the boy soldiers, and none of the girls, had participated in DDRR activities. Those who could not hand in a weapon or ammunition were excluded, so children who had been recruited for domestic or sexual services received no assistance from the programme. Others chose not to participate, in order to avoid being stigmatised as “small soldiers”.

Living side by side

Since the war ended, perpetrators and victims have had to live side by side. Children who perpetrated war atrocities often feel guilty and confused about the dislike and rejection they experience. They react with aggressive and insulting behaviour, which reinforces their isolation. This marginalisation clearly further affects their mental health, while at the same time generating further violence and instability in society.

On the other hand, the researchers noted that even children who had not been involved in the fighting forces were now engaging in similar behaviour to the former soldiers – drinking rum, smoking marijuana, playing truant from school in order to find money, refusing to do housework. Some families who were involved in the fighting forces accumulated land and property during the war, while those who went into exile have very often come back to nothing.

Decades of armed conflict have inhibited development in Liberia and Sierra Leone (and elsewhere in Africa). One of the features of this negative development is the dramatic impact such conflict has on the well-being and mental health of children. We believe it is imperative to improve psychosocial support to affected children.



THE PSYCHOLOGICAL IMPACT ON CHILDREN TRAFFICKED FOR LABOUR



Country Facts

Geography and population: *This small country (57,000 km²) is situated at the Gulf of Benin and has a population of approximately 6,100,000 people.*

Recent history: *Togo became independent in 1960. After a military coup in 1967, Gnassingbé Eyadéma became president and remained in power until his death in 2005. His son, Faure Gnassingbé was elected president in the same year.*

Economy: *Togo's economy is largely dependent on agriculture. More than two-thirds of the country's labour force work in this sector.*

Human Development Index (HDI): *Togo ranks 159th²⁹ out of 179 countries.*

Society: *Togo is home to over 40 different ethnic groups. An estimated 50 per cent of the population are Christians, 15 per cent are Muslims and 35 per cent practice traditional religions.*

Child Trafficking

Child trafficking: There is no reliable data on Togolese children enrolled in internal and cross-border trafficking. A national organisation estimated that in 1997, 313,000 children between five and 15 years of age were trafficked to neighbouring countries and the capital Lomé to be exploited in slave-like conditions³⁰. There is no data at all for children in the 16-to-18 age range.

Child trafficking has been illegal in Togo since 2005, with significant penalties for traffickers. While it was essential to have an adequate legal framework to protect children from trafficking, inadequate measures to inform decision makers at local level about the law and to prepare for its potential implications have had undesired consequences. Some chiefs have, for example, imprisoned parents whose children have disappeared from school, rendering the trade clandestine and increasing children's vulnerability since the intermediaries now deal directly with the children without consulting the parents.

In Togo, many children from rural towns and villages are trafficked for their labour each year, either to the capital city, Lomé, or to other countries in the region³¹.

A 10-year-old girl whose father has decided the time has come for her to “look for money” for her trousseau (a traditional practice called ‘tschadi’ in Kotokoli), finds herself several days’ travel away from home, in the kitchen of a woman she doesn’t know:

“I had the worst times of my life in my mistress’ house. I was insulted and beaten and my workload was exhausting. Sometimes I wasn’t allowed to eat anything. Her children also used to hit me.”

It is difficult to imagine that children could be in situations like this for months on end – typically girls are away for about two years, boys for about 18 months – without suffering some kind of psychological blow, starting with the fading of their hopes:

“I left with a woman from Benin who’d promised to put me through school. After several months of working as this woman’s servant I asked her about her promise. The kind woman I’d met at home suddenly became very horrible. She told me I was dreaming if I thought she’d use her own money to put me through school. I became very sad.”

10-year-old girl in Togo

Some children set off into the unknown with altruistic motives:

“I was 11 years old and making progress in school when a heavy wind ripped the roof off our house. When the intermediary contacted me, I didn’t hesitate for a second. I wanted to bring back some corrugated iron sheets so I could remedy the situation.”

17-year-old boy in Togo

Having been cheated by an Oga (trafficker or intermediary), this boy, who came back with a bike but not with corrugated iron sheets, didn’t see any alternative to trying again:

“I celebrated New Year in the village, but then I left again for Nigeria, with the same intermediary, and again without informing my parents. My intermediary promised me



I’d be able to put a roof on the house and buy a radio-cassette player.”

But the intermediary cheated him even worse the second time around. The boy returned to the village with absolutely nothing to show after many months of hard labour.

| Departure Situation | Trafficked Girls (n=55) | Trafficked Boys (n=56) |
|--|-------------------------|------------------------|
| Intermediary contacted child directly | 18 (34%) | 40 (73%) |
| Parents contacted Intermediary for sending the child | 27 (51%) | 7 (13%) |
| Child left alone/ with friends to join a trafficker | 8 (15%) | 8 (15%) |
| Attitudes of parents | | |
| Parents supported the departure | 36 (67%) | 18 (33%) |
| Parents were against departure | 4 (7%) | 12 (22%) |
| Parents were not informed | 12 (22%) | 24 (44%) |
| Parents had different opinions | 2 (4%) | 0 (0%) |

Table 2: How children were enrolled in trafficking

The visible material success of the Ogas, whom everybody knows, who have cars and big houses and apparently good relations with the authorities, increases the attraction of going away to work. Many girls have no choice in the matter and are sent off by their parents. Boys, on the other hand, often don't tell their parents they are leaving, despite the fact that travelling away from home to



prove your powers of endurance and increase your chances of material success is valued in the very poor rural communities from which the children come. Parents will resist a boy's leaving because his labour is regarded as more valuable on the family farm.

With our focus on mental health and trauma, we sent two research teams to spend 10 weeks

each in the two regions that supply most of the trafficked children. Many people were reluctant to talk and it was initially difficult to identify child survivors. Some chiefs and members of the local anti-trafficking village committees denied child trafficking was still happening on their watch, and in some cases they actually hid children who had been away to work. Nonetheless, over the course of the data collection, the teams were able to interview 111 children who had experienced going away from home with a trafficker to bring money or goods home (55 girls and 56 boys) and compare their responses to those of 106 children (53 girls and 53 boys) who hadn't. Many of the children commented that the interview gave them a chance to speak about incidents in their lives that they had never talked about before.

During the study period, researchers noted that children were constantly disappearing. "There's nothing to hold these children in the villages", said one researcher. There is no paid work or any training centres, just the prospect of misery on large, unprofitable cotton plantations or small agricultural plots. Further, as we learnt, many children want to escape the violence they are experiencing in their homes.

The dangers of the trip – a source of trauma for children

Some of the parents who knew their children were leaving organised prayers and rituals before their departure, but the vast majority

of trafficked children in our study said nobody gave them any information about the likely dangers and challenges of the venture before they left home.

The first shock for the children was the trip itself, which took anywhere between one and 20 days, often enduring thirst, hunger, stifling conditions in overcrowded vehicles and exposure to the dangers of the bush. Although intermediaries pay a 'bakchich' bribe to police at the frontier – usually 5,000 CFA francs (around €7.50) per child. In order to cut costs they reportedly make the smallest children walk across the border at night. One 11-year-old boy reported taking 12 thirsty hours to rejoin the vehicle. Another boy said he and his brother were injured en route to Nigeria when armed robbers shot the driver of the vehicle they were in and caused a serious accident.

One 12-year-old girl left for Nigeria with her aunt and her aunt's husband, who was the trafficker. It was very hot and there were many children crammed into the vehicle. During the journey it was discovered that two of the smallest children had died:

"The vehicle stopped, and the bigger children lifted the bodies out of the car. Then they dug a big hole and put the bodies into it. We were terrified to see that we were expected to continue our journey in the same vehicle. To allow air to circulate,

some of the children got up onto the roof of the vehicle. That's how we travelled until we reached Nigeria."

Abused abroad

Nearly half of all the trafficked children in our study never had a single day off during their time away. The vast majority of girls (83 per cent) found themselves on their own in a strange household, typically working 15 hours a day as domestic servants and often being shouted at, insulted, beaten or worse. When one 10-year-old was judged to be slow in preparing food, her woman employer held her down and put chilli pepper into her vagina. This same child had the misfortune to lose some money. Five years later, she is still traumatised by what happened:

"My mistress bound my hands and feet together with a rope and left me locked up all day without anything to eat or drink. I was very frightened and I still have scars. To this day, I have nightmares and wake up with a start."

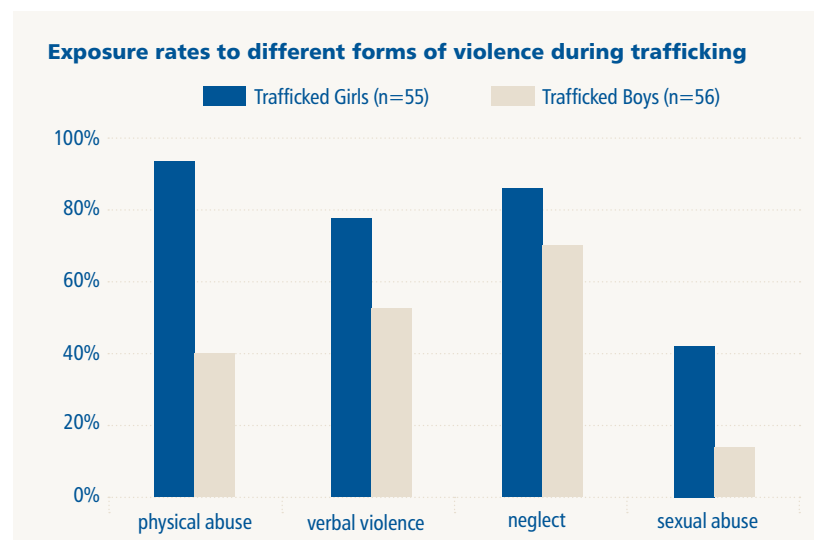


Figure 8: Exposure rates to different forms of violence during trafficking

Most of the trafficked boys worked in groups on farms and plantations. Their average day was 12 hours long, though smaller boys would often have to work into the night to finish their day's allocation, with a torch attached to their forehead.

"I worked on average 13 hours a day. Once we got back home, I had to go and fetch the water for the cooking. After we'd been eight months in Nigeria, my Oga gave us a half-day off, on Friday, for the prayers. I was always tired and unhappy."

Boy, 10 years old at the time, in Togo

"My boss and his wife used to hit me with their shoes, pull my hair, burn me with wood from the fire or with boiling water."

Boy, 15 years old at the time, in Togo

More than 90 per cent of all the trafficked girls we interviewed, and about 40 per cent of all the trafficked boys, reported having been physically abused (being beaten, hit with objects or burnt deliberately). Food deprivation was also common and was experienced by about 90 per cent of the girls and 70 per cent of the boys.

We also established that over 40 per cent of all the trafficked girls and over 10 per cent of the trafficked boys had been raped or sexually harassed during their displacement:

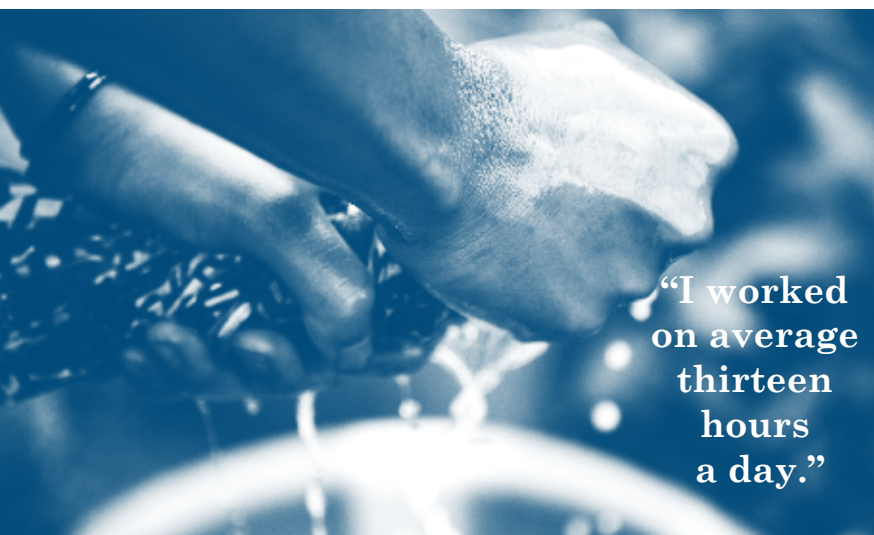
"I was working for a woman in Lomé and sleeping in the kitchen of the house. Her husband harassed me every night. Finally he forced me to have sex with him and I ran away from the house to my brother's place. I told him what had happened and he went to see the man, but the man denied everything.

Girl, 12 years old at the time, in Togo

Of the 55 trafficked girls we interviewed, 23 had returned home carrying the burden of similar experiences. And yet, far from being consoled and counselled and treated with loving care, we learnt that, in the month preceding our enquiry, a staggering one in three of these returned girls had been the victims of sexual abuse in their home communities.

It appears that girls who have gone away to work are perceived as 'damaged goods' or have adopted sexualised behaviour that attracts further abuse. The situation could not be more unfair, since 36 of the 55 girls we interviewed said their going away was supported or organised by their parents:

"I was nine years old when my father decided I should go and 'look for money' for a trousseau like other children in my community. I was put into the care of an Oga, who took me to Cotonou [the capital of neighbouring Benin] and handed me over to another woman."



Many of the trafficked children in our survey demonstrate enormous stores of courage and resilience. Nonetheless, we identified a third of

them as suffering from post-traumatic stress disorder. Boys with trafficking experience were unhappier, worried more and had less hope for the future than boys who hadn't gone away.

"Now I'm back, I'm worried all the time about school and home. And I can't forget the cruel treatment I received. I get panicky for no reason and I'm wetting the bed three or four times a month."

Boy, 15 years old when he went to Nigeria, in Togo

Some of these trafficked children are now harming others:

"Since I came back from Nigeria five months ago, I don't care what people say about me. Once I toppled over a market-woman's table with all her products and ran away laughing. When nobody's looking, I throw stones at animals or hit them with a stick. I frighten people and if they're smaller than I am, I threaten them and hit them."

13-year-old girl in Togo

The devastating effects of being cheated

Fully one-quarter of the trafficked children we interviewed had come back to the village with nothing:

"The end of my second trip to Nigeria was very bitter. My Oga gave me nothing, not even a penny. I had to beg him for money

for transport, so I could get back to the village. Since then, he's never been around. Four years on, I still haven't got enough money to apprentice myself to a mechanic. Even if I work in the fields every day, I'll never have enough. I'm really pessimistic. I think people are laughing at me, so I hardly ever go to the market any more."

17-year-old boy in Togo

Girls are more than twice as likely to be cheated of their earnings than boys –35 per cent of the girls had returned empty-handed, as opposed to 15 per cent of the boys. Their home communities are often ruthless in response:

"Wherever I go, people make fun of me because all I brought back from Nigeria was a bastard [having been raped by the intermediary]. They say I've brought shame on my family and I should stay away from their children."

17-year-old girl in Togo

The children who bring back cash are the lucky ones. Mostly they're paid in goods. The girl whose employer put chilli pepper in her vagina brought back:

"four dress-lengths, a bowl, seven plates and two pairs of shoes. My employer said she'd send me money, but as of now [three years later], I've received nothing."

Nevertheless, the very modest rewards children obtain for several years of sweated and exploited labour in dangerous circumstances can sometimes be enough to make the whole traumatic experience seem worth the effort. Coming back with a motorbike, as some boys do, means they can earn a living running a taxi-moto. Girls who come back with a sewing-machine that works (many are given old machines that can't be mended) can apprentice themselves to a dressmaker and earn a living. Some boys sell the goods they receive in order to pay school-fees or an apprenticeship. Self-esteem is an important part of well-being and the approval and admiration of family and community increases these children's self-esteem.

But coming back with nothing leaves the child exposed to scorn, self-recrimination, the bitter sense of suffering endured to no good end – and no other real prospect of making any money.

Abused at home

However, the most shocking insight that emerges from our study is that trafficking is not the only cause of psychological distress amongst our sample. All the girls in our study are more unhappy than the boys. They have more trouble sleeping, they're more anxious, they report more difficulties making friends. The majority of all the children, boys and girls alike, report varying symptoms of anxiety and depression such as disturbed sleep, bedwetting, nightmares and panic attacks. And although one in three trafficked children shows symptoms of PTSD, the figure for the control group is just over one in five, that is 22 out of 106 non-trafficked children with symptoms of post-traumatic stress disorder.

The cause of these high levels of psychological distress is the shocking degree of violence in the children's home settings. This violence falls most heavily on girls. More than 90 per cent of all the girls reported that physical abuse and verbal violence, being insulted and humiliated, for example, were common and recurrent experiences in their homes.

We analysed our material to draw out the risk factors for suffering physical violence in the home in Togo, and the following profile emerged:

- being younger rather than older
- not living with biological parents
- being poorly educated
- being a girl

In the account below, a young girl from the control group describes her life at home up to the age of 11:

"When my mother remarried, my stepfather was very nice to me. He bought me what I needed for school and treated me like his own child. But after my mother gave birth to another child and he married again, things changed. He stopped giving us food and he told me that he'd married my mother, not me. I went to stay with my grandfather, and one of my uncles took responsibility for my schooling. But when he married, his wife wasn't nice to me. She

made me get up at 5:00 am, sweep out the rooms, fetch water, make food, do the washing.”

This little girl’s aunt took her away from the grandfather’s house when she was 11 – not, unfortunately, a fairytale ending:

“My aunt beat me and didn’t give me enough to eat. Sometimes she locked me up for hours on end to punish me.”

The assault on this girl’s resilience has been systematic and sustained. Several relatives whom she regarded as protectors have died. It is no wonder that, now 16, she is one of the 64 girls in our sample of 108 girls, both trafficked and non-trafficked, identified as experiencing severe depression or its milder but chronic relative, and, in her case, dysthymia. She isolates herself, cries a lot, has no appetite, sleeps badly and has nightmares. She also told us that she is unable to go up and write on the board at school because she fears everyone is laughing at her and her hands shake.

Another girl from the control group, who is 13 years old, had recently had a terrifying experience:

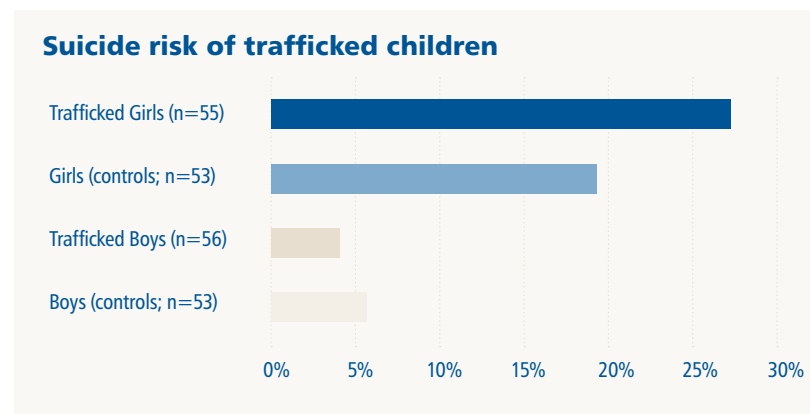


Figure 9: Suicide risk (in %) of trafficked children and children in control group separated by gender

“A month ago, my uncle’s wife sent me to collect some money from another woman. This woman was grinding pepper when I arrived and she asked me to wait. When I got back, my uncle’s wife accused me of hanging around outside to play. She took me into her room and beat me so badly I fainted. She used a baton made of hide, with thorns sticking out of it. I still have open wounds on my body.”

These two girls are victims of criminal acts of violence whose perpetrators should be held accountable for their deeds – but they are not. With no sign of any justice, or even kindness, to come from the adult world, we learnt about a disturbingly high number of children preparing to kill themselves.

The young woman whose employer put chilli in her vagina when she was 10 years old, and locked her up in a room with her hands and feet tied, returned from being trafficked so traumatised that she regularly has nightmares about her time away. At the age of 13 she was raped by a young man she knew and got pregnant. Her father threatened to kill her and had the baby’s father imprisoned for a time. Subsequently the girl married him, but he turned out to be very violent and put her in the care of an equally violent relative:

“Where I’m staying, the wife of my husband’s eldest brother is responsible for me. Once, she poured boiling water on me, and even though the people who were around told her she shouldn’t do it, she’s continued to mistreat me. She beats me and says bad things to my husband about me, so he beats me as well. I can’t go on any more, and I [am planning to...] end my life.”

This girl is among the 23 per cent of girls, trafficked and non-trafficked, whom we identified with serious suicidal intentions. She is one of those to whom we offered emergency psychological support. Our mobile unit worked with her, and with other children (including a small number of boys), for 16 weeks, to try and relieve their distress and enable them to develop new perspectives on life.

The crisis for children in Togo

We discerned that the sustained violence most of the children in our study experience in their home settings is almost as destructive of their resilience and their well-being as the events of displacement. The children are exposed to so many possibilities of trauma because neither their parents nor their communities can offer them economic security or any prospect of social or professional development. Trafficking is not happening in a peaceful rural idyll. It is happening in an agricultural society which is ever more straitened, and where some farmers cannot even recoup their expenses from the sale of their crops.

Yet poverty is not the only driving force, since not all poor parents traffic their children. In Togo, many ethnic groups have a tradition of migration and between the Ife people of Togo and the Yoruba of Nigeria, for instance, there are clan and language links that facilitate migration. These factors, and the cultural value placed on migratory labour as a rite of passage to adulthood, appear to mask from adults the realities of what their children endure when they migrate with professional traffickers.

Trafficking threatens the emotional security and the development of children in Togo. But trafficking is a survival strategy for communities. Any mobilisation against trafficking is doomed to failure unless it suggests to rural communities an alternative means of dealing with their poverty.

Nor is trafficking the only threat to children's well-being. A collective response is also needed to the devastating abuse practised by some adults against the children in their care. This violence is not part of traditional culture. Rather, it reflects its erosion, since traditional culture has all sorts of mechanisms for protecting individuals. The omnipresence of violence against children in the home needs to be acknowledged by communities – and it needs to be challenged.

Other common distressing life events of children in West and Central Africa

Growing up in West and Central Africa is not limited to the circumstances described in our five-country study. They offer only a snapshot on specific contexts, namely war and displacement, trafficking and a high HIV prevalence. Evidently, there are many other painful events and sources of trauma from which children suffer.

Children in all study countries brought up diverse and, undoubtedly, just as harmful life experiences when invited to speak about their most frightening and difficult memories. Some of them are linked to multifaceted sociocultural and traditional factors or religious values that merit a whole book of their own. Others are linked to poverty or the natural environment. The most frequently named of these distressing events were harmful supernatural powers, mob violence, being “driven for school fees” (exclusion from school for non-payment of fees), abortions, road accidents, encounters with wild animals, growing up with in a stigmatised or ethnic minority family, female genital mutilation/cutting³² (FGM/C) and forced marriage.

The study reports outlined in Appendix 1 provide further information on these experiences and their impact on children's life.

Resilience - what helps children to survive

The sad tale of children in armed conflicts and other difficult living situations might create the impression that boys and girls possess little resources to face adversity.

This is far from being true. The children we encountered were neither fragile nor weak. We observed that the children developed various effective coping reactions that enabled them to stay alive. The best proof for their extraordinary resilience is the simple fact that they managed to survive all the atrocities to which they were exposed.

Many children carried over long periods the burden of tasks that are typically executed by adults, such as burying relatives, raising siblings and earning money to support the family and pay for their education. How do they find the strength to move on? The boy who walked over 700 km with his father to reach the capital told us that on arrival his father became really ill:

“In January 2001, my father suffered from varied pains including dysentery, back and knee aches, trembling and more. He was a permanent patient in the Donka [Conakry central hospital] for three months. I became a sweeper, dish washer and a load carrier in Conakry to help support my father during his long, protracted ill-health.”

But despite losing his father after all the agony, this boy still persists, working hard to ensure his survival. Although suffering from depression and PTSD, he has not given up. What keeps him alive is the mere hope that life will one day be more than just survival. He dreams about going to school and about being reunited with his brothers and sisters. It is his hopes, his dreams and his faith in God that give him the strength to move on and that make him resilient.

Our study illustrated several internal or individual factors that build up and maintain the resilience of children and help them to carry on even in circumstances of long-lasting and extreme adversity. Besides hope, dreams and faith as depicted above, these factors were:

- self-esteem
- feeling in control
- a sense of belonging
- connection to community values

In addition to the internal factors, there were different external factors at family or community level that make children strong. These were:

- a solid relationship with a caregiver
- relationships with peers
- sufficient food, clothing, shelter
- access to education and healthcare
- a close link to their culture, and participation in traditional rituals (e.g. circumcision for boys or funerals)

What do the children want? Results of the focus group discussions

When we asked the children what they thought would make their lives better, their answers were closely associated with the above listed internal and external factors of resilience. Our researchers conducted about a hundred focus group discussions with children in the various research communities, using stories about a child facing a series of problems to start the discussion and to find out what kind of support the children want.

The most consistent finding was that children want two things: provision of their basic needs (food, school expenses, healthcare) and encouragement and loving support from their family and friends. It is clear that children feel able to cope with the distressing situations they find themselves in as long as they don't feel hungry, can go to school and as long as they feel some level of emotional support.

Love, affection and kindness work miracles for children. One 14-year-old boy in our study in Cameroon had lost both his civil servant parents in a car crash. He had managed to get himself away from the aunt who treated him like a servant and was living with his very poor grandmother in a village (he came to the interview in shoes that had uppers but no soles).

But the love his grandmother has shown him has transformed his morale. He told the researchers that when he came to the village, he thought life was meaningless. Now, the fact that his grandmother cares for him, and shows it, has restored his resilience. He is working on farms to try and collect enough money to get himself back to school. He doesn't think life is meaningless any more.



Conclusion

The thousand or so eight to 20 year olds in our five studies have already been exposed to more violence and trauma in their short lives than people in less turbulent parts of the world will experience in their lifetimes.

Some of this violence is caused by adults engaged in war and civil strife, some of it is caused by adults in their own homes, beating and humiliating children because they don't know any other way of disciplining them.

It would, though, be short-sighted to point the finger at the perpetrators, in particular the parents and guardians, who know often no other way than projecting their distress and feelings of humiliations onto the children. A mother or aunt who is insulting or beating the children in her home is often herself being beaten on a daily basis by her partner. A cruel father punishing his child harshly for

little flaws is passing on the humiliation and frustration of his day-to-day life, the struggle for survival with no beacon of hope. If adults have to raise their children in societies that have little to offer but economic hardship and injustice, inter-ethnic hatred, political violence and instability, there will be no better future for the children. Deprived of their economic and psychological resources, parents and guardians can barely provide a caring and supportive environment for their children.

Our studies show that while some children have the resilience to cope, and make progress with their lives, many others do not. These children and their families need psychosocial support to help them recover from their traumas and multiple forms of distress.

We know our samples are small and that we have investigated very particular situations where children's physical and psychological integrity is at high risk. We know that much bigger studies with repeated observations of the same items over long periods of time to study developmental trends will be needed to establish whether or not our findings are more generally applicable. Nonetheless, our sampling was random. We deliberately didn't choose children to prove a case and, from this, one might infer that the experiences and symptoms the children describe might not be restricted to them alone.

We believe that tackling psychological trauma and emotional distress in children has to start with challenging the culture of violence in

homes and in communities. Adults need to understand the profoundly destructive effects on children of the slaps, hits, beatings with sticks and belts, burnings, bondage and other forms of abuse they inflict in the name of discipline. If children are already traumatised by war and trafficking, domestic violence pushes them closer to a complete collapse of morale.

A young woman in Liberia who has witnessed how her father and her brother were killed and who is currently selling herself to men in order to be able to pay her school fees, chose the following words to describe the situation:

"You are rebuilding the schools and the roads and the bridges. But you are not rebuilding us and we have suffered too much. What is done in Liberia is like constructing a house without cement. It can't hold for long."

We share her opinion. Kind, understanding, supportive and non-violent adults are the lifeline most children need. As long as we try to facilitate development without responding to the despair of its people, development will not succeed.

Recommendations

Making recommendations on how to address the seemingly overwhelming problems and diversity of situations which deeply affect the psychosocial development of children is a challenging task.

We worked with children, communities, researchers, non-governmental organisation partners and international organisations to develop adequate recommendations that address issues at the community, national and international levels.

Child protection

Prevention

Our study has shown that children and youth experience alarmingly high levels of domestic, sexual and community violence. Wide-ranging measures to prevent child abuse are necessary to reduce children's exposure to violence and abuse from caretakers and others.

a) Child and community-centred responses:

Child protection programmes need to be tailored to meet communities' needs and capacity and to respond to local culture and child-rearing practices. Working with community-based reputable institutions such

as churches and traditional groups is crucial in transmitting child protection messages to parents and guardians. Community radios need to be more involved in transmitting messages to target populations in the language they speak and with content adapted to local realities. Parents and caretakers need emotional support and a listening ear for coping with their own trauma and distress in order to be able to care for their children. They need to be trained in understanding children's rights and developmental needs. We also believe that guidance and support in applying non-violent methods of disciplining children and in detecting signs of abuse and distress is necessary.

Children and their organisations need to be actively involved in community-based prevention of violence and support programmes. Peer pressure and violence is a common factor contributing to the emotional suffering of children and youth and so programmes that are exclusively aimed at an adult population are likely to miss out this important target group. Survivors of violence should be supported to organise themselves into self-help groups and associations and be supported until they feel able to intercede on their own behalf.

We advocate for the creation of protective spaces, such as children's groups and youth clubs where **all** children, not just those in difficulties, can engage in collective activities that allow them to express themselves, build self-esteem and share strategies for resolving problems. These will be places where affected children can restore hope for the future.

It is suggested that the protective spaces are organised by social workers, NGO activists and volunteers who have time and are willing to make a sustained commitment to the work.

Activities should include:

- social games
- group discussions on how to deal with common problems (the death of a parent, violence at home, difficulties at school)
- role-play games around difficult situations
- group discussions about how children can help each other and why this matters

These activities will not only help children, they will also allow responsible adults to identify children in severe distress and in need of individual support.

The Ouagadougou Protocol – a call for action to move forward psychosocial support in West and Central Africa

In 2008, Plan and AWARE/FHI organised a workshop, Psychosocial support to children in difficult circumstances³³, uniting 70 experts from various countries in Africa, from Europe and the US to discuss the study findings. For four days, representatives from the civil society, international and national non-governmental organisations, governments and the UN system gathered to elaborate recommendations for necessary action.

The workshop participants issued a declaration with the key recommendations and commitments of participants:

“... We:

- commit ourselves to implement the conclusions of the workshop by establishing an effective sub-regional network for the promotion of children’s psychosocial wellbeing
- recommend to the governments to give, in their sectorial and national policies, priority to the psychological and social welfare as well as to the mental health of children
- encourage development partners to support the creation of the network and the implementations of the recommendations of the Ouagadougou workshop
- encourage all actors to systematically integrate psychosocial care in programmes for children living in difficult conditions, particularly those affected by HIV, child victims and survivors of abuse, slavery and trafficking, violence or exploitation, children with disability, children in conflict with the law and those living in conflict or post-conflict zones
- encourage community care based on cultural values to better meet psychosocial needs of children living in difficult conditions
- support research, sharing and dissemination of good practice in order to better orient policies and interventions in the domain of children’s psychosocial care.”

b) Gender- and age-sensitive programmes:

Our study has shown that boys and girls in the parts of West and Central Africa we have investigated, benefit from different levels of protection given in their specific country, sociocultural and economic context. Psychosocial, medical and other needs also vary a great deal from one age group to another. Children might require protection from harmful traditional practices associated with their sociocultural environment and their ethnic group. Child protection programmes need, therefore, to be gender specific, addressing the different risks and dangers to which boys and girls of different age groups and localities are exposed.

c) Strengthening rights-based approaches to development:

Children subjected to violence in their homes or in particular circumstances like trafficking, are among the most marginalised and invisible groups in society with limited access to public services or the opportunity to influence public decision making. The use of a rights-based approach to development, which focuses, amongst other things, on working with the most marginalised populations, needs to be strengthened in West and Central Africa. Civil society organisations that defend the rights of, or are led by, vulnerable children and youth should be strengthened to advocate for their interests and to ensure that their rights are being respected.

d) Research:

More research is necessary to understand the degree and types of mental health impairments sustained by children and their caregivers in Africa and to explore further community strategies to address the needs of vulnerable children. Knowledge also needs to be built up on the psychosocial and medical needs of boys who have suffered from sexual violence, an issue that many people consider taboo and are hesitant to talk about. This would enable teams to develop more efficient responses to the psychosocial needs of children, to draw on and further reinforce the capacity of different aid workers at community level and to establish a platform for developing strategies and broader-level responses in the sub-region.

Scaling up psychosocial support interventions at the grassroots

Effective preventive measures against violence need to be jointly elaborated with programmes providing assistance and protection to children whose rights and physical and psychological integrity are violated.

a) Child-centred targeting:

Psychosocial support should be accessible to all children in need and not only to those who fit a particular label or category (such as orphans or rape victims). The vulnerability of children can be determined by their social and economic situation, their mental health state and their exposure to violence. Gender specificities need to be taken into account in care as much as in preventive action.

b) Strengthening capacity of local and community-based institutions providing psychosocial care:

In order to identify vulnerable children, **community-based organisations (CBOs)** and development committees, teachers and religious leaders need to be trained in:

- recognising signs of abuse and distress in children
- addressing sensitive issues with children
- setting up and accompanying family mediations
- referring the child to an adequate source of assistance
- making home visits to follow up on the well-being of referred children

The CBOs have to work in close collaboration with, and refer identified cases to, local non-governmental organisations (NGOs) providing professional psychosocial support services to children. The local NGOs need to be monitored through national child protection authorities based on a commonly agreed, service-quality standard.

c) Networking:

Networking of institutions providing psychosocial support to children should be supported to strengthen aid, information sharing and learning. Networks should be closely linked to the follow-up activities of the UN study on Violence against Children

(see Appendix 3) to ensure that the Special Representative on Violence against Children for the UN is notified about the real-life situation of children in difficult circumstances in Africa.

d) Establishing mobile psychosocial support units:

In the absence of mental health and operational child protection services, mobile child protection units represent an efficient option to assist children and youth in acute danger or other difficult circumstances. The members of the units should, ideally, receive extensive training on psychosocial support interventions, be constantly based in the intervention area and be equipped with a motorbike to facilitate their movements when visiting the families. In order to prevent burnout and to assist secondary trauma, the unit members should, again, ideally, benefit from regular, external, clinical supervision.

e) Mobilising cultural and religious practices to help children:

Psychosocial support for children should employ both the psychotherapeutic insights developed in the West, and the traditional therapeutic resources of local communities. We believe that every community contains the human resources necessary to deal with the traumas it has experienced and that the support of an individual can only take place within the framework of the traditional community life, if that individual is not to be further stigmatised. While certain

traditional practices, for example, FGM/C, are extremely harmful, others are positive (such as purification or traditional burials) and highly useful in protecting children, in assisting them in situations of distress or for mediating in situations of conflict. Our experience in the region over many years has taught us that these traditional resources, if well mobilised, have a profound effect.

Addressing practical needs – a call for social protection

The reality of vulnerable and severely affected children is not only determined by their psychological distress, but also by their acute lack of access to essential services.

a) Reproductive, maternal and child healthcare assistance:

The high rates of teenage pregnancy, non-assisted abortions, FGM/C, transactional sex and sexual violence, inevitably accompanied by a spread of sexually transmitted diseases, all draw attention to the urgent need for access by vulnerable groups to child- and youth-friendly reproductive and other healthcare. We recommend ensuring at national level their free access to treatment of sexually transmitted diseases (including antiretroviral therapy), testing and counselling services as well as free medical care to address problems of the reproductive and other organs caused by violence and abuse. Girls who were victims of rape and who have undergone, or tried to

undergo, abortions should receive assistance in accessing medical and psychological care. In addition, impoverished teenage mothers should receive support in raising their children. This would help to diminish the rate of infanticides and the infant mortality rate.

b) Education:

School costs in West and Central Africa present a considerable burden for numerous households. There are not only fees to cover, but also other expenses like the mandatory school uniform, text books and photocopies, a schoolbag and other items of stationery. Some rural schools in Sierra Leone even require a second school uniform for ceremonial days – a huge burden for poor families who already struggle to meet their daily needs. Each day many vulnerable children drop out of school because their parents or guardians cannot, or will not, support the costs. We call for free access to primary and secondary education for severely affected children and measures to support their non-formal education, dependent on their personal capacity, ability and eligibility.

Another observation during the research was the wide age range of children in one class. In the post-war areas, or in areas with many returnees like Burkina Faso, a girl of eight might sit next to a bearded 23-year-old youth. We suggest age limitations for children to access grades and making available rapid education services wherever older children and young men and women exceed the age limit.

c) Livelihood opportunities:

Vulnerable groups and survivors of violence often have limited access to safe livelihood opportunities, putting them at additional risk of abuse and exploitation. We recommend the strengthening of the capacity of youths and vulnerable families to identify market opportunities, to develop their own business ideas and to generate self-employment opportunities with the support of youth-oriented financial services. Furthermore, existing vocational training schemes at community level often provide good opportunities to reintegrate children in difficult circumstances. It is essential for both approaches, however, that adult employers are informed about the emotional and behavioural difficulties of affected children and assisted in the process of working with these children.

Peacebuilding – breaking the cycle of violence

Long periods of war and political violence have destroyed the childhood and youths of innumerable individuals. After multiple years of living under fire or as a refugee, these young people know the rules of war better than those of peace. They have been involved in or have witnessed the most inhuman atrocities one can imagine: witnessing or executing torture, rape and the killing of family members and civilians, being forced to eat human flesh and being subjected to the worst forms of sexual, verbal and physical abuse. Children were converted into assassins and bush wives. The repercussions of these experiences are visible in the high prevalence of mental illness, suicide risk and violence in homes and communities. How can these children be expected to resolve conflicts without violence in the future if they have learnt that only the strongest will survive? How do we expect them to develop a culture of peace? Yet without peace, there will be no sustainable development. It is indispensable to improve peacebuilding strategies and to involve younger generations actively in the development and implementation of these programmes. We recommend strengthening peacebuilding and reconciliation efforts at community level to enable victims and perpetrators to reach out to each other and to learn to solve conflicts without violence. We also propose to make sustainable peace and non-violent conflict resolution a priority

in the sponsorship work of local NGOs. The close correlation is evident between violence in homes and at community level and the risk of new armed conflicts being led by those individuals who have been taught no other means than violence.

Guaranteeing adequate legal frameworks, national policies and intersectorial collaboration

Governments need to continue their efforts to improve legal frameworks to respond to the commitments they made when signing and ratifying the Child Rights Convention and other international and regional human rights instruments such as the African Charter on the Rights and Welfare of the Child.

Moreover, we recommend the integration of psychosocial support activities in national health and other relevant policies and programmes. Training opportunities for mental health professionals at universities and training institutions for nurses, social workers and other professions in direct contact with children should also be extended.

We consider it important to clarify the roles of government institutions and ministries with respect to child and social protection and to establish a national coordination body to ensure combined action of activities, monitoring and evaluation as well as transparency in the use of national budgets and donor support in the domain of child protection. We also advocate the inclusion of child protection issues in national Poverty Reduction Strategy Papers (PRSP) and sectoral plans.

Last, but not least, it is necessary that bilateral and multilateral donors, as well as international non-governmental organisations increase funding for psychosocial support services to children affected by violence, abuse and poverty. This requires the inclusion of child rights and child protection issues in their funding policies.

Appendices

Appendix 1: references of the full-length field reports

Behrendt, A. and Serigne Mor Mbaye. (2008). **L'impact psychosocial de la traite sur les enfants dans la région des Plateaux et la région Centrale au Togo.** Dakar: Plan.

Behrendt, A. and Serigne Mor Mbaye. (2008). **The psychosocial impact of parental loss and orphanhood on children in an area of high HIV prevalence: a cross section study in the North West region of Cameroon.** Dakar: Plan.

Behrendt, A. and Serigne Mor Mbaye. (2008). **L'impact psychosocial du conflit ivoirien sur les enfants migrants de retour au Burkina Faso.** Dakar: Plan.

Behrendt, A. (2008). **Psychosocial needs of children without parental support in a post-conflict area: a cross section study in the district of Kailahun in Sierra Leone.** Dakar: Plan.

Behrendt, A. (2008). **Mental health of children formerly associated with the fighting forces in Liberia: a cross section study in Lofa County.** Dakar: Plan.

All reports are available from Plan West Africa (waro.ro@plan-international.org)

Appendix 2: Assessing the mental health of children

All of the following were translated into local languages by the research teams:

Assessment tools we used in the individual interviews

To measure **emotional well-being** we used a questionnaire developed by CARE/SCOPE and FHI, which includes eight open-ended questions, and 15 structured questions to which the child answers "often, sometimes, never" or "don't know".

To assess the child's exposure to **potentially traumatic life experiences** (during the child's lifetime, in the past month and during exposure to the high-risk context, e.g. trafficking) **and the degree of trauma and post-traumatic stress symptoms** we used the UCLA Post-Traumatic Stress Disorder Index, DSM IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition)³⁴. To this we added an item list assessing the incidence of domestic violence, including questions about physical abuse, verbal violence, neglect, and sexual abuse³⁵. We extended the list with one

question about transactional sex ("Have you ever made love to someone to gain money or presents?"). In post-conflict situations we added another item list to assess exposure to war-related violence.

In order to assess short and long-term **memory performance**, we used the Rey-Osterrieth Complex Figure³⁶.

To explore the **emotional strengths and behavioural difficulties** of children, we used a 25-question screening tool called the Strength and Difficulties Questionnaire³⁷.

To measure **self-esteem**, we used the Rosenberg self-esteem scale³⁸.

In order to assess **mental disorders** (mood and anxiety disorders, substance abuse, psychotic disorders), we used the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI KID)³⁹.

To assess the attitude, feelings and behaviour of the child **during the interview**, we used an observation sheet.

Assessment tools we used in the case studies

We implemented the case studies with the support of a tool named the life-line exercise. The exercise represents a playful way of establishing the life trajectory of a child with the help of a rope, flowers and stones and facilitates the documentation of important life events of the child in a chronological order⁴⁰.

Assessment tools we used in the focus group discussions

We developed a moderation guideline containing five short stories in which a child is suffering from a difficult living situation. The researcher in the role of the moderator tells the story and asks the children to share what kind of feelings the story's main character experiences and what remedies they propose for his/her difficulties. The short stories address different situations of distress such as the loss of a parent, domestic violence or difficulties in schools.

Appendix 3

The United Nations Secretary-General's Study on Violence against Children, 2006

In 2006, the United Nations carried out a global study on the nature, extent and causes of violence against children. The study proposes recommendations on how to prevent and respond to it and was developed under the leadership of Professor Paulo Sérgio Pinheiro, the independent expert appointed by the Secretary-General, with the support of the Office of the High Commissioner on Human Rights (OHCHR), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO).

The study was prepared through a participatory process, which included regional, sub-regional and national consultations, expert thematic meetings and field visits. Governments, international organisations, civil society organisations and children from around the world provided extensive inputs to the elaboration of the report and the formulation of its recommendations. The West African input in the study was limited due to the lack of quality research materials available. At the UN General Assembly in October 2006, member states, international organisations and non-governmental organisations welcomed the study report and committed to promoting the implementation of its recommendations.

The study outcomes can be accessed at www.unviolencestudy.org [last accessed 17 March 2009].

After the study

The independent expert led the first year of dissemination and follow-up of the study. In November 2007, responding to one of the study's recommendations, the UN General Assembly asked the Secretary-General to appoint a Special Representative on Violence against Children for a period of three years. This SRSG (*Special Representative of the Secretary-General*) is expected to act as a high-profile and independent global advocate who will promote the prevention and elimination of all forms of violence against children in all regions, while avoiding duplication of his or her endeavours.

Civil society organisations are waiting impatiently for the nomination of the Special Representative to ensure that the findings of the global study, as well as those of other emerging research such as our five-country study, are systematically addressed.

Appendix 4: links for background reading

All links last accessed 17 March 2009.

Child rights and protection: www.crin.org or www.unicef.org/sowc/

Child trafficking: www.childtrafficking.org

Children and war: www.child-soldiers.org www.hrw.org (children's division) or

www.plan-international.org/involved/campaigns/becauseiamagirl/

HIV/AIDS: www.unaids.org or www.jlica.org

Child sexual exploitation: www.ecpat.net, www.terredeshommes.org or www.savethechildren.se

Notes

- 1 Action for West Africa Region (AWARE-HIV/AIDS) is a five-year project funded by the US Agency for International Development.
- 2 Amnesty International. (2007). Sierra Leone: Getting reparations right for survivors of sexual violence [online]. Available at www.amnesty.org/en/library/info/AFR51/005/2007 [accessed 26 March 2009].
- 3 Reports on the work of the emergency psychosocial mobile units are available from Plan West Africa.
- 4 United Nations Development Programme (UNDP). (2008). Human Development Report statistical update [online]. Available from www.hdr.undp.org/en/statistics [accessed 26 March 2009].
- 5 National AIDS Control Committee for Cameroon, 2008.
- 6 In polygamous families, children may not have a relationship with, or know, their father as they are likely to grow up in a separate household.
- 7 Plan. (2008). Learn Without Fear: The global campaign to end violence in schools. Working: Plan.
- 8 Beltha's name has been changed to protect her identity.
- 9 Office of the High Commissioner for Human Rights (OHCHR). (1990). Convention on the Rights of the Child – status of ratifications [online]. Available from <http://www.unhcr.ch/html/menu3/b/k2crc.htm> [accessed 25 March 2009].
- 10 Office of the High Commissioner for Human Rights (OHCHR). (2008). Rapport du Séminaire Sous-Régional sur la Mise en Oeuvre des Observations Finales du Comité des Droits de l'Enfant, Ouagadougou, 6-8 novembre 2007 .HRI/BFA/SEM/2007/1
- 11 Rapport du Séminaire Sous-Régional sur la Mise en Oeuvre des Observations Finales du Comité des Droits de l'Enfant, Ouagadougou, 6-8 novembre 2007, HRI/BFA/SEM/2007/1, 13 February 2008.
- 12 United Nations Development Programme (UNDP). (2008). Human Development Report statistical update [online]. Available from www.hdr.undp.org/en/statistics [accessed 26 March 2009].
- 13 Zongo, M. (2004). La Diaspora Burkinabé en Côte d'Ivoire. Trajectoire historique, recombinaison des dynamiques migratoires et rapport avec les pays d'origine. Ouagadougou: Université de Ouagadougou.
- 14 See Afro News: Large Number of Burkinabe flee xenophobic Cote d'Ivoire [online]. http://www.Afrol.com/News2001/buf001_flee_civ.htm [accessed 24 March 2009].
- 15 Assan's name has been changed to protect his identity.
- 16 We concluded that in some areas of Burkina Faso, girls are relatively protected from physical violence by their families, because of the dowry they attract at marriage. Families protect their financial interest by protecting their daughters. This practice shows that, when they choose to, adults are able to exercise discipline in the home without using violence.
- 17 United Nations Development Programme (UNDP). (2008). Human Development Report statistical update [online]. Available from www.hdr.undp.org/en/statistics [accessed 26 March 2009].
- 18 See for example, United Nations Children's Fund (UNICEF). (2005). The impact of conflict on women and girls in West and Central Africa. New York: UNICEF.
- 19 Rimmert-Fontes, I., M. Miketta, et al. (2001). Review of the GTZ Reintegration Programme in War-Affected Rural Communities in Sierra Leone: executive summary. Available at http://www.berlinerseminar.de/bs/files/_SLE_Downloads/auslandsprojekte/2001/SierraLeone.pdf.
- 20 The Centre for Victims of Torture is a not-for-profit organisation working in the United States and West Africa to provide counselling and health services for victims of torture, refugees and returnees traumatised by war.
- 21 Sierra Leone Truth and Reconciliation Commission (TRC). (2007). The Final Report of the Truth & Reconciliation Commission of Sierra Leone [online]. Para.330. Available at www.trcsierraleone.org/drwebsite/publish/v3b-c3.shtml?page=4 [accessed 2 April 2009].
- 22 Amnesty International. (2007). Sierra Leone: Getting reparations right for survivors of sexual violence [online]. Available at <http://www.amnesty.org/en/library/info/AFR51/005/2007> [accessed 26 March 2009].
- 23 David's name has been changed to protect his identity.
- 24 United Nations Development Programme (UNDP). (2008). Human Development Report statistical update [online]. Available from www.hdr.undp.org/en/statistics [accessed 26 March 2009].
- 25 Wikipedia. (2008). "First Liberian Civil War." 2008. Available from http://en.wikipedia.org/wiki/Second_Liberian_Civil_War.
- 26 Plan uses the definition of 'child soldiers' adopted by UNICEF and the Coalition to Stop the Use of Child Soldiers: 'Any person under 18 years of age who is part of any kind of regular or irregular armed force in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than as purely family members. It includes girls recruited for sexual purposes and forced marriage. It does not, therefore, only refer to a child who is carrying or has carried arms'.
- 27 The study found no significant differences between the events experienced by boys and those experienced by girls. However, boys were more likely than girls to say they had witnessed another child punished to death.
- 28 Specht, I. (2004). Red Shoes: Experiences of girl-combatants in Liberia. Geneva: International Labour Organization.
- 29 United Nations Development Programme (UNDP). (2008). Human Development Report statistical update [online]. Available from www.hdr.undp.org/en/statistics [accessed 26 March 2009].
- 30 WAO-Afrique. (1997). Child trafficking in Togo: prospective study – Lomé, Vogan and Cotonou. Lomé: WAO-Afrique.
- 31 See Plan. 2005. For the price of a bike: Child trafficking in Togo. Dakar: Plan.
- 32 For example, see Plan. (2005). Tradition and rights: Female genital cutting in West Africa. Dakar: Plan.
- 33 The report and declaration are available from Plan West Africa (waro.ro@plan-international.org).
- 34 **Rodriguez, N, Steinberg, A. M.** and Pynoos, R. S. (1999). UCLA PTSD Reaction Index for DSM IV (Revision 1) Child Version, Adolescent Version.
- 35 Catani, C. (2002). Checklist of family violence. University of Konstanz [unpublished]; Catani, C., Schauer, M. et al., Beyond individual trauma: domestic violence against children in Afghanistan and Sri Lanka [submitted].
- 36 See Muriel Deutsch Lezak. (1995). Neuropsychological Assessment. Oxford: Oxford University Press.
- 37 Goodman, R. (1997). The Strength and Difficulties Questionnaire: a research note. Journal of Child Psychology and Psychiatry, 38: 581–586.
- 38 Rosenberg, M. (1989). Society and the Adolescent Self-image [Revised edition]. Middletown, CT.: Wesleyan University Press.
- 39 Sheehan, D., Shytle, D. et al. (2006). Mini International Neuropsychiatric Interview for Children and Adolescents; English version 5.0 (MINI KID). University of South Florida-Tampa, USA, and Hôpital de la Salpêtrière, Paris, France.
- 40 Further information about the method is available in the booklet Narrative Exposure Therapy. A Short-Term Intervention for Traumatic Stress Disorders after War, Terror, or Torture by Margarete Schauer, Frank Neuner et al. 2004. Cambridge, Ma.: Hogrefe.

Photos used in this document feature children from communities and groups with which Plan works, but it should not be inferred that they are necessarily victims of violence, or that they represent the children whose voices are heard in this report. The specifics on suicidal methods mentioned by those interviewed have been removed.

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**For further information, footage
and stills please contact:**

Stuart Coles

Senior Press Officer

Plan, International Headquarters

Stuart.coles@plan-international.org

+44 (0) 1483 733 211

Mob. +44 (0) 7500 066 891

In Africa:

Alice Behrendt

Plan West Africa

Alice.Behrendt@plan-international.org

+221 33 869 74 30

Stefanie Conrad

Regional Communications Manager

Plan West Africa

Stefanie.Conrad@plan-international.org

+221 33 869 74 52