

A Pilot Ethnographic Study of Informal and Formal Child Protection Systems in Rural Liberia



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The Liberian Context

The country of Liberia, located in West Africa, has experienced many civil wars which have subsequently resulted in conflict and instability for years. The most recent civil war began in 1989 and ended with the 2003 Accra Peace Accords.¹ This period of war had a devastating effect on the population and crippled social welfare sectors which are only slowly being restored today. Liberia has a population of 3.955 million² with about 48% of the population residing in urban centers.³ Approximately 49% of Liberia's population is comprised of children below the age of 18.⁴ Many communities have limited or no access to basic infrastructure such as electricity, sewage, water, network coverage and roads. There are 16 ethnic groups in Liberia⁵ and the major religions include 85% Christian, 12% Muslim, 1.5% other and 1.5% no religion.⁶ The official language is English however 16 indigenous languages are spoken throughout Liberia.⁷

Liberia has two parallel governance structures with child protection systems at both the national and community levels. The national government is a Republic operating with an Executive branch,⁸ a bicameral legislative branch and a judicial branch that is currently undergoing rehabilitation. The community governance structure is comprised of chiefdoms

¹ "Liberia." *U.S. Department of State*. Web. 12 Aug. 2011. <<http://www.state.gov/r/pa/ei/bgn/6618.htm>>.

² "WHO | Liberia." Web. 12 Aug. 2011. <<http://www.who.int/countries/lbr/en/>>.

³ "CIA - The World Factbook." *Welcome to the CIA Web Site — Central Intelligence Agency*. Web. 12 Aug. 2011. <<https://www.cia.gov/library/publications/the-world-factbook/geos/li.html>>.

⁴ "UNICEF - At a Glance: Liberia - Statistics." *UNICEF - UNICEF Home*. Web. 13 Aug. 2011. <http://www.unicef.org/infobycountry/liberia_statistics.html>.

⁵ Ethnic groups represented include 20% Kpelle, 14% Bassa, 8% Gio, 6% Kru and 52% spread over the 12 remaining ethnic groups.

⁶ "Liberia." *U.S. Department of State*. Web. 12 Aug. 2011. <<http://www.state.gov/r/pa/ei/bgn/6618.htm>>.

⁷ "Liberia." *U.S. Department of State*. Web. 12 Aug. 2011. <<http://www.state.gov/r/pa/ei/bgn/6618.htm>>.

⁸ Elections are scheduled for October 2011.

which are often comprised of many villages.⁹ Chiefs are recognized by the national government as part of the judicial branch and are networked into regional chiefdoms. Chiefs govern cases in the community and they can report cases to the county authorities or magisterial courts.

Following Liberia's grueling 14 year civil war, many social structures are still lacking in capacity and resources. The average life expectancy is 58 and the under-five mortality rate is 112 per 1,000 live births.¹⁰ Many communities lack access to health care and are forced to travel hours by foot to the nearest clinic or hospital. The net primary school enrollment is 40% because many families are financially unable to send their children to school on a subsistence living income.¹¹

Diverse child protection risks confront children in Liberia, including child abuse and maltreatment, sexual violence and exploitation, neglect, harmful traditional practices, child labor, teenage pregnancy and trafficking. One-fifth of children in Liberia ages 5-14 are considered to be engaged in labor.¹² Seventy to eighty percent of children ages 2-14 reported having received psychological and minor physical punishment and eleven to eighteen percent reported receiving severe physical punishment as forms of discipline.¹³

⁹ The town chiefs report to the quarter chief whom is responsible to the paramount chief. The paramount chief is governed by the clan chief who is responsible to the district commissioner.

¹⁰ "UNICEF - At a Glance: Liberia - Statistics." *UNICEF - UNICEF Home*. Web. 13 Aug. 2011. <http://www.unicef.org/infobycountry/liberia_statistics.html>.

¹¹ "UNICEF - At a Glance: Liberia - Statistics." *UNICEF - UNICEF Home*. Web. 13 Aug. 2011. <http://www.unicef.org/infobycountry/liberia_statistics.html>.

¹² Liberia Institute of Statistics and Geo-Information Services (LISGIS) [Liberia], Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and Macro International Inc. 2008. *Liberia Demographic and Health Survey 2007*. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc.

¹³ Liberia Institute of Statistics and Geo-Information Services (LISGIS) [Liberia], Ministry of Health and Social Welfare [Liberia], National AIDS Control Program [Liberia], and Macro International Inc. 2008. *Liberia Demographic and Health Survey 2007*. Monrovia, Liberia: Liberia Institute of Statistics and Geo-Information Services (LISGIS) and Macro International Inc.

The legal framework for child protection is often not enforced or is fractured due to gaps between policies and procedures.¹⁴ Since the civil war Liberia has increasingly made the issues of rape, human rights and trafficking of persons, the sale of arms, and girl's education legal priorities. The Ministry of Gender and Social Welfare initiated a Children's Unit integrating child welfare officers into their approach. There remains a lack of judicial support for children; the only child-focused court is located in Monrovia. The Children's Act remains under review in the legislature which cripples Child Welfare Committees' (CWCs) ability to make demands on local government and increase their local capacity to address violations against children appropriately and expeditiously.

I. The Research Tools

The pilot child protection systems mapping utilized various ethnographic research methodologies which included community observations, focus group discussions (FGD) and key informant interviews. These tools were most recently used in Sierra Leone.¹⁵ The tools incorporate Participatory Raking Methodology or a mixed methods approach which allows for quantitative and primarily qualitative data collection.

The research tools were utilized in a three-stage approach. Researchers began with a period of community observation, which included a transect walk and then community engagement.

¹⁴ The framework that has been established includes the Convention on the Rights of the Child, signed but not ratified Optional Protocols, International Labor Organization, convention on the worst form of child labor and signed but not ratified the African Charter on the Rights and Welfare of the Child. Liberia has not ratified the 1993 Hague Convention no. 33 on the protection of children and cooperation with respect to interagency Adoption.

¹⁵ The Columbia Group for Children in Adversity. "An Ethnographic Study of Community-Based Child Protection Mechanisms and Their Linkage with the National Child Protection System of Sierra Leone" June 17, 2011.

This period allowed the researchers to assimilate and become familiar with the community and to build rapport for the following two stages.

The second stage was comprised of FGDs with a diverse selection of the community and grouped according to age and gender. During the FGDs researchers facilitated an exercise where participants identified and ranked the protection risks to children in their community. The researchers then facilitated a discussion around the top 1 or 2 ranked risks wherein the group mapped out the response within those communities to those risks. Both formal and informal protection systems were identified and discussed.

The final stage concluded with key informant interviews conducted by researchers to ask more in-depth questions about systems or processes that were identified in the FGDs and during community observations. Key informants were identified by the community as integral actors to local protection response mechanisms during the earlier stages of the research. This three staged approach facilitated holistic data collection as researchers built their line of questioning and familiarity with local perspectives and systems.

II. Background

The Child Protection in Crisis Network (CPC) works as “a mechanism to strengthen and systematize child care and protection in crisis-settings through collaborative action of humanitarian agencies, local institutions and academic partners” in over a dozen countries.¹⁶ The Secretariat is located within Columbia University’s Program on Forced Migration and

¹⁶ “About.” *Child Protection in Crisis*. Web. 11 Oct. 2011. <<http://www.cpcnetwork.org/about.php>>.

Health, which serves as the overall technical lead for the Program Learning Groups (PLGs). ChildFund serves as the host agency for the CPC Network's PLG in Liberia. ChildFund oversees the work in Liberia and provides required on-the-ground administrative and logistical support to initiatives identified by the steering committee. ChildFund ensures full participation of national, local and international agencies that comprise the PLG in Liberia.

Most recently, the PLG in Liberia conducted a pilot Community-Based Child Protection Mechanisms (CBCPMs) mapping initiative in Gbarpolu County. The investigative team used qualitative and quantitative methods in a representative sample of communities in the county to better understand the strengths and weaknesses of CBCPMs and how they are related to formal systems.

Gbarpolu County was selected as the location to conduct the pilot child protection systems mapping because it is a newly formed county that was created by combining sections of other counties. Therefore Gbarpolu County is diverse in the ethnic groups represented, and languages and religions practiced and is representative of the Liberian population. Gbarpolu County has also been cited as suffering from a heightened occurrence of protection violations, many of which are deeply rooted in traditional practices. There are approximately 83,500 people in Gbarpolu, 8 clinics, only two medical doctors and one high school. This location was most appropriate for the execution of the pilot research as it would best allow the research team to test the proposed research tools amidst logistical challenges and within the Liberian cultural context. Secondly the location was selected because ChildFund Liberia has a field office in Gbarpolu, allowing the research team to work closely with field staff that were familiar with the communities and could assist the team in mobilizing participants.

The pilot was conducted in two communities in two separate districts within Gbarpolu County. The first community was Zuo located in Gbarma District. There are approximately 2,500 people residing in this community. Ethnic groups found in this community include Gola, Kpelle and Grebo. Languages spoken include English, Gola and Kpelle. Zuo has not had much exposure to nonprofits and other agencies as they are isolated due to the surrounding terrain.

The second community is Gaynima located in Bopolu District. Ethnic groups found in this community include Gola, Mano, Kpelle, and Kissi. Languages spoken are English and Kpelle. There are approximately 1,450 people residing in Gaynima with more than 50% children. This community has been exposed to outside organizations and the main road to Bopolu city divides the community. Religions found in both communities include Islam and Christianity.

III. Methodology

The research team was comprised of both international staff and national staff for the purposes of the pilot research project. The team was lead by an international researcher from Columbia University who oversaw the training, research adaptation, methodology, data collection, analysis and reporting. The team leader also supervised quality control and adjusted tools and approach as necessary for the purposes of the pilot. The pilot was supervised by the CPC Network coordinator for technical support and assessment of tools. The coordination and logistical support was provided by the Liberian PLG and ChildFund as the host agency.

A two-week training was conducted for nine participants. The majority of those individuals selected to participate were nominated by member agencies of the PLG. Upon completion of the

training, four national researchers were selected to conduct the research. All of the researchers had completed their Bachelors Degree and were experienced with research and data collection. The selected researchers had diverse backgrounds including, academia, police force, Ministry of Health, UNICEF and some qualitative research experience. This diversity was considered in their selection as their background would enable their probing skills and facilitate a transfer of knowledge and capacity to member agencies of the PLG.

The two week training (conducted June 27- July 8, 2011) with nine participants was divided between two learning approaches. The first week was dedicated to teaching the tools and reviewing their functionality and developing probing skills. This was also an opportunity for participants to bolster their note taking and reporting competencies. The second week was designed as a rigorous practicum which provided the participants opportunities to go out into the field and practice the tools in Monrovia and return a completed report the following day. The training concluded with an organized focus group discussion which was arranged with the assistance of a local organization in a community outside of Monrovia. Several themes that were emphasized throughout the training that were integral to the success and work ethic of the research pilot were project based learning, daily review, group presentations, peer review and constructive criticism alongside formal individual feedback from instructors.

Recruitment of researchers with knowledge of protection issues and research experience was crucial to quality research in the field. It was also imperative that researchers have proficient writing skills (preferably typing skills). This enabled more supervision and quality control by the lead researcher once in the field. It was crucial to the success of the pilot to set the expectations and level of quality demanded during the training as a trial for the reliability and

dedication of researchers prior to deployment. During training, the responsibilities and expectations must be clear and a collaborative environment should be fostered in order to allow for constructive criticism and the ability to maximize capacity.

The training allowed the research team to finalize the tools and design the research approach and schedule (see Appendix 1: Final Schedule). During the training, the tools were adapted to make them more appropriate for the Liberian context. For example, the participatory ranking exercise is designed to allow the participants to handle the objects and place them in order according to a group consensus; however, it was urged by the training participants that this process would take too long and that groups would never reach a consensus so it would be more appropriate to use a voting process. Another adaptation that was implemented during training was the inclusion of a transect walk to begin the community observation as a mechanism to become familiar with the community and to proactively identify areas or activities for which to focus the observation.

Another adaptation that was made during the research was regarding which phase the timeline would be completed. The design originally placed the timeline in the FGDs; however, after conducting a few focus groups the researchers lobbied to remove it from the FGDs and to instead complete it during the key informant interviews.¹⁷ Other adaptations that were made during the course of the research were targeted to strategy and not the tools themselves.¹⁸

During the training research ethics were enforced and reviewed regularly. Throughout the pilot researchers were reminded of and evaluated on their ethical approach. The researchers

¹⁷ This adaptation was made because it was taking too long to conduct the focus group discussions with three activities and conceptually the timeline was very challenging for participants to grasp.

¹⁸ See Appendix 2: Recommendations.

always abided by confidentiality and consent guidelines during their data collection. All names were omitted from interviews and transcripts.¹⁹ Researchers were also instructed to end interviews if the respondent was emotionally distressed or uncomfortable with the conversation. Lastly, a referral process was outlined during training and again prior to the research which outlined steps to refer cases of violations against children reported during the course of the research.²⁰

IV. Data Recording and Quality Control

Formatting and standard of quality were established and expectations were outlined during the course of the training and then enforced during the data collection. The training allowed the participants to design forms to capture the data appropriately and accurately during the course of the research (see Appendix 3: Forms and Data Collection); researchers felt most comfortable with a narrative style format. Data was informally recorded during field visits with audio-recorders and hand-notes, and then formally recorded later with the appropriate forms, full transcriptions and recordings. Completed reports were then reviewed by the lead researcher who would return reports that were incomplete or needed clarification based on criteria that would ensure quality. The lead researcher was able to review any reports or recordings that required further clarification individually with the researcher and if necessary as a team in order to capture as much valuable information as possible. This individual attention was available due to the small size of the team and the accommodations that allowed for the researchers and the team leader to debrief each day. Lastly, half of the research team had personal computers so they

¹⁹ Only one document was submitted in which a researcher provided a fictitious name instead of omitting it completely and this was verified upon submission.

²⁰ Unfortunately the referral process was necessarily activated during the course of the research because a crime was reported to one of the researchers; it was appropriately referred to the proper counterparts and authorities.

could type their notes and reports before submitting them; this additional step provided the lead researcher more time for quality control in reporting throughout the duration of the research.

V. Data Analysis

A total of twelve community observation reports were completed: six in each community, throughout three days with four researchers. A total of fourteen focus group discussions were facilitated (seven in each community, seven male and seven female; researchers were paired with groups according to gender). Finally, there were eleven key informant interviews performed (two female, three male in Gaynima and three female and two male in Zuo; researchers were also paired according to gender). All together, one-hundred and thirty three individuals participated in the research in Gbarpolu County.

The data was grouped according to each unique community; however, communities were combined for the County overview. The data was then uploaded into Atlas ti where the data was coded according to protection risks, socio-cultural influences and systems. The research question that guided the coding process was “What are the risks to children in rural Liberia and what are the formal and informal protection mechanisms?” Once the data was coded, each code was then sorted according to patterns and themes. One to two quotes were identified for each pattern or theme that best represented the data reported. The FGDs and mapping outlined the main protection risks and responses identified and ranked by the community, providing a framework to guide the analysis. Several systems maps are provided in Appendix 4: Teenage Pregnancy and Appendix 5: Rape.

VI. Limitations

The data collection was limited by the amount of time available to conduct the research in the field and due to transportation constraints to and from the research sites. The research was also limited by any reporting errors or biases that were recorded throughout the research pilot. The research team was constrained by their level of experience and knowledge in child protection and qualitative data collection. The data was also limited by community based institutions that governed the participation and information sharing practices of women.

VII. Key Findings:

Researchers emphasized that this pilot served as an opportunity for the community participants to educate outside agencies on the risks and child protection mechanisms that they can identify within their communities. As one researcher explained, “*We [researchers] are the students today and you [community] are the teachers.*” The research team received feedback throughout the pilot applauding this new approach that allowed the participants to teach us about their community. Many participants had never participated in research that took this bottom-up approach. To conclude the pilot, the team held a town meeting to gather feedback regarding the communities’ experience working with the research team and this approach. The community thanked the research team for this approach and even discussed amongst themselves the fact that some taboo topics such as the Sande and Poro Societies²¹ were discussed due to this nuanced approach. Researchers were trained on probing skills alerted to varying thresholds for discussing some of these pre-identified ‘hot’ topics. This approach was defended by participants to outside community members that challenged our discussions around these topics. This bottom-up

²¹ Sande and Poro are Secrete Societies practiced in Liberia where male and female circumcisions are performed.

approach is not typically practiced in Liberia among government and local actors or international agencies working on behalf of communities. The findings were varied and complex as the concept of protection and risks or harms to children seemed very abstract to many and was often confused with the “*bad things that children do.*”²²

A. Children’s Development

Children were identified primarily by their age. Most participants in accordance with the national law defined children as anyone below the age of 18. It was apparent that there had been substantial education regarding the age of a child as defined by the law; however, after discussing various activities and building rapport with communities it became clear that in practice, the community did not necessarily follow the national law. Older women often stated that once they have a child that child will forever be regarded as a child to them. Others identified children based on their level of self sufficiency. The most common identifiers were a child’s engagement in sexual activity or child bearing. Once a child engages in these activities or begins a family they are regarded as an adult by the community and are often expected to support themselves and their family. One male participant stated, “*Once you reach 15, you are matured [an adult]...unless you are married and born [given birth], then you are no longer a child...it is only the government that looks at age –depends on what you do [referring to adult responsibilities and behaviors].*”

Phases identified by participants as children’s developmental stages included activities such as a naming ceremony, circumcision and the dropping of the umbilical cord. Children are identified as developing appropriately if they begin to talk, crawl and walk. Children accompany

²² The confusion between risks and bad behavior was very time consuming for researchers to clarify.

their mother while they are infants; however, once they begin moving around and no longer need care and attention throughout the day they are supervised by older siblings or extended family while the parents work. Once children reach an age that they can accomplish tasks asked of them they too will be given responsibilities such as scaring away animals on the farm and other domestic chores.

‘Bush school’ was also identified as a developmental benchmark for young children. ‘Bush school’ is a ritualistic school where children (at varying ages 0-10) are taken into the deep into the forest for a period of time ranging months to years in order to learn domestic responsibilities and gender roles in the home and marriage. ‘Bush school’ is also a traditional practice which female and male circumcisions are performed on children.

Developmental stages identified for adolescents (ages 11-18 years) included domestic labor, school and puberty. During this stage children were identified as beginning to engage in sexual activity. Girls begin to menstruate during adolescence. Pregnancy is expected during late adolescence into early twenties.

B. Protection Risks, Responses and Protection Mechanisms

Participants in the research pilot identified a vast number of risks that disturb the healthy development of children. They also outlined various responses and protection mechanisms that exist formally and informally within their respective communities. Each community identified similar and unique risks and ranked them according to the circumstances within their community.

1. Gaynima, an Overview

Table 1: Child-Specific Risks Identified in Gaynima (N=7)

| Risk | Number of Groups | Median Rank |
|---------------------------|------------------|-------------|
| Lack of Clinic | 3 | 1 |
| Lack of Education Support | 3 | 2 |
| Sore from Cattle Feces | 7 | 3 |
| Teenage Pregnancy | 4 | 3.5 |
| Child Labor | 3 | 4 |
| Child Trafficking | 6 | 5 |
| Bush School | 3 | 5 |
| Child Abuse (Beating) | 4 | 8 |

In Gaynima the lack of a clinic (highest ranked risk) was directly linked to the “*sore from cattle feces*” (most prevalent risk identified). The lack of clinic was also discussed in regards to the long distance to the nearest clinic during an emergency and the lack of resources that the clinics had to treat patients. One youth explained that “*sometimes in most of the clinics in Bopolu, when the government provides the drugs, the workers will take the drugs and carry it home to make business with it. When you go to the clinic they tell you there is no drug and they will send you to the drug store to buy it there.*”

The lack of education support was often described as lacking enough money to support their children’s school fees which often resulted in children dropping out of school to pursue employment and “*child being taken to Monrovia.*” An often cited risk to non-biological children was child labor. One male youth described that “*when somebody have children who is not their children living with them; they make them to do the entire work [domestic work] home while their children will be playing.*”

Child trafficking was characterized as strangers coming to the community and offering to take their children to Monrovia to go to school. This practice is generally accepted in the hopes

that it will lessen the financial burden to the family and provide education opportunities; however, one woman identified repercussions of this practice to include teenage pregnancy. She stated *“like here now, if you get all the facility here of the school you will not take the child say go live to my brother in Monrovia to go to school because your eyeball not there. You will not be able to see your child when he going to wrong you say stop. That’s what bringing most of these things [pregnant teens] them where you’re seeing.”* Teenage pregnancy was also identified as a risk to children because it resulted in girls, and often boys, dropping out of school to support the pregnancy.

The ‘Bush School’ was identified as a risk after the researchers probed on this topic; however, it was never identified as a risk due to the activities that occurred during the practice but instead only due to the fact that children were out of school. This topic seemed to be more taboo to discuss and more deeply embedded in Gaynima than Zuo. Adult community members (particularly women) were emphatic that it was a positive experience that taught life skills. Men would minimally describe their experiences - *“I never wanted to join [the Poro or Sande Society, or Bush School] but my mother refused to give me food if I don’t join. She called me a sinner. The mothers can force the children to join.”* Women were more reluctant to share personal stories or acknowledge the practice even though there were often traditional markings on young girls (indicating their induction into the society) who participated in focus groups.

Child abuse was identified as *“beating badly,”* and most often linked to physical abuse. Examples of abuse were usually followed by an explanation that this was a problem in the past but that it was no longer a serious problem in the community due to awareness and intervention of agencies working in their community.

2. Zuo, an Overview

Table 2: Child-Specific Risks Identified in Zuo (N=7)

| Risk | Number of Groups | Median Rank |
|-----------------------|------------------|-------------|
| Teenage Pregnancy | 7 | 2 |
| Rape | 7 | 2 |
| Child Labor | 6 | 3 |
| Child Abuse (Beating) | 4 | 4 |
| Lack of Parental Care | 4 | 6 |
| Bush School | 4 | 8 |
| Child Trafficking | 6 | 9 |

In Zuo teenage pregnancy was identified as the highest risk to children, often resulting in children dropping out of school. Rape was equally identified as a major risk to children. Rape was identified as *“big man have something [sex] to do with the small girl, that’s rape.”* The community’s view of the severity of the rape was directly linked to the sexual experience and age of the girl.

Child labor was identified as the next most prevalent and highly ranked risk to children, often in reference to giving young children *“big big work.”* Child labor was also highly associated with the financial constraints of the family. One woman explained that *“One of the bad things that embarrassing this community is, the parents, some of the parents, they pushing their children out because of money [parents encouraging children to seek employment and income for the family] material things, especially for the girl children.”* However, one protective mechanism that the youth have engaged in was described to the researchers.

“They do things together. Like for this year, they [boys] get together and make their cassava farm for you, me and their sister. So for that reason as soon as the jam for money [financial difficulty occurs], this one will say I am going to make my gari [or farina, which is cassava flour], the other will say I am going to make my fufu. Like that, straight gold camp they carry to

go sell. Or when they [boys] get it [gari and fufu] they don't get money, they go to the gold camp to hustle.”

This practice appeared as youth organizing themselves into informal cooperatives that engage in economic empowerment activities as a protective mechanism to safeguard their families from economic hardship. Child labor was triggered by another identifiable risk –the lack of parental care as it related to providing basic necessities such as food and clothing to children and money for school fees.

Child abuse was identified as a risk encompassing what some viewed as extreme disciplinary measures or physical abuse. This topic was mentioned by many groups but did not incite much conversation and was often viewed as a private family issue for which the community had no platform for intervention.

The ‘*Bush School*’ was mentioned most often as researchers probed for it but only as it interfered with the children’s education opportunities. Like in Gaynima, this area was difficult to discuss and few women would engage in this topic. One man described the harms of this practice as “*some girls cannot born [conceive children] no more [after they come from the Bush School] and some can even die.*” While one male youth described that “*they benefit in one sense how to take care of their home, home to prepare food for their husband...and of times it can be bad for them in terms of schooling you will not go to school like the way other people go to school.*” This tension was evident in both Gaynima and Zuo.

Lastly, child trafficking or “*taking children to Monrovia*” was mentioned by almost all of the groups; however, it was usually ranked as a minimal threat to children. The risk described is that when children are taken by strangers with the promise of enrolling them in school in Monrovia

they are often, in fact, not enrolled in school and this disrupts their education. It is also ranked so low because it is perceived as an opportunity. One key informant explained that a famous futbol payer (originally from their community) was taken by strangers to Monrovia and provided education and the opportunity to play soccer which ultimately led to an international career. This characterization has led many families in Zuo to welcome their children being taken by strangers to Monrovia.

3. Gbarpolu County

Table 3: Child-Specific Risks Identified in Gbarpolu County (N=14)

| Risk | Number of Groups | Median Rank |
|------------------------|------------------|-------------|
| Teenage Pregnancy | 10 | 2 |
| Rape | 8 | 2 |
| Sore from Cattle Feces | 8 | 3 |
| Child Labor | 8 | 4 |
| Child Abuse (Beating) | 7 | 6 |
| Child Trafficking | 11 | 7 |

The main risks that were identified as “*the bad bad things that happen to children*” are ranked in Table 3 for Gbarpolu County (both Gaynima and Zuo results compiled). The four major risks include teenage pregnancy, rape, sores from cattle feces and child labor. Participants varied their terminology in reference to these risks, for example teenage pregnancy and “*getting belly*,” and “*carrying heavy load for small small girls/boys*” as child labor. Rape was of greater concern in Zuo than in Gaynima while the “*sores from cattle feces*” was seen as a risk predominately in Gaynima. Teenage pregnancy was a major concern in both communities. The risks are described below and the pathway of responses outlined.

a. Teenage Pregnancy

Teenage pregnancy²³ was also referred to by participants as “*getting belley.*” The complex issue of pregnancy was identified under a variety of circumstances from consensual sex (with younger and older men), and exposure to exploitative and transactional sex were also mentioned. Most often teenage pregnancy resulted from consensual sex between young girls and boyfriends (who are sometimes equal in age and others are older men). Teenage pregnancy was also identified as a result of “*strangers taking children to Monrovia.*” Respondents explained that children learned about “*life*” or engaged in sex while they were in Monrovia and returned pregnant. Transactional sex was identified only by youth (boys and girls) in the pilot and was often described as an exchange for goods, money or services for sex. One girl described her experience being taken to Monrovia and how she used transactional sex to return, -she explained “*when I tell you bring me to my people you not want do it, I try all means. When maybe I like 13 or 14 year, I put my hand in man business [engaged in sex], I pay my car fare I come to my people them.*” Another girl described exploitative and transactional sex thus, “*some of the parents, when you go to tell them [that a teacher was requesting a sexual relationship] they will tell you –that’s it you see we na get no money and this school business a hard, the money we have being paying a too dear [school is expensive and they are paying a lot] –Love that teacher so he can be helping you.*”

The responses above demonstrate how teenage pregnancy could be intimately related to other protection risks for children. Each participants’ understanding of the issue, implications and consequences were varied. Participants in the pilot often assumed teenage pregnancy

²³ See Appendix 4: Teenage Pregnancy for a diagram representing the response pathway for teenage pregnancy.

implied consensual sex. Often transactional sex or exploitive sex was considered consensual. Participant's definitions of sexual violence and rape were too extreme to apply in these situations where some relationships existed before the pregnancy. Due to this complexity, it is recommended that this topic be further investigated.

The most typical pathway of response starts with the pregnant girl confiding in either a close friend, family or the boyfriend. If she confides in the boyfriend of the pregnancy he could *"say me I don't ready born [not ready to be a father] yet. When she go to the boyfriend first, then they will top it [abort the pregnancy] if he does not want it, but if they want it, it will stay there."* *"Spoiling the belley"* or terminating the pregnancy [abortion] can lead to death. Abortion is usually accomplished by arranging a meeting with the "black-bag doctor," or herbalist, because less people would find out about it. The herbalist will provide herbs for the girl to ingest which causes her to abort the baby which is dangerous due to the unspecified dosage. Another method she could pursue is to go to the local clinic or hospital for an abortion; however, this option is logistically challenging due to financial constraints and lack of transportation. Additionally, the clinic would ask for the participation of the parents which would defeat the purpose of having the abortion in order to minimize stigma from the pregnancy. Respondents reported that abortion is pursued when the boyfriend either denies the pregnancy or when he cannot provide financially for a family. Only females identified abortion as a risk to children during the pilot.

Respondents reported that the girl's family will be next to be contacted if they were not first. The girl's father makes the decisions regarding the pregnancy and will demand that the daughter identify the *"owner of the pregnancy."* Before the boy's parents are contacted the girl

will be taken to a clinic or to “*country*” medicine to verify the pregnancy. “*Country medicine*” or “*sassy wood*,”²⁴ is an herb that the parents force the child to ingest to determine pregnancy. If she becomes ill from the herb they will be able to tell she is pregnant or if she is experienced in “*man business*” or sex.

Once the pregnancy is confirmed the boy who impregnated the girl will be contacted and his parents will also be contacted. If the boy denies the pregnancy then the girl may be housed and cared for by her family, or kicked out of the house for becoming an adult and getting involved in “*man-business*.” One father stated “*so long I am ‘captain for my ship’* [head of my household] *and you* [his daughter] *goes and gets pregnant, you will have to be captain of your ship* [assume responsibility and support of herself].” If the boy denies the pregnancy, he can be arrested or the town chief may be summoned to settle the discrepancy between families.

If the boy owns the pregnancy or the town chief forces the families to “*compromise*”²⁵ or “*settle*,” then the girl will move in with the boy’s family and they will care for her during the pregnancy. During the pregnancy the girl is prohibited from attending school and therefore forfeits a year of schooling which the boy’s family will pay for following the pregnancy. Respondents described that recently families determined it was unjust that the girls are deprived of their education during the pregnancy and therefore there is a new practice of forcing the boy to “*sit down*” or take a year off from school during the pregnancy as well. One woman stated “*if the boy impregnates the child and that child suppose to go to school, you pregnant my child and you going to school, you the boy, it happen for my child to come from school and sit down*

²⁴ Sassy wood was a disputed method for verification. Respondents noted it as an option and other individuals noted that it is no longer used.

²⁵ “Compromise” or “settling it the family way,” indicate the practice of reaching a verbal agreement between two disputing parties without the involvement of the police or the law.

[forced to drop out due to the pregnancy]²⁶ *you the boy will not go to school.*” During this time both the boy and girl will begin to work to support their family. Once the child is born, the girl and boy can go back to school; however, respondents indicated that few actually return to their education as the need to support their family becomes imperative.

There is stigma associated with teenage pregnancy if there is no “*owner*” to the pregnancy. Girls are considered “*loose*” if she is a single parent and the family is shamed; therefore, it is very important for the girl and the girl’s family to identify the father and to force him to own the pregnancy. Similarly there was an associated shame for boys who do not own a pregnancy for example “*if the boy that pregnant the girl and they call him and ask him and he deny it, he will be in the community but the community people will be advising their children to say, you see what he did to that girl, you be careful [...] even though they don’t have power to drive him [ex-communicate] because he’s a citizen but they will just be discussing him.*” The communities did not consider teenage pregnancy itself as the risk to children; it was always discussed in reference to the fact that girls and sometimes boys would have to “*sit down*” from school due to the pregnancy and that was considered harmful to their development.

Parents were identified as key actors in determining if sexual activity between two youth was “*rape*” or if it was consensual. One boy explained “*I will go ahead to impregnate 17 years old girl and then maybe you find out that based upon my financial strength maybe the parents did not hold it against me to say I rape [if he is wealthy the parents won’t consider it rape]. Ehn you understand, they may not hold it against me to say oh the boy rape our daughter, no! They will only focus on the pregnancy.*” This tie between teenage pregnancy and rape needs to be

²⁶ It was explained to us that pregnant girls were not allowed by school authorities to attend school.

further investigated because throughout the pilot the term “*rape*” was widely recognized but very narrowly defined. It appears there was a successful awareness campaign following the war to prevent and eliminate the incidence of rape that could be leading to misunderstandings regarding the definition or rights. This could lead to errors in reporting.

b. Rape:

Rape²⁷ was identified by participants as a risk to children but, often reported as rarely or never occurring in communities. During the course of the pilot an incidence of rape was reported to our research team. Immediately following the incident the focus group firmly stated that rape has “*never happened in this community.*” This blanket declaration indicates little or no information sharing within the community or an unwillingness to acknowledge the occurrence and associated stigma (particularly displayed by female groups).

Rape was defined by communities as a “*big big man forcing himself on a small, small girl.*” The label rape was also dependent on the sexual experience of the girl, her age and the economic positioning of the perpetrator. “*A serious rape is when a three or four year-old girl is raped where she can’t walk or do anything for herself [after the incident], but if she is like 16 for example and she can walk, the people [the community] will not take it too serious.*”

Participants most readily defined rape as comprised of an older perpetrator and younger victim. There was little recognition that rape can occur between like-aged individuals. One participant during a FGD with boys explained that “*if the parents are in favor of the relationship [between a female teenager and an adult], it will not be considered rape. If they are not in favor, it will be considered rape.*”

²⁷ See Appendix 5: Rape for a diagram representing the response pathway for rape.

Rape was usually reported to one of three people –the father, mother or the town chief. Participants acknowledged that victims most often reported rape to their families or did not report it at all because the perpetrator was someone that the victim knew from the community or a family member. Once the rape was reported to the mother or father, the victim was then taken to a clinic to verify the rape and collect evidence (including documentation confirming the rape from the clinic) that is required for reporting to the police. It was noted that sometimes the parents do not believe the first clinics' results and will sometimes take the victim to a second clinic to verify the first results. This re-victimization was described so: *“then they take her to the other clinic they just open on the mission. The midwife did the armination [examination] it was true [she had been raped]. They never believe it. They took her to Gbarnga clinic again.”*

The parents will then take the victim to the town chief to identify the perpetrator and report the case. The town chief will report the case to the police to investigate the case and take it to court. In court the case will be tried and the perpetrator found guilty or not guilty. If the perpetrator is found guilty then he will be put in jail and the victim's dignity will be intact, *“they will take her to be good person.”* If the perpetrator is found not guilty he will be set free, *“they [the community] will forget about the man. The people [the victim's family] then now will pay his expenses because they lied on him.”* And *“they [the community] will take her [the victim] to be liar.”* Furthermore, there is an expectation that the victim's family will *“beg the boy people [perpetrator's family] because you lied on the family. You go ask them to forgive you.”* Reports indicated the victim's family will be seriously stigmatized if the perpetrator is found not guilty, suggesting financial consequences and pressure not to bring a case without providing the court with sound evidence resulting in a guilty verdict.

There is a second response pathway in which the town chief leads a local investigation with “*sensible men* [elders]” to investigate if the rape actually occurred. The town chief will invite the victim’s family and the perpetrator’s family together to investigate the case. During this time families may ask the town chief to “*settle it the family way, or compromise*” the case. If the families agree to settle the case in the community the perpetrator must pay for any medical services the victim received, and apologize to the family of the victim.²⁸ If the victim’s family will not settle the case in the community then the town chief brings the case to the courts and again depending on the verdict the victim and family are either stigmatized or vindicated. Participants admitted that “*if we go to the town chief the family way* [seeking compromise], *it* [the case] *is taken as a family case*. [But] *if we take it as lawsuit, it is take on the law side*.” One example in which a case would be settled is when “*they know very well that particular person who have done that act* [rape] –*you know in the family now* [family member] –*they will call both parties* [...] *So the family you know, you can’t look at your blood and put finger in his eye* [cannot put your family in jail],” so they settle the case in the community.

The participants indicated that there is a lot of pressure from the community to settle cases within the communities and not to report them to the police. However other participants argued that “*from the time the war finish in this country the rape case is different from before the war*. *Before the war rape was not hard like this people use to do that thing and they talk as family talk, but after the war now, when we elected new president* [Madam Sirleaf] *rape case is not something to just talk it like that* [not a case you settle in the community it must get reported to the police].” Participants also reported that if rape occurred between family members that it was never reported and the child was treated at home. It was clear from the conditioned

²⁸ This most often occurs if the perpetrators are young between the ages 14-16.

responses and definitions from participants that there has been lots of education and systemic changes regarding the reporting and handling of rape in Liberia therefore it will require further investigation and particular probing skills to decipher what communities are actually doing with rape cases and what they are reporting to agencies that over-educated around this issue.

More males reported rape as a risk to children than females perhaps due to the level of female stigma and risk associated with it for females. Protective measures mentioned included strong parenting and keeping children in at night. Participants also suggested that relaxing the children's rights laws would provide parents with more authority to better parent their children and keep them safer from incidences of rape. Others suggested having police stations in the community that would allow a rapid investigation and safe guarding from compromise or settling within the community. Participants acknowledged that non-governmental organizations (NGOs) could provide oversight to this process to prevent community settling.

C. The Connection: CBCPMs and the National Child Protection System

1. Town Chief

The Town Chief (TC) is often the first person to be notified of any child protection violation. He is also the strongest link between the CBCPMS and the National Child Protection System. However, respondents also indicated that the TC is an actor in "*settling*" protection violations the family way and compromising cases in the community (always at the will of the community or the family of the victim). There were conflicting responses from the TCs in discussing if cases need to be reported to them first before the police. One TC indicated that they must go through him first as he "*is the overall boss.*" The other TC indicated that he would be freed of responsibilities if the reporting went directly to the police and he welcomed that streamlining

process. However, participants reported that *“sometimes when you go to the police [to register a case] they will ask you: ‘is the town chief aware?’ if you say no, they will tell you to go back to the town chief.”* The TCs also indicated that they are limited by what is reported and pursued as a protection case within the community and that they do not have the support of the community nor is it their role to investigate issues or report cases without the knowledge of the perpetrator and victim. One TC reported that because authorities have made it public knowledge that certain cases must be reported to the police *“for that reason when people get their cases they not want to even bring it closer [...] they will be hiding it, I can’t know something about it.”* Furthermore they are limited by a lack of access to cell phone reception and transportation to the nearest police station and therefore there is a delay in reporting, treatment and referrals for victims.

2. Child Welfare Committee

Child welfare committee (CWCs) members acknowledged that cases were often not reported because local government has been instructed to report all cases to the police and families and community members are scared of the repercussions that may follow. CWCs indicated that the community sometimes does not trust them and therefore fails to report incidences to them. They also reported that they do not have any jurisdiction or support from the community to investigate family issues. It was also cited that in one community the CWC was not originally from the community and therefore was not considered a citizen but as an outsider, which hindered the level of involvement that he could have in community matters.

3. Protection Officers/Non-Governmental Organizations

It was noted that protection officers with local NGOs feared religious and customary practices that could harm them if the communities did not support their work. During the course of the research in these communities protection officers were not observed in the communities

and communities indicated that their presence was minimal. Protection officers were described as covering large areas (often many communities); furthermore, they were not given much technical support or emotional and psychological debriefing.

4. Clinics and Hospitals

Local clinics and hospitals were referenced as locations to seek medical care and crucial in reporting acts of sexual violence as they collect evidence pertaining to the case and report the validity of the crime. Clinics were cited as too far from communities often hindering communities' ability to access health care and access to evidence collection and support for victims. Clinics and hospitals were also noted as often times having limited or no medical supplies and some participants also accused the staff of selling the medical supplies for profit. Other respondents criticized the financial accessibility of medical care stating that it was too expensive even though it was supposed to be free.

5. Community Based Police:

Community based police are not actually based in the community. Police officers are assigned to communities and will respond to a case once it is reported; however, both communities had little to no access to cell phone reception and therefore had a delayed response in reporting cases. Police were mentioned many times as a focal point to reporting cases; however, police were cited as refusing cases or requesting that the TC report the case before they consider it which delayed treatment for the victims. Communities often recommended that police be located in the communities and that would improve their protection system and reporting processes. There was also a general inconsistency between participants' accounts of what was necessary to report a crime and general awareness and education of the reporting and referral process regarding protection violations.

Upon concluding the data collection and research, the research team held a final meeting with each community. This meeting was an opportunity for the research team to report their findings and to thank the communities for their participation in the research. Both communities were very grateful for the time the research team spent with the communities. Each community was also appreciative of the time that the research team took to explain the preliminary findings. In response, one community began to outline measures that they wanted to take to mitigate some of the risks that had been identified. The other community also valued the information and acknowledged that those risks did exist; unfortunately, however, the TC concluded the meeting by explaining to the group that the *'girl children'* were to blame for each risk that was identified. The TC then proceeded to repeat each risk reported and provided an explanation for why the *'girl children'* caused that risk. This commentary excited the group causing both women and men to yell and either refute his comments or support his position.

VIII. Conclusion

The preliminary findings from the pilot child protection systems mapping highlighted some gaps between the formal and informal protection systems and defined a matrix of community based institutions that provide both protection and also create risks for children. Some of the identified risks are clearly complex and multidimensional such as child trafficking, rape and pregnancy; these will require further investigation moving forward in order to better understand the intersect between multiple risks. Another theme that needs careful consideration for agencies thinking about translating this information into policy initiatives is the understanding that some laws and policies can have lasting and detrimental effects on community protection systems if they are not communicated properly. This poor

implementation can create risks for children but it also produces barriers to access within those communities.

Moving forward the ethnographic research methodology will need to be adapted further based on the experience of the pilot and to provide greater depth to the information gathering process. Further considerations need to be given to varying contexts within Liberia, such as urban versus rural, refugee communities and border communities which are known to have higher protection violations against children.

Appendix 1: Final Schedule

| July 2011 | | | | | | |
|--|---|--|--|--|--|--|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| 10 Travel to Bopolu 1p.m. | 11 Research County Authorities Meeting (All Attended) | 12 Community Observation Gaynima (Wannie- Mae, Bendict) Zuo (Beatrice, Jim) | 13 Community Observation Gaynima (Wannie- Mae, Bendict) Zuo (Beatrice, Jim) | 14 Community Observation Gaynima (Wannie- Mae, Bendict) Zuo (Beatrice, Jim) Return to Monrovia | 15 Free Day (Benedict and myself in Monrovia) | 16 (Benedict Returns in a.m) Focus Group Discussions in Gaynima x2 in p.m |
| 17 Focus Group Discussions in Zuo x 2 | 18 Focus Group Discussions in Gaynima x2 | 19 Focus Group Discussions in Zuo x 2 | 20 Quality Control Break | 21 Focus Group Discussions in Zuo x 2 | 22 Focus Group Discussions in Gaynima x2 | 23 Quality Control Travel to Monrovia p.m. |
| 24 Free Day | 25 Free Day | 26 Independence | 27 Key Informant Interviews x2 in Gaynima in p.m Travel to Bolopu a.m | 28 4 Key Informant Interview in Zuo a.m (only 3 were completed due to emotional distress of interviewee) | 29 Focus Group Discussions x1 in Gaynima and 4 Key Informant Interview | 30 Focus Group Discussions x 1 in Zuo and 2 Key Informant Interviews |

| | | | | | | |
|--|--------------------------|--------------------------|---|------------------------------------|------------------------------------|-----------------------------|
| 31 Quality Control Day | 1 Quality Control Day | 2 Quality Control Day | 3 Research Completed Travel back to Monrovia a.m. Meeting with UNICEF 2 p.m. | 4 Strategic Planning Meeting | 5 Strategic Planning Meeting | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 Travel to Bopolu p.m. |
| 14 County Debriefing meeting in a.m. Travel to Monrovia p.m. | 15 | 16 | 17 | 18 | 19 Fly out... | 20 |

Appendix 2: Recommendations

Training:

- 1) After concluding the research pilot the research team reflected that their skills could be improved for focus group discussions. The research team recommends that another week dedicated to building capacity in probing skills, troubleshooting and more participatory styles be added to the training.
- 2) The research team reported that the training was very participatory and they valued the training style. They suggest taking the project based learning style one step further and conducting the training as a practicum in which the training takes place in a research community and participants live and work and develop their skills entirely in the field.
- 3) The research team could use more focused training on techniques to engage focus groups that were not very participatory (particularly women's groups). One recommendation is to arm researchers with a battery of 'ice-breakers' and improved probing skills which would better enable them to engage participants.
- 4) Topics that were taboo such as "Bush School" or "Secret Societies" were discussed in focus group discussions. The research team reported that these were important questions to ask of communities; but stressed that it is important to emphasize that the questions are for information gathering purposes only and not personal value judgment. The training focused on this area of probing and it will be very important to hone these skills in the future with new research teams.

Research:

- 1) Researchers should be based in the communities they are researching. This would eliminate cost to the research project, logistical troubleshooting and would better

assimilate researchers into the communities and would reduce the physical cost of commuting long distances to and from the sites.

- 2) Participants in the research found it difficult to distinguish between risks to children and bad behavior from children. This was very time consuming for the research team to address. The research team recommends that moving forward several strategies are outlined and practiced to better troubleshoot those hurdles and decrease the amount of time spent explaining this pivotal distinction.
- 3) The research team arrived in the community sites in a vehicle that displayed the host agency's name on the side. This provided some level of access to communities but the research team also felt that this influenced or created some biases in reporting from the community, based on individuals' experience with the agency. If the agency does not have a good reputation in the community it will directly and negatively influence the level of access the researchers will have. Additionally, if the agency has a great relationship with the community, many responses will be from individuals who previously worked with the agency or thought we were evaluating the performance of the agency and therefore assumed they should compliment the agency or reference only their previous work. The host agency and the vehicle that the research team travels in should be carefully considered in the scale up.
- 4) The research team was discouraged from hiring translators during the pilot. However, there were instances during which having a translator would have been useful, particularly when working with elders in the communities. In conducting future ethnographic research in Liberia the research team recommends that a local translator be on standby at all times. The research team also suggests that hiring local researchers be

considered as it would improve access to the local communities and would build local capacity. This option should be weighed carefully as it could pose time constraint challenges and would require significant training in advance.

- 5) The research team reported that the qualitative data collected would be bolstered if compared to quantitative data collected in the same communities, or compared to police records. This would also provide an opportunity for triangulation.

Community Observations:

- 1) Community observations proved very effective at building rapport with the community and gaining an understanding of community dynamics. Gathering information from women was also more productive during the informal community observations than focus group discussions. The research team recommends that more time be allotted to community observations.

Focus Group Discussions:

- 1) Following the final meetings held in each community, the research team recommends that holding focus group discussions with both men and women could also be insightful for data collection. During these final community meetings, women were more vocal in front of men and in response to some controversial topics raised; the women refrained from offering as spirited a response in an all-women setting.
- 2) The research team reported that the objects focus groups used in identifying and ranking risks limited the amount and quality of discussion. Moving forward, the team should use more dynamic and detailed objects. One example discussed was the use of animal figures, which has been used to work with children about issues of gender based violence. Many local communities have strong identification with animals; analogies can easily be

drawn across gender and age groups. Animal figurines could also provide the diversity that the research team felt would spark more engaging dialogue between participants.

- 3) The research team suggested that women in urban centers would be more willing to participate in focus group discussions than the rural women during the pilot. The researchers recommend that new strategies such as informal settings and smaller groups be developed for working with rural women in focus group discussions. No adaptation would be necessary for working with women in focus group discussions in urban locations.

Key Informants:

- 1) Young people seemed very open and willing to discuss in-depth protection risks that they face in their communities. The research team recommends conducting some key informant interviews with youth participants in addition to adults.

Reporting:

- 1) The research team focused very hard at reporting accurately and verbatim translations but this was incredibly time consuming. In order to ensure quality data reporting in a short period of time more "quality control" days interspersed throughout the research period will be essential, especially if researchers are also expected to be typing and translating their reports.
- 2) During the data collection phase, researchers initially reported their interactions in the field with respondents with little detail and no explanation. After discussions and requests to revisit submitted reports, researchers acknowledged that they felt limited by

some of the forms they were using and did not feel the need to explain the responses to some questions. Thereafter, researchers submitted a narrative report which was very detailed and fully encapsulated their work in the field. The narrative style format for final reports is highly recommended as researchers provided significant details and explanations. The forms that researchers felt were limiting continued to be utilized in the field for note taking and probing reminders.

Appendix 3: Forms and Data Collection

Name: _____
Date: _____
Interview #: _____
Location: _____
Time: _____

Page: _____ of _____
Folder: _____ File: _____

-
- Informed Consent Confidentiality Recording
- Participant Observations Key Informant Interviews

Notes:

Observations:

Continued

Log for Participant Observations:

Name: _____

| Number of Visits | Date | Location | Activities | Time In | Time Out | Follow-Up and Remarks |
|------------------|------|----------|------------|---------|----------|-----------------------|
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Name: _____
Date: _____
Interview: _____
Location: _____
Time: _____

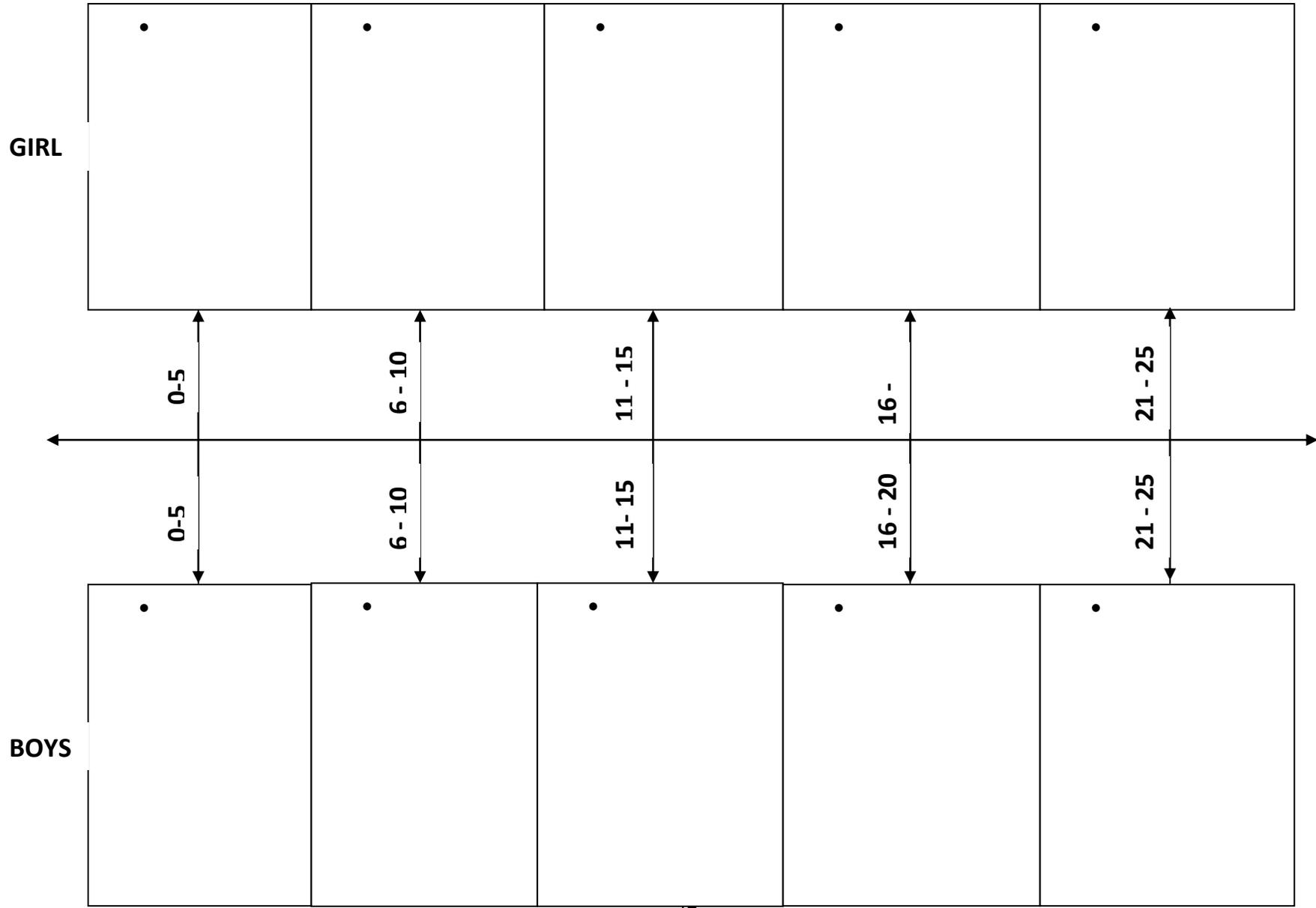
Page: _____ of _____
Folder: _____ File: _____

Condensed Transcript:

Name:
Location:
FGD #:
Date:

Folder: File:

TIMELINE FOR DEVELOPMENT INTO ADULthood



Functional Network Matrix

Note: There will be one matrix per protection risk, and by the end of the research, all the main protection risks (typically ten or more) should have been covered.

| Protection Risk | Questions |
|---|---|
| <p>Name of risk:</p> <p>Victim/survivor (e.g., girls)</p> <p>Definition: (as understood by participants)</p> <p>Brief description or example:</p> <p>Context information: (e.g., did participants vary in the definition of this risk; was it gender specific, when and where did it tend to occur, who was the likely perpetrator (e.g., teacher, parent, community member, etc.))</p> | <p><i>(1) If the child lived in your community, what do you think might happen to him or her?</i></p> <p>Please describe what would happen step by step.</p> <p>Who could the child go to for help?</p> <p>What would the family do?</p> <p>What would the community do? Who would be involved? What supports would actually be provided for the child and family?</p> <p>Who would be the key decision makers about what would happen?</p> <p>What role would be played by people/services outside the community?</p> <hr/> <p><i>(2) What would be the likely outcomes of the responses to the problem?</i></p> <p>What would likely happen to the child/perpetrator/family?</p> <p>How satisfied with this outcome would various stakeholders (child, family, community, people outside the community) be with this outcome? Why?</p> <hr/> <p><i>(3) What other option did the child/family have?</i></p> <p>[Use same probes as in question (1) above.]</p> <p>Why wouldn't this second (or third) option be used?</p> <p>Would children, families, community leaders know about this option?</p> <p>Why or why not? Would it be viewed as less safe? Less appropriate? Less effective? Please explain why.</p> <p>Note: If they have not been mentioned already, ask whether the child/family could have gone to the police, a social worker, or a Child Welfare Committee?</p> <hr/> <p><i>(4) What recommendations would you make for better ensuring that the child is protected from harm and that the risks of the harm re-occurring are minimized?</i></p> |

| | |
|--|--|
| | <p>What might have made it easier for the child to seek or access help?</p> <p>How could the help / services that the child received have been made better?</p> <p>Who else should have been involved in the process? What could be changed so that they become involved in the future?</p> <p>Is the risk that the harm will re-occur still present? If so, what could be done to minimize this risk?</p> |
|--|--|

FGD Data Collection Form

Date:

Moderator:

Location:

Age range:

Note Taker:

Number of Participants:

Gender: Female/Male/Mixed

Key Protection Concerns Identified:

Free List:

Rank Order:

1.

2.

3.

4.

5.

6.

7.

8.

9.

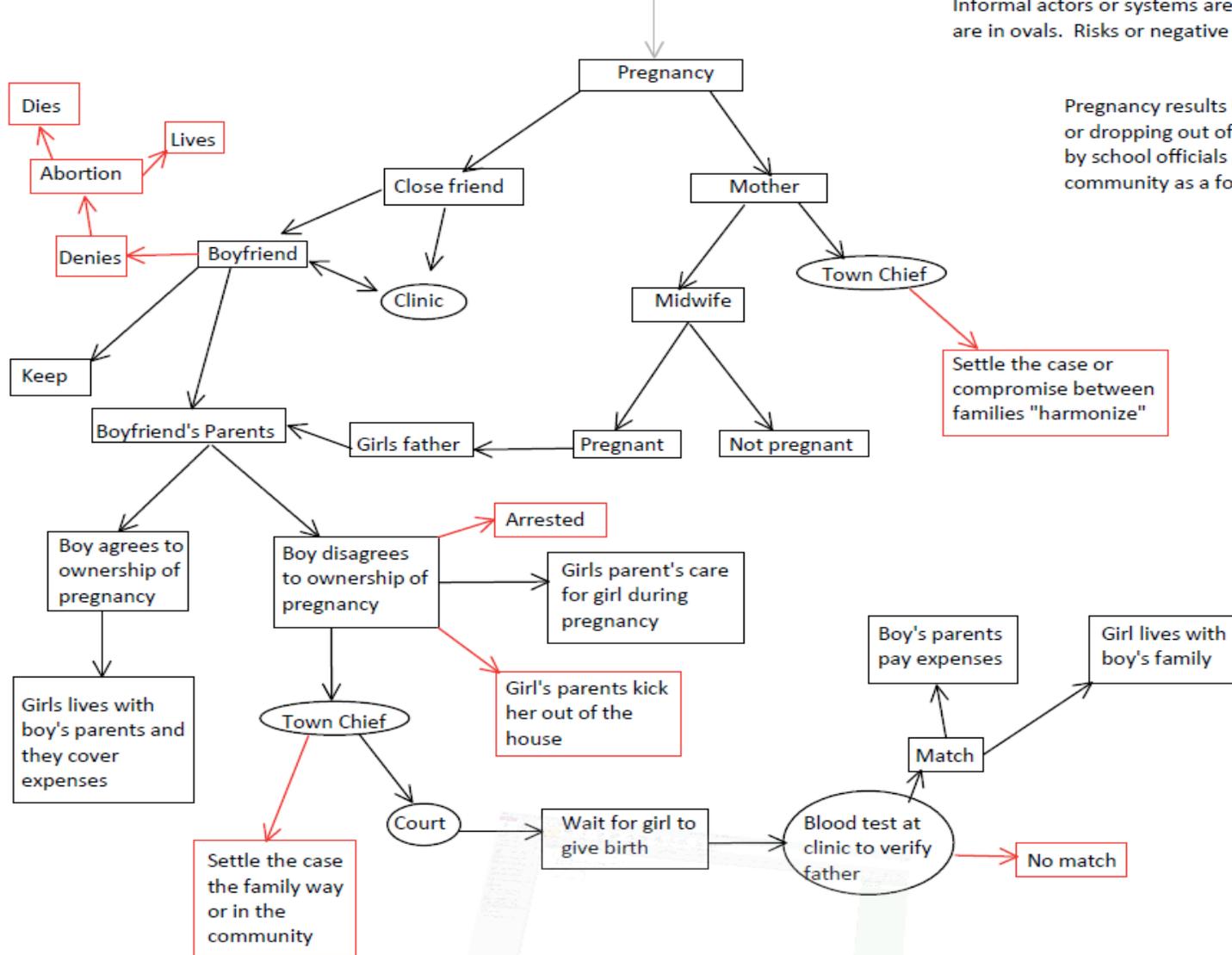
10.

Comments:

(Write down what the participants say exactly like they say them).

Appendix 4: Teenage Pregnancy

Consensual Sex with Boyfriend



Informal actors or systems are in boxes and formal actors or systems are in ovals. Risks or negative consequences are represented in red.

Pregnancy results in both the girl and boy 'sitting down' or dropping out of school. The girl is forced to 'sit down' by school officials and the boy is pressured by the community as a form of equality.

Settling a case within the community is considered a community based protection mechanism. However 'compromise' was also referenced as a risk to children in instances of unwanted pregnancies including sexual violence. This process needs further investigation.

A pregnancy without an 'owner' brought the girl stigma within the community. A boy who did not 'own' a pregnancy was equally shamed within the community.

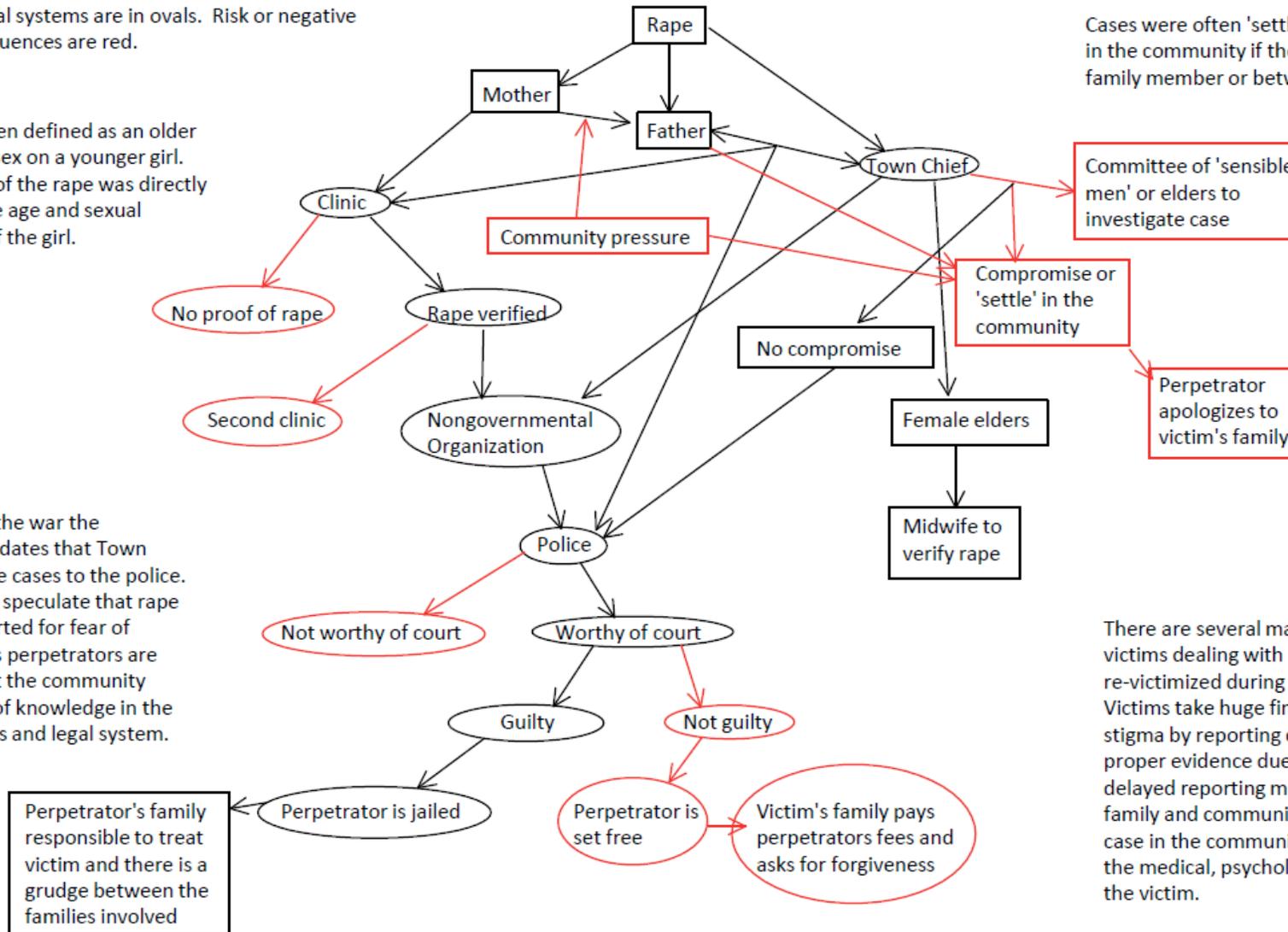
Abortions were performed by 'black bag' doctors or herbalists. Abortion often resulted in death or injury.

Appendix 5: Rape

Informal systems are represented by boxes and formal systems are in ovals. Risk or negative consequences are red.

Rape was often defined as an older man forcing sex on a younger girl. The severity of the rape was directly related to the age and sexual experience of the girl.

Since the end of the war the government mandates that Town Chiefs report rape cases to the police. Town Chiefs now speculate that rape is not being reported for fear of consequences (as perpetrators are often people that the community knows) and lack of knowledge in the reporting process and legal system.



Cases were often 'settled' or 'compromised' in the community if the perpetrator was a family member or between the ages of 14-16.

There are several major secondary risks to victims dealing with rape. Victims are often re-victimized during the verification process. Victims take huge financial risks and risk of stigma by reporting cases that often lack proper evidence due to lack of knowledge and delayed reporting mechanisms. Lastly, victim's family and community may decide to settle the case in the community and ultimately neglect the medical, psychological care and justice of the victim.