



# *From Incident to Conviction- The Road to Justice*

## *Concern Worldwide Liberia*



**List of acronyms:**

AIDS	Acquired Immune Deficiency Syndrome
CEO	County Education Officer
DEO	District Education Officer
FGD	Focus Group Discussion
GAD	Gender and Development
GBV	Gender-Based Violence
GM	Gender Mainstreaming
GoL	Government of Liberia
HIV	Human Immuno Deficiency Virus
INGO	International Non-Governmental Organisation
MERLIN	Medical Emergency Relief International
MoE	Ministry of Education
MoGD	Ministry of Gender and Development
MoH	Ministry of Health
MoJ	Ministry of Justice
NGO	Non-Governmental Organisation
OIC	Officer-In-Charge
PIO	Public Information Officer
PTA	Parent Teaching Association
SGBV	Sexual Gender-Based Violence
SRGBV	School Related Gender-Based Violence
SSA	Sub-Saharan Africa
THINK	Touching Humanity In Need of Kindness
UN	United Nations
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children’s Fund
UNMIL	United Nations Mission In Liberia
WID	Women In Development

**List of box, tables & figures:**

Figure 1:	Ministry of Gender & Development Official GBV Referral Pathway.....	6
Figure 2:	Most Prevalent Forms of GBV – Buchanan & District 2.....	11
Figure 3:	Main Issues for Community Service Providers (Teachers/Nurses).....	14
Figure 4:	Main Barriers to Successful Referral – Communities & Buchanan.....	16
Figure 5:	Percentage of Inmates in Upper Buchanan Jail.....	19

**List of Diagrams:**

Diagram 1:	Referral Pathway used – Community Level.....	17
Diagram 2:	Current Situation with Community Service Providers.....	20
Diagram 3:	Current Situation with Community Service Providers.....	22

## Table of Contents

List of acronyms.....	2
List of box, tables & figures.....	2
List of Diagrams.....	2
Table of Contents.....	3
Executive summary.....	4
1. Purpose of Study.....	5
2. Methodology/ Field Work.....	5
3. Official Pathway.....	6
4. United Nations Mission in Liberia (UNMIL).....	7
5. Liberian National Policies.....	8
5.1 Safe houses.....	9
6. Main Findings.....	10
6.1. Is GBV seen as an Issue in SRGBV in Grand Bassa County, Liberia?.....	10
6.2 GBV & SRGBV in Research Areas.....	12
6.2.1 Health Service Providers.....	12
6.2.2 Police Authorities.....	13
6.2.3 Education System.....	13
6.3 Cultural Issues and Attitudes That Affect SRGBV referral.....	14
6.3.1 Referral Procedures at Community Level.....	14
6.4 Teenage Pregnancy.....	15
6.5 Main Barriers to Successful Referral – Communities & Buchannan.....	16
6.5.1 The Ministry of Justice.....	18
Compromising cases.....	18
6.5.2 Documentation as a barrier.....	21
7. Recommendations.....	23
7.1 This is a Grassroots Issue.....	23
7.2 Service Providers.....	23
7.3 National Level.....	24
Conclusion.....	24

## References

## Appendix

## **Concern Report**

### **From Incident to Conviction – The Road to Justice**

#### **Executive summary**

Domestic violence and rape are some of Liberia's major issues that are trying to be tackled post-war. Factors that influence levels of violence in Liberia include social and cultural norms of gender inequity, lingering effects of 14 years of war, poverty, and the lack of functioning social, health, and law enforcement institutions – which were devastated during the conflict (UN Secretariat, 2006 ). Unfortunately the country is still haunted by attitudes and practices seen during the civil war. Gender-Based Violence (GBV) is prevalent throughout Liberia. Usually against women, it includes incidents of domestic, physical, psychological and economic abuse. Studies throughout the country have confirmed the unfortunate number of GBV cases that are reported weekly. The issues of violence which form features of given societies, cultural norms and ideologies make addressing the implications and consequences of GBV difficult as these are not issues exclusive to the environment of the home. But regrettably it is also a major issue in schools across the country. Known as School-Related Gender Based Violence (SRGBV), occurrences of it happen far too often. While a number of studies have been conducted into the prevalence of GBV and Sexual Gender Based Violence (SGBV) in post-conflict Liberia, none are available examining school-related GBV to date. This report intends to address and uncover the official/unofficial pathways and service providers used when someone, be it in a community or a school, reports an incident of GBV. We know such incidents happen, therefore by looking at these pathways used by survivors recommendations can be made to enhance the accessibility and efficiency of such service providers. Grand Bassa County was chosen for this study as Concern Worldwide has numerous programmes throughout the county. Buchanan city and three communities; St. John River, Senyah and Compound 2 will be the focus research areas. To understand and get a full in-depth look at the service providers and referral pathways used, people from these communities were interviewed. Results gathered are used to add to the recommendations for further study and to help Concern Worldwide implement changes that will help survivors of GBV in communities and schools successfully bring their cases and the perpetrators to justice, and to improve survivors' access to appropriate support services.

## **1. Purpose of Study**

Through Concern Worldwide's involvement throughout schools in Liberia, the major issue of School Related GBV has been brought to light. Due to this, it was deliberated that further information was needed about such incidents in school and also the connecting communities. Most importantly, the referral pathway systems used and provided by service providers, including the schools themselves were suggested to be thoroughly studied. This study was carried out to facilitate Concern Worldwide's education programme in strengthening referral pathways for reporting and responding to GBV. This study will support Concern Worldwide in responding to the current opportunities and constraints in Grand Bassa County, especially in District 2 and Buchanan. In order to help Concern Worldwide achieve these goals the existing practices, referral pathways used and support services provided will be identified. To enhance the study, Government Policies and national and international legal frameworks that provide guidance on referral pathways will be documented. By documenting such policies and frameworks and by exploring the knowledge, attitudes and practices of service providers, gaps in these areas that influence the quality and response to survivors of GBV will be identified. It is when these gaps are researched and identified that recommendations can be implemented to enhance Concern Worldwide's influence on these specific referral pathways. There are limited resources in the Ministry of Gender and Development (MOGD) to collect data and build up statistics therefore there are few statistics measuring the incidence and nature of actual GBV and SRGBV cases in Liberia. This study will thus hopefully start the process of collecting statistics about GBV referral pathways and the service providers that are used when an incident occurs. At national level there is the GBV task-force which includes all stakeholders working within; legal and justice, psychosocial support and women's economic empowerment, health, protection and security (MOGD, 2006). The task-force aims to have monthly meetings in each county and discuss prominent issues on GBV, create community awareness, networks and dissemination of information on GBV throughout each of Liberia's 15 counties. This information will provide the link between the survivor and the service provider and ensure the effective implementation of the referral pathways. Hence, there is a need to discuss and contact members of the GBV Task-force to see what actually is being done to challenge attitudes on GBV and to disseminate information about it.

## **2. Methodology/ Field Work**

In-depth field work was carried out in Buchanan – Grand Bassa's capital - and three communities in District 2, including; St. John River, Compound 2 and Senyah. These areas all had qualities vital to the study, for example all the communities in District 2 had Primary Schools that were supported by Concern Worldwide and their teacher trainers. The influence and presence of different service

providers such as police presence or health services also were vital in choosing which areas were best suited for the study. In total 33 interviews and 4 Focus Group Discussions were carried out throughout the region.

### **3. Official Pathway**

The Ministry of Gender and Development (MoGD) offices both in Monrovia and Buchanan outlined the following as the official referral pathway that a survivor should use when there is an incident of GBV. Although the stages in the pathway are drawn out in a consecutive order, a survivor can choose who and where they would like to contact first, be it the police authorities or health service providers. Thus, illustrating that there is no fixed way of reporting, it all depends on where the survivor is and when the incident occurred. The Ministry's County Coordinator edits the government official pathway and provides the information of local service providers that should be contacted if there is an incident of GBV. Although posters are provided, observation showed that these informative posters on GBV are not disseminated throughout District 2 or Buchanan. The following illustrates the Liberian, broad-spectrum referral pathway, designed by the Ministry of Gender and Development.

**Figure 1: Ministry of Gender & Development Official GBV Referral Pathway:**



#### **4. United Nations Mission in Liberia (UNMIL)**

As UNMIL is a part of the Liberian Gender Based task-force they have been implementing methods of their own to increase awareness on GBV across Liberia. An interview with the UNMIL Public Information Officer (PIO) in Buchanan illustrated the work that has been undertaken so far throughout Grand Bassa. UNMIL Public Information Office has supported a number of SGBV and rape campaigns launched by the MoGD and the Government of Liberia (GoL). The main focus of these campaigns is to explain what the laws say about rape and to disseminate information through the media in the form of cartoons, posters and radio announcements. In cooperation with the MoGD, UNICEF, and the GoL these campaigns have been popular throughout the country, with such radio programmes as “Let's Talk about Sex” being broadcast on national stations.

Local people from organisations such as “Tamba”, a video club that are hired to go to the different districts in the county and conduct GBV workshops, are one of the local clubs hired to disseminate information. Through the use of media and films they dramatize messages explaining and incorporating the main issues of HIV/AIDS and GBV to local communities. For maximum effect they contact the local community leaders first and visit different areas on market days so they can interact with as many people as possible. Working with local people from the communities allows organisations to become closer to the inhabitants of each place and gain vital trust with them, thus having a greater impact with the videos and messages they bring.

*The Liberia National Action Plan for the Implementation of United Nations Security Council 1325 (LNAP)* is the response by the government of Liberia to the UN Secretary General's call for the implementation of national action plans. “Resolution 1325, calls for the full and equal participation of women in all levels of the peace process, protection against gender-based violence, and prevention of armed conflict. The widespread implementation of this resolution will put women, peace and security at the top of international, national and local agendas where they rightfully belong” (United Nations, 2010). The 1325 National Popularization Task Force and Gender Based Violence Inter agency Coordination Task Force are separate entities that are attended by national and international agencies to: share information and network; design strategies to address all forms of GBV against women and children; and to prevent and respond to GBV in the country.

Although these are two separate entities they basically have the same members for both, therefore it would seem wise that these monthly meetings incorporate both the UNSCR 1325 and the GBV task force issues. The *Report on Liberian National Action Plan for the Implementation of UN Resolution*

1325 states that the Gender County Coordinators and Regional Officers must report on a monthly basis regarding progress made or issues that have arisen in areas that pertain to UNSCR 1325 such as human rights, women's empowerment, and SGBV. These reports should then be submitted to the monitoring and evaluation department at the MoGD's central office and from there, information will be distributed to relevant departments for review and action where necessary. But discussing these meetings with the UN PIO brought to light that "The MoGD called for a meeting in the middle of June of the 1325 steering committee; the first one called in 2011"(UN PIO, July 2011). As they are supposed to be held monthly, this ultimately illustrates the need to marry the GBV task force and the UNSCR 1325 meetings together. As the GBV task force meetings are held monthly, more information will be collected and disseminated to the numerous groups and organisations that attend.

### **5. Liberian National Policies**

The introduction of Criminal Court E that specifically addresses the impunity and other issues related to SGBV with the support of the United Nations Population Fund (UNFPA) and the government of Denmark is an excellent starting point for nationally addressing GBV, including exclusive jurisdiction over rape cases. Unfortunately, this court system has yet to be implemented outside of the capital Monrovia. Many interviewees, including the County Attorney and the Circuit Court Judge, stated that there is a serious problem with the justice system. For numerous reasons, few cases make it to court and even fewer are resolved within the judicial system. Reasons for lack of reporting will be addressed later in the report.

To address the lack of women in the Liberian National Police (LNP), the Government undertook training programmes for women who had finished at least 10<sup>th</sup> or 11<sup>th</sup> grade to join the police force. Although this was a success when it was first launched the education training programme known as the "Stella Marie" was terminated in 2008. Due to this, only women who have completed high-school, 12<sup>th</sup> grade, are allowed to join the police force. Understanding Liberia's recent civil war and the fact that a whole generation has missed out on fourteen years of schooling, coupled with gender inequality in terms of common attitudes towards prioritising sending boys to school over girls, the number of women who have successfully finished 12<sup>th</sup> grade are few and far between.

Although, the numerous papers published in 2006 address all manners and types of GBV in the National Action Plan, one that specifically addresses girls and GBV in schools is *The National Policy on Girls Education*. Also written in 2006, it is supposed to be the building block for future investment and changes to policies on girls' overall education and violence in schools.



Unfortunately, it is not the policy beacon of light that one would expect from a government paper. Stated in its section on “Sexual Abuse and Harassment as they relate to the Liberian Setting” it says that:

- “The policy Provisions of Sexual Abuse for girls in Liberia shall be:
  - b) That any male investigated and convicted of impregnation, abusing, harassing a female student or teacher, unless they are timely married out of remorse of conscience, shall be dismissed and suspended from teaching for five years for the first offense; and for the second offense dismissed and his teaching licence terminated for time (indefinite).”

Added to these findings and also a part of Liberian policy is, any teacher committed and sentenced for any act of SRGBV is allowed to immediately return to teaching once their sentence is finished. They are not allowed to return to the same school but allowed to return teaching in another school straight away. There are no counsellors present in any public schools in the country, with only a few in private schools. A Sexual Assault and Abuse Prosecution Handbook has been designed to be a comprehensive guide to the prosecution of sexual assault and abuse cases. The Handbook is a part of the ongoing efforts of the Ministry of Justice (MOJ) to improve prosecution services, support the rights of victims, increase justice, and uphold the Rule of Law. But as will be discussed, the justice Rule of Law can sometimes change depending on who is in charge the case.

### **5.1 Safe Houses**

Meetings with members of staff from the Ministry of Gender and Development illustrated that overall in Liberia there are five safe houses, four still being built and one fully operational, based in Grand Bassa County. A discussion with the UNMIL Human Rights Officer for Grand Bassa illustrated the real picture behind the “open” Safe Home in Grand Bassa. The House has been closed since September last year (2010). Two Survivors were staying there but they were said to have “escaped” after spending a few days there. The girls were only ten and eleven years old, and were both survivors of rape. Their perpetrators are presently in prison. After the incidents the girls were taken to the Liberian Government Hospital for treatment and then brought to the safe home for their safety. When there, they were not able to go to their home town, their parents also never came to get them in the house. Even though there was five staff taking care of two children, the girls still “escaped”. No one was notified about this until two weeks later. It was then that UNMIL and the MoGD informed the police. Members of the UN visited the house and interviewed the manager, security guard, and caretaker to see what had actually gone wrong. They found nothing to help them.

It was not until the MoGD paid the police money to go to the girl's community and see if they could find the girls, figure out where they were and see if they were safe that the police acted. Unbelievably, this was not done until more than one month later. The police said that the children were back in their communities but there was nothing that the Human Rights Officer stated that made him believe this was the case. Since this occurred the Safe House has been closed. The security team was removed after the incident and the government have now decided to build a fence around the house to make sure this does not happen again. Although, I am assured that the house is nice and well equipped it is "at present not operational" (UN HRO, June 2011). Therefore to the contrary there are no operational safe homes in the entire country of Liberia. The cases of the survivors who escaped are still pending.

## **6. Main Findings**

Factors that influence levels of violence in Liberia include social and cultural norms of gender inequity, lingering effects of 14 years of war, poverty, and the lack of functioning social, health, and law enforcement institutions – which were devastated during the conflict (UN Secretariat, 2006 ). The brutality and violence experienced by so many Liberians has had a lingering effect of the status of women and has made the cultural attitudes towards domestic violence an acceptable part of society. The *Concern Worldwide Liberia Education Programme 2008 – 2013*, outlines the problems associated with sexual exploitation in schools: "Sex for grades or sex for fees is another shocking manifestation of gender inequality and abuse of power in the school system. Not only is this exploitation a serious breach of human rights - it also increases the incidence of early pregnancy, early school leavers and the risk of HIV for young girls, students and teachers" (Concern Worldwide, 2008). This view was supported during interviews with key informants in the MoGD, reporting that teenage pregnancy and "sex for grades" are the most prominent incidents of SRGBV. National policy also hinders a girl's education by making it illegal for teenage mothers and fathers, if they are students, to remain in regular school – if night classes are available; students are advised to enrol there. Due to stigma and this policy, the number of youths dropping out of school and not returning to finish their education is an on-going problem.

### **6.1. Is GBV seen as an Issue in SRGBV in Grand Bassa County, Liberia?**

Every interview was transcribed and contextual analysis used to interpret the results. The following illustrates the interpreted results of the most prevalent forms of GBV in Buchanan and the communities in District 2.

**Figure 2: Most Prevalent Forms of GBV in Buchannan & District 2**

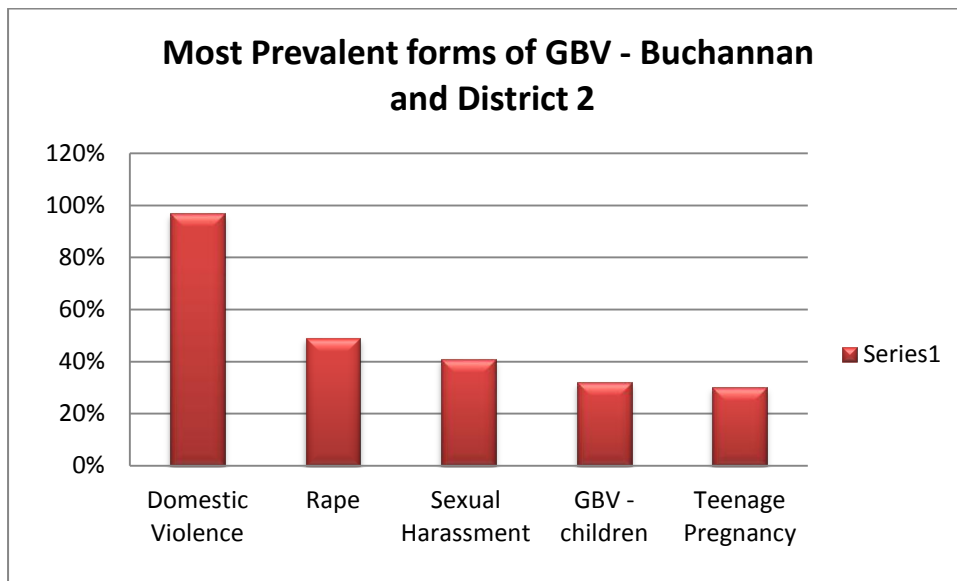


Figure 2: Most Prevalent Forms of GBV in Buchannan & District 2. (N = 37)  
Source: Author, July 2011

Although these results were based on research undertaken in Grand Bassa, interviews with members of the MoGD in Monrovia and studying national reports illustrated that these examples of GBV are wide spread across Liberia, “the majority of Liberian girls have their first child before reaching the age of eighteen due to forced marriages and rape” (GoL, 2008). Domestic violence and rape are some of Liberia’s major issues that are trying to be tackled post-war. The brutality and violence experienced and caused by so many Liberians has had a lingering effect of the status of women and has made the cultural attitudes towards domestic violence an acceptable part of society. The *Concern Liberia Education Programme 2008 – 2013*, in conjunction with interviews from the MoGD discuss how teenage pregnancy and “sex for grades” are the most prominent incidents of GBV in both Primary and Secondary schools.

Sex for grades or sex for fees is another shocking manifestation of gender inequality and abuse of power in the school system. Not only is this exploitation a serious breach of human rights it also increases the incidence of early pregnancy, early school leavers and the risk of HIV for young girls, students and teachers” (Concern Worldwide, 2008). Incidents of teen pregnancy in all schools and communities were a predominant issue. In spite of this, members of each school adamantly stated that there had never been a case of SRGBV they all admitted to hearing of incidents of in different communities

## 6.2 GBV & SRGBV in Research Areas:

### 6.2.1 Health Service Providers

Research showed that health service providers are of vital importance for addressing SRGBV and GBV. Even if survivors did not want to contact the police they could go to seek medical attention and legal recourse. Therefore, in each of the research areas, community health services were contacted to understand the prevalence of SRGBV in the respective areas. The following illustrates examples of GBV and SRGBV found in each community.

- Compound 2:
  - Last year a twenty-two year old man raped a twelve year old girl. The perpetrator was sent to jail in Buchanan but escaped and ran away. The survivor was treated at THINK – Touching Humanity In Need of Kindness in Monrovia, which is the only place in the country that treats for physical as well as psychological abuse. The girl has never returned to the community.
  - When asked about the average cases of GBV brought to the clinic, it was stated that there was one case reported in the last six months. In this case the woman was beaten by her husband and sustained an injury on her nose. Her husband accompanied her to the clinic. They came back the next morning for a check-up but they said that they had “resolved” the issue.
  - Teenage pregnancy was an issue as records demonstrated that in April 2011 - out of 100 women being treated for pregnancy 25 of them were under 17 years old.
- St John River:
  - It was reported that last month (June), 3 teenage boys raped an elderly woman near the local market. It must be noted that this market is situated metres away from the main Monrovia to Buchanan Highway, the busiest road in Liberia. It is also where St. John River primary school is situated.
  - Nurses in the St. John River health clinic had undergone Sexual Gender Based Violence (SGBV) training, held in Buchanan. It was provided by Medical Emergency Relief International (MERLIN) and the Ministry of Health (MoH) in April of this year and was specified to SGBV. The Officer in Charge (OIC) in Senyah also attended SGBV training in May that was set up by the MoH.

- For more severe cases that required any counselling or further medical treatment, the survivor would be referred to the hospital in Buchannan. Although ambulances are provided, getting to a specific SGBV clinic safely is in itself steeped in barriers as the roads and private transport, are unreliable.

### **6.2.2 Police Authorities**

#### St. John River:

- Minor incidents of GBV such as, persistent non-support get reported regularly. These are dealt by the police officer that is on duty. In such cases they would call both the survivor and perpetrator in and “advise” them what they should do. There was an alleged rape case reported 3-4 months ago, it was referred to the Women and Children’s Protection Unit (WACPS). Once the case leaves their station “[they] do not follow it up” (Police Focus Group -St. John River, July 2011).

A meeting was arranged with one of the police officers in Compound 2 but at the time it was supposed to occur the officer did not arrive. It was found that in Senyah traditional court systems were used in all cases of GBV. Only if there was an incident of rape would the police ever be contacted.

### **6.2.3 Education System**

After interviewing the County Education Officer (CEO) of Grand Bassa and informing him what SRGBV was, it came to light that teachers harassing students for money is a major problem. It was stated that there have been numerous examples of this across Liberia with students who fail to pay, failing their exams.

#### Example – SRGBV (Child Abuse):

- In 2007 it was reported that a teacher in Buchannan had beaten a student. The student was taken to hospital where he was treated for his injuries and his parents were informed. The Police and the Ministry of Education (MOE) got involved. The teacher was arrested but there were no chargers made and the case was subsequently turned over to the CEO for punishment. The CEO counselled the teacher and “gave him a warning” (CEO Grand Bassa, June 2011). The teacher was then suspended and transferred to another school that was also located in Buchannan. A common punishment for teachers accused of child abuse.

**Figure 3: Main Issues for Community Service Providers (Teachers/Nurses)**

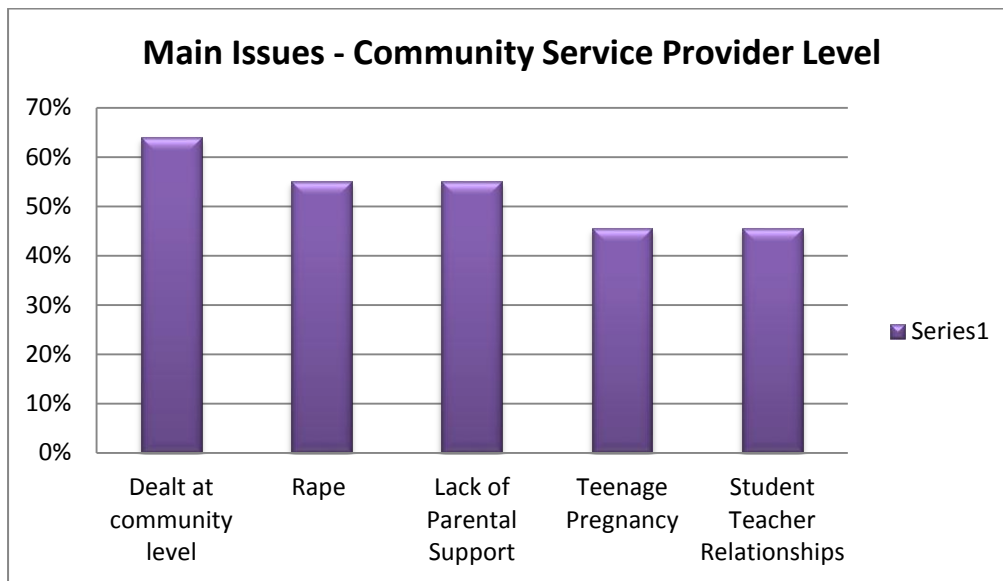


Figure 3: Main Issues – Community Service Provider Level. (N=11)  
Source: Author, July 2011

### 6.3 Cultural Issues and Attitudes That Affect SRGBV referral

#### 6.3.1 Referral Procedures at Community Level

- People of the communities, especially women, would contact the female Elder of the community first. If she could not resolve the issue then the case would be taken to the Clan Chief. If a case could not be resolved at this level it would go directly to the town chief and proceed from there. (Nearly all domestic cases were settled here – with medical help received from the local health clinic if needed). Only if a serious case of SRGBV or GBV, such as rape, was reported would the case go further by contacting the nearest police authorities. (Results showed this happening if the perpetrator was not from the community). Cases would be resolved at this level for goods in kind (manual labour or food), monetary payment or nothing at all. It was found that if the perpetrator was a part of the community and a teenager then it was up to the parents to settle the case and give the survivor whatever the payment was.
- If there was an incident of SRGBV a report would go through to the PTA before it would be mentioned to the Supervising Principal who would then report it to the District Education Officer (DEO) and the CEO. Therefore the incident would go through the school and community mediums before ever reaching the official education pathway.

- Two thirds of the teachers interviewed stated that cultural activities were one of the major reasons why children are not completing their primary education. Throughout Liberia, Traditional Societies are still prevalent and practiced. The “Sande” and “Poro” societies require children, with ages ranging from 3 to 10 years for girls, to leave school for months at a time to attend classes in the traditional, non-formal system, including traditional skills and cultural education, and to learn about the role of women and men in traditional societies, known to locals as “the bush”. Although education has come a long way since the end of the civil war and the fact that it is up to the parents of the child whether they want their child to learn about these cultural activities, in this year alone, 6 children left the school in Compound 2 to attend these cultural activities.
- Child labour was also seen as an issue, most prominently during the rainy season. It was found that all members of the family would be expected to farm the land. Thus, numerous children would miss out on school time.
- Another problem was the dramatic age gaps in the school. It was found that male students harassing and being “rude” to female students frequently occurred in the school. This seemed to occur because some of the students have passed the age of the class they are in with some of the students being ex-combatants and grown married men in the same class with young teenagers.

#### **6.4 Teenage Pregnancy**

The issue of teen pregnancy was seen as a community problem not a school one. Thus written documentation was not carried out for such GBV incidents.

- In all the communities it was found that teen pregnancy was common. But it was not seen as a GBV issue even though these girls were all under the legal age of consent which is under eighteen. As already mentioned it was found that the fathers of these children were older than the girls. A fourteen year old girl, from Senyah, who was in school last year has just given birth. The father of the child is between twenty-thirty years old and has not experienced any repercussions. This was not seen as statutory rape and seemed to be prevalent in the community.
- One teacher in the community reported that older men of thirty-five - forty years old taking young girls to be their wives was common within the community and seen as a major issue. This same man openly admitted to beating his wife and explained that he did it because she

would talk back to him and embarrass him. There were indicators that he knew it was “wrong” as he asked me “why do I beat my wife?”

- St. John River:
  - In July of this year a little girl was raped in a nearby village. Her parents only found out that it had happened because she was experiencing pain and was physically damaged. Even though she was in pain, her parents did not want to take her to the clinic as they were afraid the nurse would report the incident to the police and they would have to go to court.

**Figure 4: Main Barriers to Successful Referral – Communities & Buchannan**

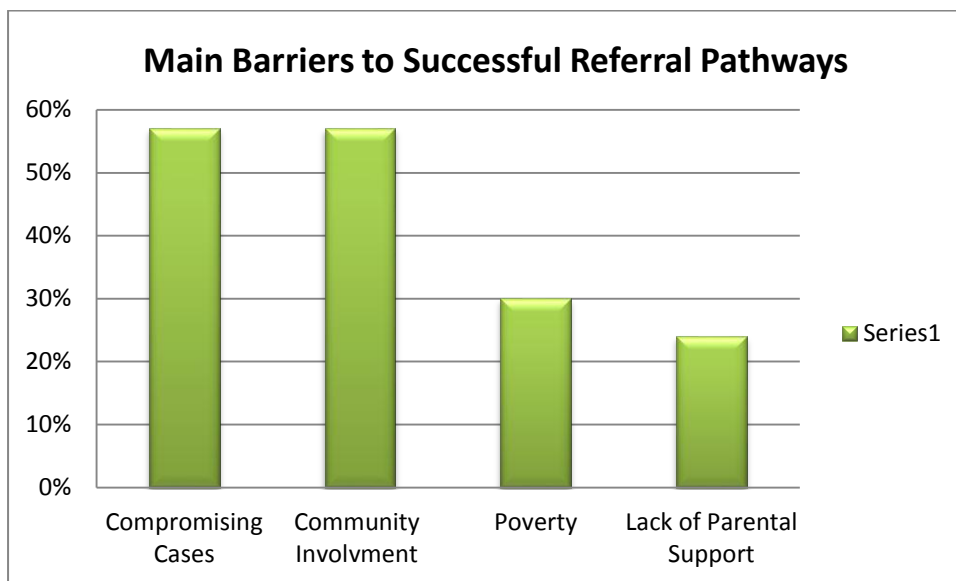


Figure 4: Main Barriers to Successful Referral. (N=37)  
Source: Author, July 2011

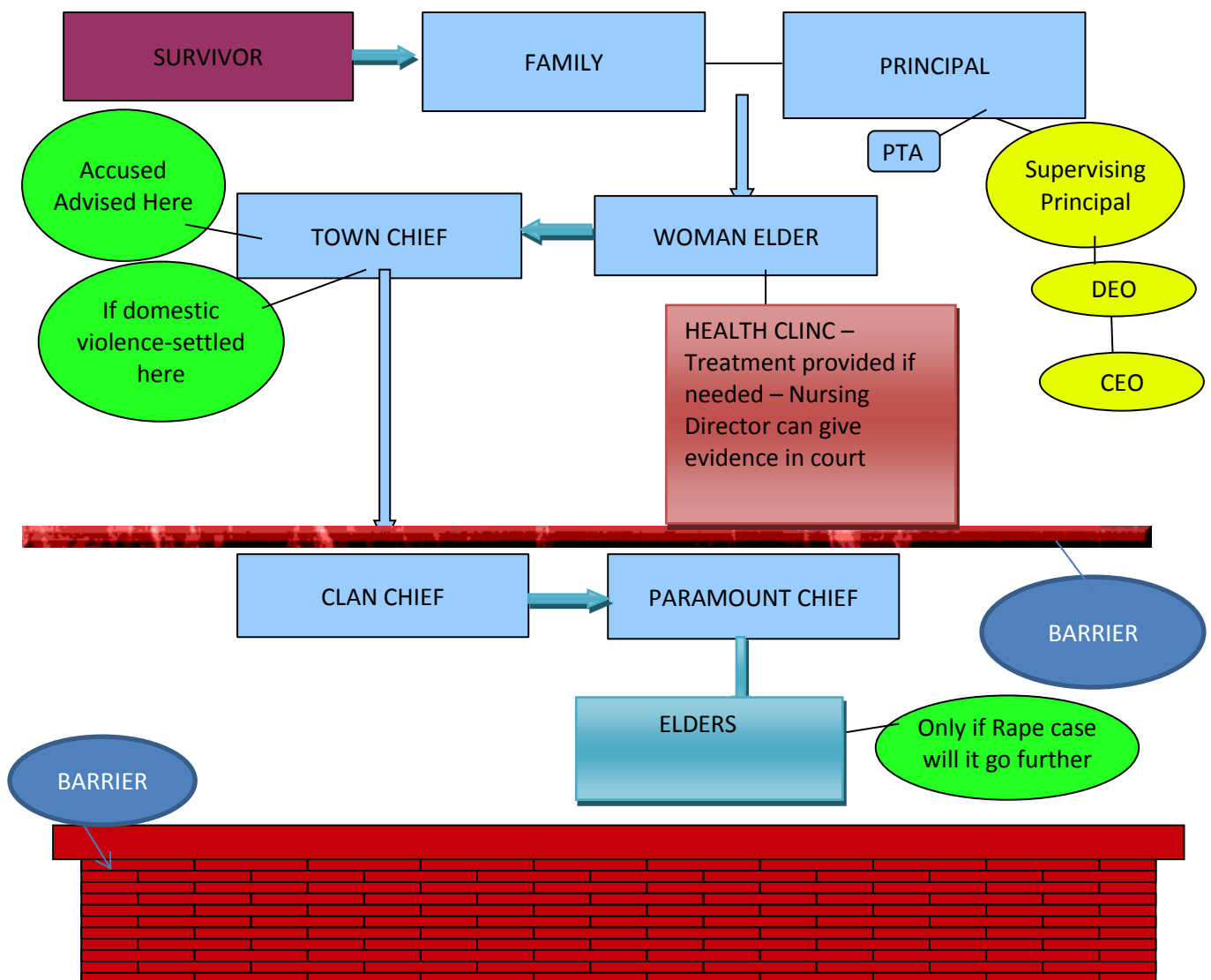
### 6.5 Main Barriers to Successful Referral – Communities & Buchannan

At every level of the interviews and the focus group discussions it was found that compromising cases was by far the main barrier to a successful referral. Considering that most cases were dealt with at community level this was of major concern. Cases seem to be dealt with at this level as people believe that they will, at least, get some compensation such as gifts in kind or monetary payments. In total there are twenty-seven direct steps in the pathway to get through before a perpetrator may be convicted. Therefore, getting justice at a local level may seem a lot more worthwhile. Lack of trust in the police force was seen as a barrier.



Even though people are not supposed to pay for these services in the pathways, it came up in a police focus group discussion that some officers ask for money before they will report a case. This ties in with how poverty is a major barrier for successful referral. If it involves missing out on work or valuable farming time the witnesses and the survivors may decide not show up. It was also noted that a lack of parental support can be a serious barrier to successful referral. If the perpetrator is found to be a member of the family or of the community, people especially the survivors' family would not want to bring the case to the police, thus the reason for so many cases being compromised at community level. The above illustrating a major barrier to successful referral.

**Diagram 1: Referral Pathway used – Community level**



Source: Author, July 2011

### 6.5.1 The Ministry of Justice

#### Compromising cases

The “Rule of Law” mentioned earlier was not adhered to by the County Attorney. Whilst being interviewed he openly admitted to compromising a GBV case after the perpetrator had been sentenced. The families of the survivor and perpetrator came to him and asked that he be released as they resolved the issue between themselves. The County Attorney and Judge, who was there at the time, did so. When discovered by the MOJ they were given a warning. As it clearly states in the *National Standard Operating Procedures for Prevention and Response to Sexual Gender-Based Violence in Liberia*;

“Judicial actors – “Must not take part in “compromising” any GBV-related offences (including domestic violence): out of court negotiations or payment of money between families of the survivors/victim and the perpetrator/defendant” (MoGD, 2009).

Many interviewees, including the County Attorney and the Circuit Court Judge, stated that there is a serious lack and problem with the justice system. For numerous reasons, few cases make it to court and even fewer are resolved in the judicial system. When questioned the County Attorney and the Circuit Court Judge of Grand Bassa both stated that on average they would receive 2/3 GBV cases weekly.

- Other interviews with police and health service providers found that domestic violence cases would usually go un-reported. It was felt that such cases would be compromised at home and within the local communities. This was confirmed when various members of the communities stated that they would not contact the police if there was a domestic issue in a family.
- Statistics received from the Circuit Court Judge showed that at present there are 13 males in detainment in Upper Buchanan Jail for rape offences. These men have yet to be formally charged and only 11 out of the 13 are indicted. One person has been in the jail for 450 days and is still awaiting trial.
- Stator 18.2 calls for the release of a defendant if they have not received a court hearing after 2 terms of court. Each term lasts for 42 days (in February, May, August and November). Therefore, when two terms of court have passed, it is up to the judge to decide what to do. On one occasion the Judge decided to allow bail, set at \$10,000 (US), a price clearly unaffordable to the defendant, ensuring that he remained in detention.

- Another factor for a trial to go ahead is the presence of the District Council. He needs to be present at each court hearing in order for a case to be successfully heard. Unfortunately there is only one District Council in Grand Bassa, therefore if he is sick or otherwise engaged the trial cannot go ahead. This man also lives in Sinoe County. As can be seen there are numerous factors that can hinder the success of a trial.
- A major barrier for successful referral is that of the witnesses not turning up or coming back for trials. In many cases it could up to a year for a trial to be heard. But it is up to the County Attorney to prepare and bring the witnesses to court. When asked about this he said that “the witnesses do not want to come... they can’t afford it” (County Attorney Buchanan, June 2011).

“Prosecutors (County Attorney’s, City Solicitors and privately hired prosecutors) – Have the duty to: Prepare thoroughly for trial, including investigating the facts, finding and preparing the witnesses to testify, and researching the law” (MoGD, 2009).

**Figure 5: Percentage of Inmates in Upper Buchanan Jail:**

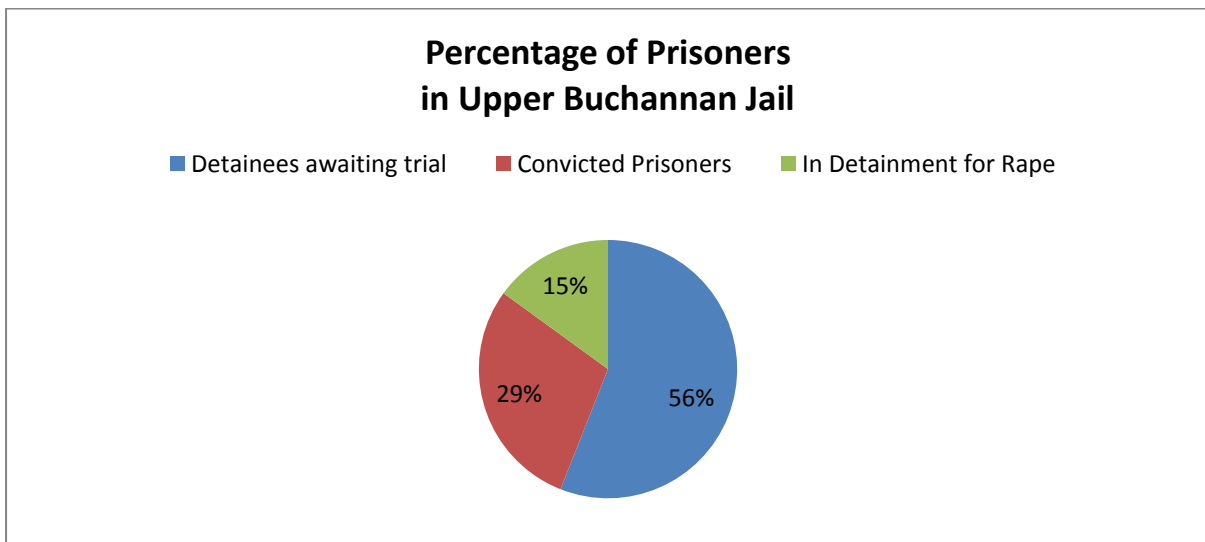
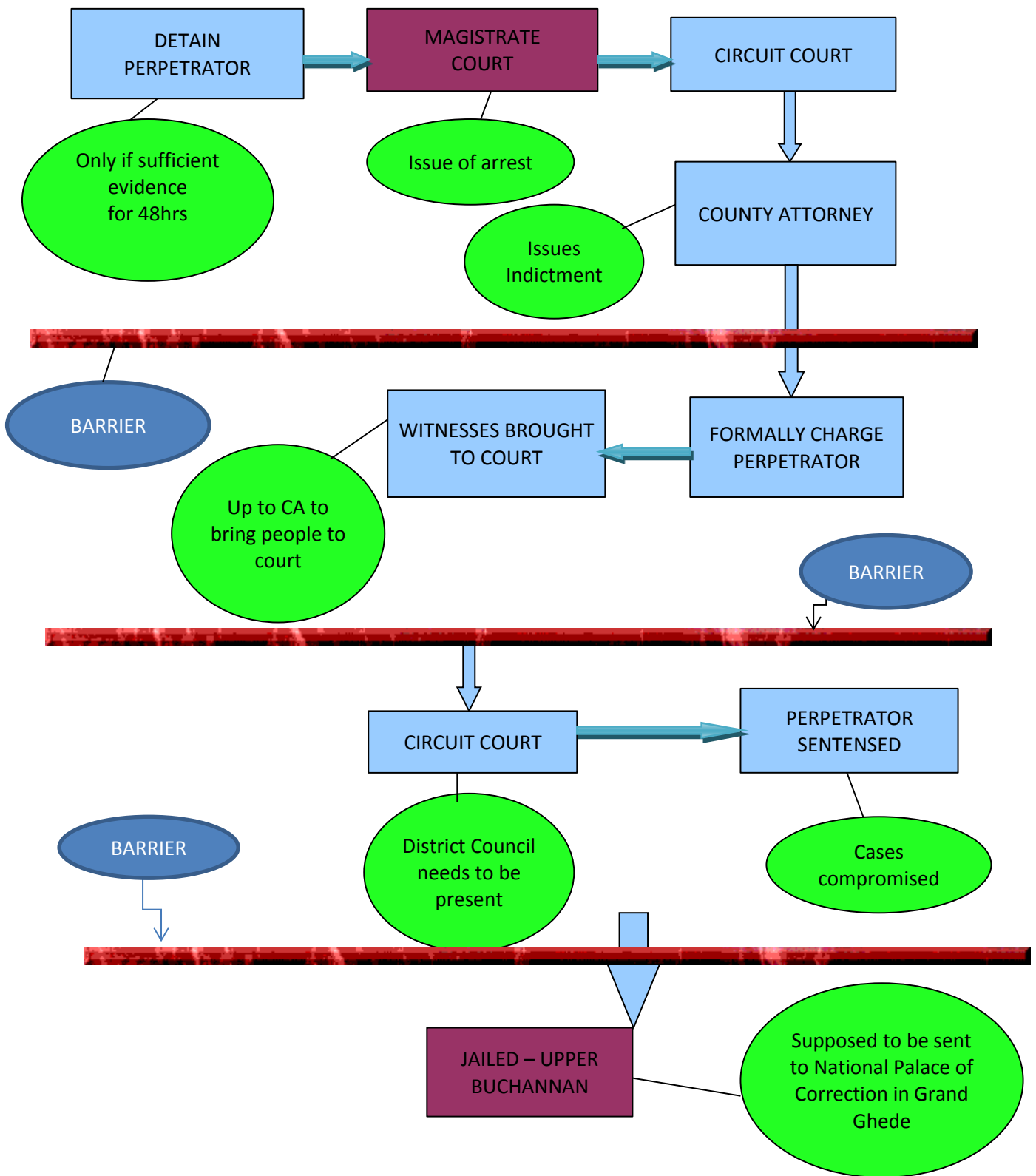


Figure 5: Percentage of inmates in Upper Buchanan Jail. (N=80)  
Source: Author, July 2011

This chart illustrates the prevalence of rape in Grand Bassa with 15% of the inmates in July 2011 in detainment for rape.

**Diagram 2: The Ministry of Justice - pathway:**



Source: Author, July 2011

Unfortunately, the police and MOJ do not have the resources or personnel progress cases through the legal system within the appropriate time-frame. Hence, these figures illustrate the lack of cooperation between the Ministry of Justice (MOJ) and local County Jails, therefore showing that the MOJ as a whole is not even implementing the laws of the Government. Considering the steps that any survivor would have gone through to get a perpetrator prosecuted, it is assumed that you would not go through the whole process just to overwrite the Judge's final decision.

- The issue of sentencing was also brought up by both the County Attorney and Judge. Although there is a maximum sentence of 25 years for statutory rape there is no minimum sentence. It is therefore up to the Judge's discretion of what sentence, which could range from zero to 25 years, to give a convicted perpetrator (White & James, 2009).

#### **6.5.2 Documentation as a barrier**

- In each health clinic there were no specific SGBV units or forms. Patient details were documented like any other case. Even though there were no SGBV specific areas it was addressed that care was taking to ensure clear confidentiality with the survivors.
- Documentation and medical reports are written and kept in locked cabinets in each of the communities. If a survivor wants to proceed with legal action they will be given a copy of their report when needed. One Officer in Charge (OIC) stated that they "always keep a copy because lawyers can play with the documents" (OIC Senyah, July 2011), thus illustrating the lack of confidence people have for the justice system. This Health Clinic presently is located in a community member's house as they are waiting for a hospital near-by to be finished. Work ceased on it over one year ago.

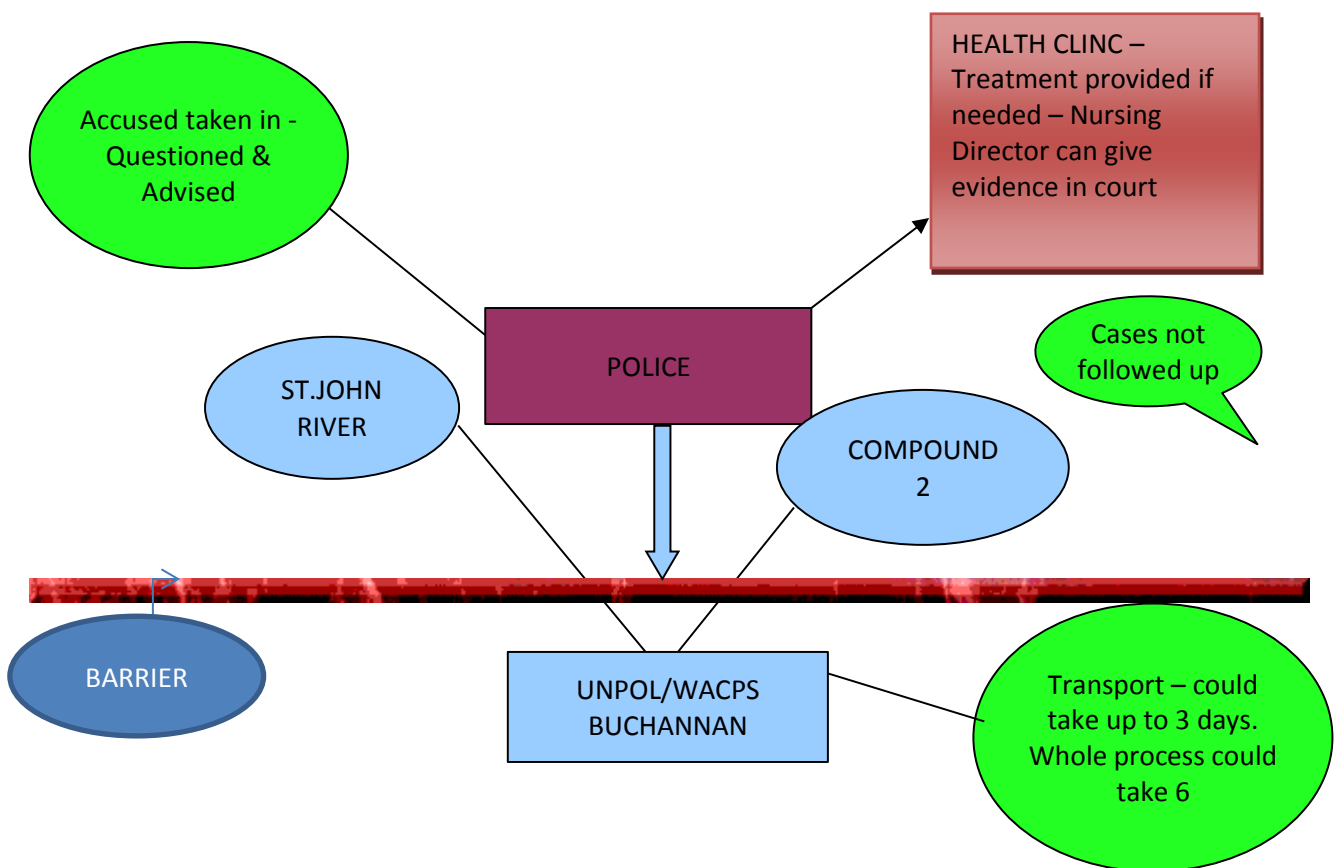
#### Example – Barrier to successful referral:

- One fifteen year old girl who got into difficulty in labour had to be taken to the Liberian Government Hospital by ambulance. She subsequently lost the baby and had to spend two weeks in hospital. The father was sixteen years old. Since she has returned back to the community she has not gone back to the clinic to receive follow-up treatment.
- For cases of GBV such as, physical assault or rape, the police have to get in contact with the WACPS in Buchannan.

- To do this, they must contact them on their personal phones, as there is no police phone in their station. Once the WACPS are contacted it could take up to three days for a car to come and collect the survivor. Literature affirmed that this would severely hindrance any case being brought to court.

“In sexual offence cases, the magistrate must transfer the case to the Circuit Court Judge within 72 hours of arrest without preliminary examination” (MoGD, 2009). Therefore there is only a three day window period to arrest a perpetrator, which could easily be missed if someone lived in a rural area.

**Diagram 3: Current Situation with Community Service Providers**



Source: Author, July 2011

## **7. Recommendations**

### **7.1 This is a Grassroots Issue**

- The lack of knowledge and understanding of GBV illustrates the need for GBV specific workshops in the communities.
- It is highly recommended that the Traditional Leaders, “Elders” or “Chiefs” in charge of each community be engaged and are involved in Concern Worldwide’s plans to tackle GBV.
- Concern Worldwide’s GBV Focal Points and the Teacher Trainers for each community would be best suited to implement and carry out such workshops. Women representatives trained in counselling as they are the generally the first point of contact in the referral pathway above
- Since domestic violence is also a major issue and Women representatives are generally the first point of contact in the referral pathway above, separate GBV workshops and counselling training with Women Representatives of each community would be advisable.
- Vitally important is the training of school staff about GBV issues that may occur on school grounds (since some teachers didn’t see teen pregnancy with students as an act of GBV and thought spying on someone's homework was an act of GBV, further work is much needed).

The USAID handbook (Doorways Manual 1-3) could be used as a guide for the workshops on GBV, as they are based on active participation and practical learning. This will ensure that participants are able to visualise incidents of GBV rather than being verbally told what it is. This will also ensure practical involvement in the workshop process.

### **7.2 Service Providers**

- All Health Personnel and Police Staff stated that they would be willing and would like to attend GBV training (although these are state entities, the involvement of Concern Worldwide implementing a workshop could spark further in-service training).
- The attendance of a member of the local health and police authorities as participants should also be involved in community workshops. Therefore members of the community will know who to contact if there is ever an incident of GBV. They could also help facilitate further workshops to incoming members of staff.

### 7.3 National Level

- Concern Worldwide's involvement with the Ministry of Gender and Development (MOGD) and the GBV Task-Force Committee is vital to ensure that information gathered at local levels can be disseminated and eventually reach the Ministries who can implement policy changes.
- This involvement needs to be strengthened to ensure the development and adaptation of policies that restrict the conviction of GBV perpetrators.
- The introduction of the new Research Consortium involving a "Sex for Grades" study will be a valuable opportunity to further strengthen ties and relationships with the MOGD, the Ministry of Education (MOE) and other NGOs that are a part of the Consortium.

### Conclusion

Liberia has been trying to build up its society once again since the end of the civil war. Even though buildings are being rebuilt and children are slowly returning to education, attitudes towards GBV, SGBV and SRGBV must be tackled to ensure that all of Liberian society is free from any form of violence, whether physical, psychological or emotional. This study has illustrated, among others written about Liberia, that GBV is a problem that is faced by people every day. Whether they are members of a community, school, authorities or health service provider, everyone is affected by such incidents. The examples already mentioned give a terrifying, although pin sized, look into the prevalence of GBV, not only in Grand Bassa but throughout Liberia. By simply comparing the four steps in the Government official referral pathway and the twenty-seven steps in the unofficial pathway it is evident that progress is needed to educate people about GBV and what direct steps to take if there is a incident of GBV. The only way to address a national issue such as this is to start at the community level and work up from there. Concern Worldwide has had a profound influence over members of the communities they have been involved with. In order to change people's attitudes and educate them about the causes and consequences of GBV and SRGBV these influences and relationships are vital. The best way to finally address this problem is to undoubtedly work with the community. Although, this will take some time there is no reason to say that these changes in attitudes cannot be built just like the buildings built since the civil war.

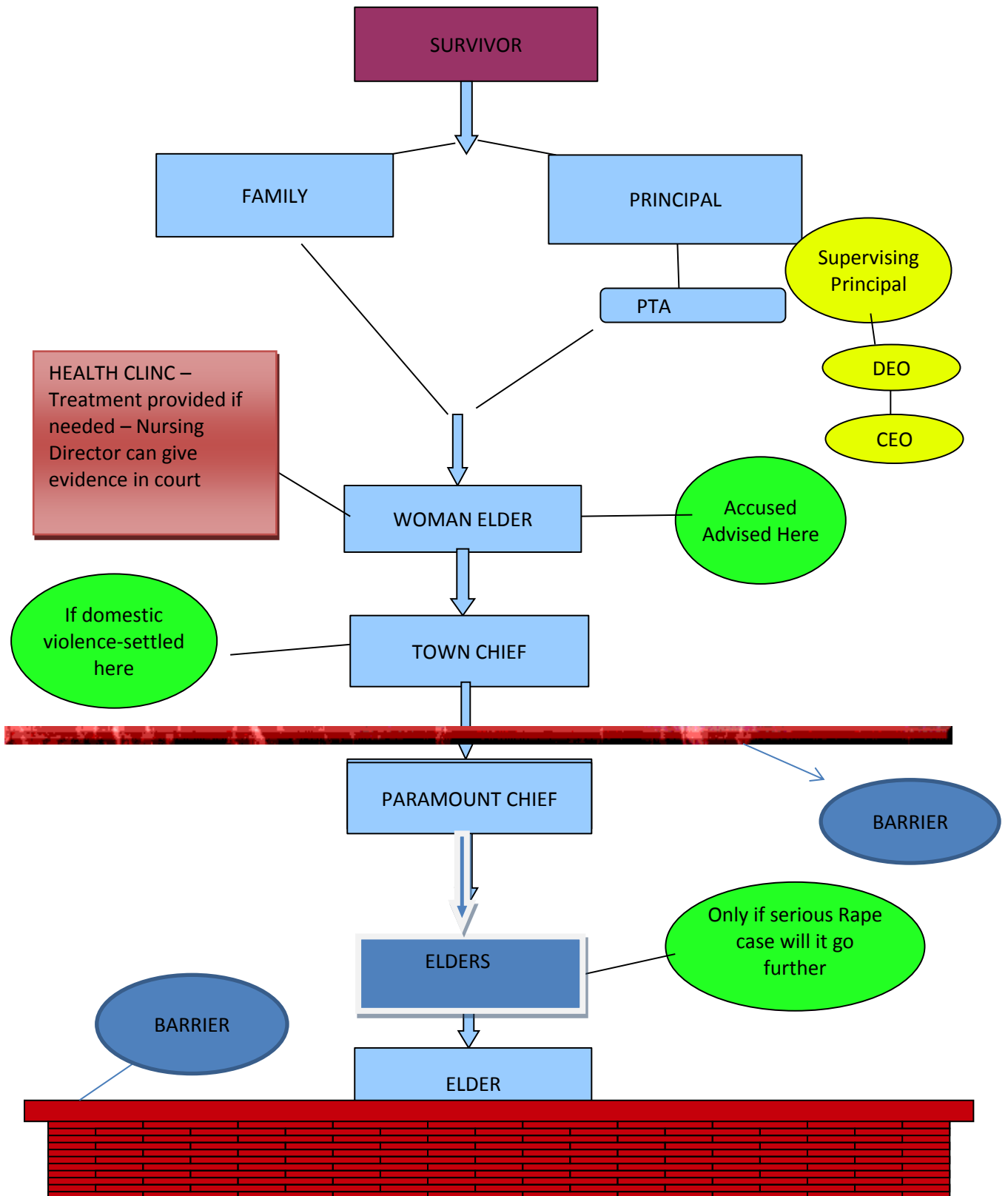


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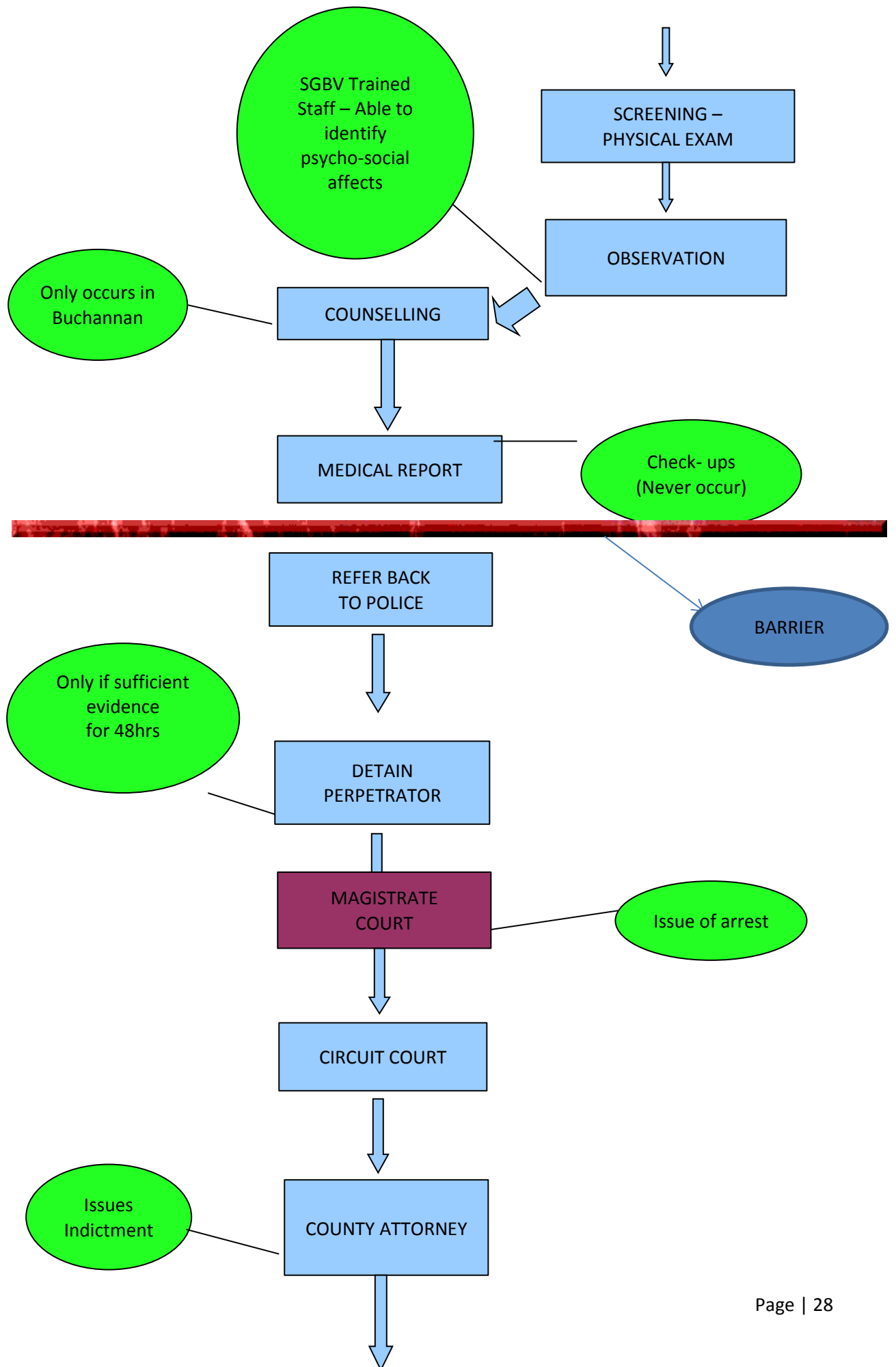
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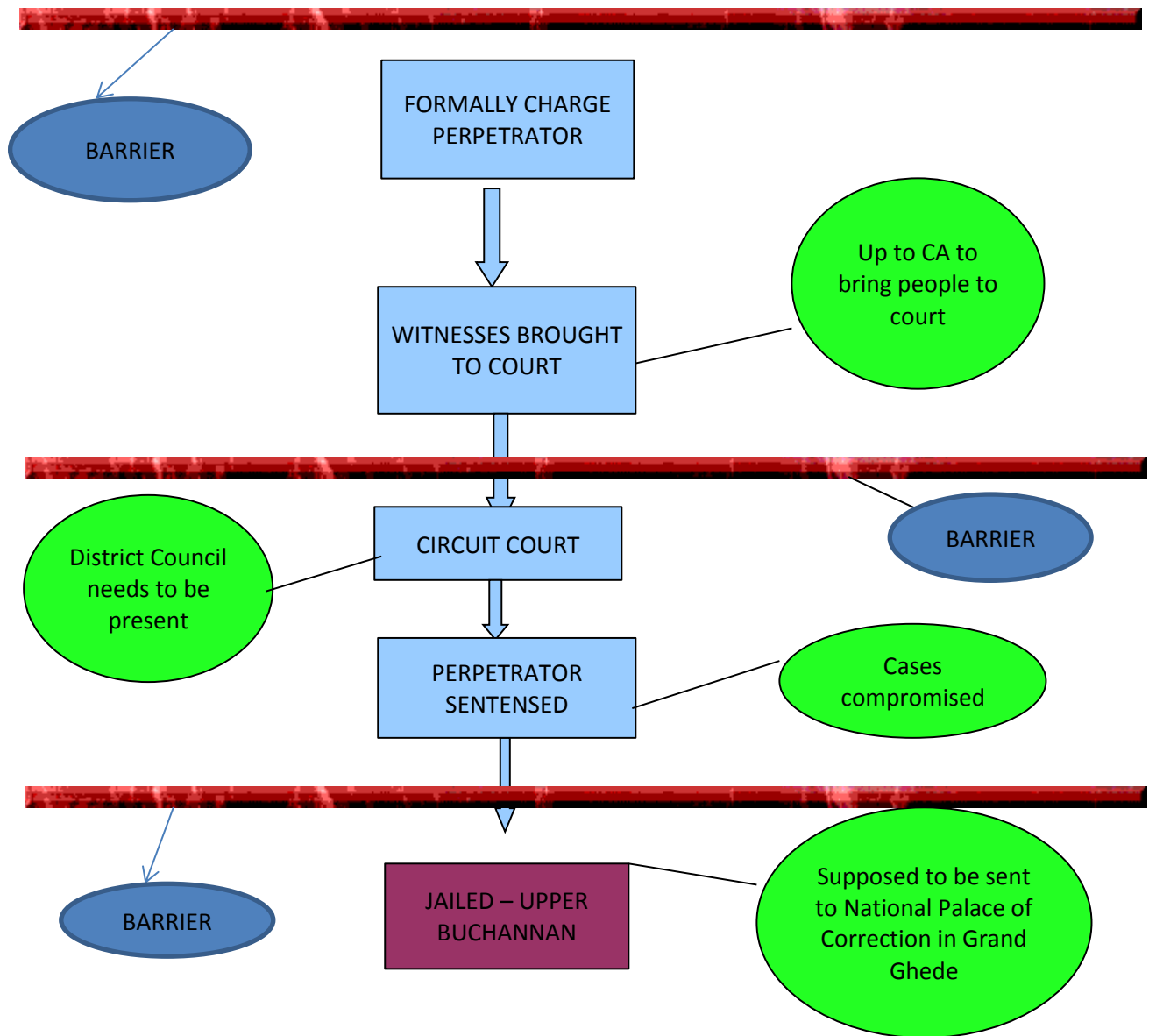
**Annex 1:**

**The Official and Unofficial Referral Pathway – From Incident to Prison**









Annex 1: The Official and Unofficial Referral Pathway – From Incident to Prison

Source: Author, July 2011

## **Annex 2:**

### **Key Questions for in-depth interviews& Focus Groups Discussions (FGDS) – Grand Bassa:**

#### **Ministry of Education – (CEO/DEO, Principal, Teacher (M&F), PTA/Community):**

- What is GBV? Can you give me an example of GBV that happens in the school setting?
- If there is an incidence of GBV in a school, what should the survivor do? What do you do?
  - Have cases been reported here before?
- If so, what follow-up steps were taken?
- Do you have a process for taking care of these issues within the community?
- Is there any documentation that takes place? What is this? Who reads it?
- If yes, where are the documents kept? Does it go outside of the community?
- What are the GBV issues for school students? Do you have any information on this?
- Do the schools have counsellors?
- Why are some children not going to school?
- What is the relationship between the school and administration?

#### **Ministry of Gender (Regional Coordinator, GBV focal person, Safe House Manager):**

- What is GBV? Why is it happening? What can be done to reduce it in communities?
- What is the incidence level of GBV in Grand Bassa? Is it mostly in Buchannan or rural areas?
- Where/when do most attacks take place?
- What agencies do you work with to prevent and respond to GBV?
- Do you receive reports from any of these partners? How often are reports from different agencies sent to you?
- How often is information shared with the head office/Minister in Monrovia?
- What are the referral pathways for a survivor of GBV?
- What are the GBV issues for school students? Do you have any information on this?

#### **Ministry of Health/ Service Providers:**

- Is GBV a big issue? How many cases do you receive in a week/month etc.?
- What are the procedures when a victim of GBV arrives at a centre?

- Is there a specific unit for cases of GBV?
- What is done to ensure confidentiality?
- Do survivors fill out a Medical Report Form? If yes;
  - Where is this done? Who fills it?
  - Can I see a copy?
  - When does this take place?
- Is there support/help in filling out the form?
- Where should the victim go after medical treatment has been done?
- What are the GBV issues for school students? Do you have any information on this?
- What are people's attitudes to GBV?
- Are there high cases of teen pregnancy?
- Are all the staff trained to deal with incidents of GBV? If not;
  - Who is? Is there a member of the trained staff on duty at all times?
- Have your staff taking GBV training?
- Do you have a specific counsellor for GBV cases?

**Ministry of Justice ( Legal administrator, Legal practitioner):**

- What is GBV? Why is it happening? What can be done to reduce it in communities?
- What is the legal status and process for incidents of GBV?
- How do cases get reported to you? Do you think that there are cases that don't reach your office? Why?
- Whose position is it to retrieve the witnesses?
- What percentage of cases reported are related to or about incidents of GBV?
- When a case is reported what are the procedures followed?
- How are GBV cases documented?
- Do cases of GBV make it to court? If yes;
  - What percentage do?
  - Are hearings open or closed?
- What are the confidentiality agreements?
- What kind of evidence do you need to bring the case to court?
- Do you report to the Ministry of Gender and Development?

- For those found guilty:
  - What is the punishment? Are there alternatives to prison? Where is the prison?
  - What are the minimum and maximum sentences?
- For those not found guilty:
  - Are cases compromised? How?
  - What are the reasons for perpetrators going free?
  - Does this happen often?
  - What do you think should be done to support survivors in their cases? What do you think should be done to support perpetrators?
- What are the GBV issues for school students? Do you have any information on this?
- Is there an SGBV crime unit?
- How long does it take to follow up cases?
- Do you have a copy of the Sexual Assault and Protection Handbook? If yes;
  - Can I see one?

**Police Services (Chief of police, officers (M&F), WACP Unit):**

- What is GBV? Why is it happening? What can be done to reduce it in communities?
- What are the procedures followed when a person reports an incidence of GBV?
- Who should the survivor report to?
- What is done to ensure confidentiality?
- What percentage of monthly reports are GBV related?
- Once a report is complete what is done with it? Can I see an example?
- Where do you refer survivors to next?
- Do you report to the Ministry of Gender and Development? If yes;
  - How often are reports carried out?
  - How are incidents reported?
- Has any staff taking Gender Awareness training?
- What are the GBV issues for school students? Do you have any information on this?
- What is the best time-frame for a survivor to get to the police?
- Do you follow a case until it is adjourned in court?



- How many Officers in this unit are women?
- Do the Police in communities ask for money when dealing with cases?

**Other Stakeholders (Church leaders/groups, NGOs, Town Chiefs/community leaders, influential Stakeholders:**

- What is GBV? Why is it happening? What can be done to reduce it in communities?
- If an incidence of GBV occurs what are the procedures taken?
- How far is the nearest, police station and health facilities to your community?
- What is done to ensure confidentiality when a survivor reports an incident of GBV?
- What are the GBV issues for school students? Do you have any information on this?
- Do you have a copy of the UNSCR 1325? If yes;
  - Could I have a copy?
  - Who gets a copy of this?
- Do you know about the Rural Women Structure set up by the Empowerment Unit of the MOGD?
- Are you a part of the GBV National Steering Committee?

**Annex 3:**

**Contextual Analysis – Coding Used**

Main themes	Inter 1	Inter 2	Inter 3	Inter 4	Inter 5	Inter 6	Inter 7	Inter 8	Total
Culture activity									
Poverty									
Teen preg.									
Abandonment									
Domestic Violence									
VAW									
Rape									
Dealt at com. level									
Beating									

children									
Direct pol. Involvement									
Stu/Teacher relationship									
Never go police(DC)									
Lack of parental support									
Docu. (Official)									
Child labour									

**Annex 4:**  
**Key Informant List**

<b>Occupation</b>	<b>Organisation</b>	<b>Method Used</b>
Deputy Area Coordinator	NGO – Concern	In-depth interview
Health & Hygiene Manager	NGO – Concern	In-depth interview
HAP focal point	NGO – Concern	In-depth interview
Gender focal point	NGO – Concern	In-depth interview
Nursing Director at Gov. Hospital	Ministry of Health	In-depth interview
Deputy Head of Women and Children Protection Unit (WACP)	Police services	In-depth interview
County Coordinator	Ministry of Gender & Development	In-depth interview
Female Teacher (St. John River)	Ministry of Education	In-depth interview
Male Teacher (St. John River)	Ministry of Education	In-depth interview
Principal (St. John River)	Ministry of Education	In-depth interview
PTA member (St. John River)	Ministry of Education/ Community	In-depth interview
Registrar -Male Teacher, Compound 2	Ministry of Education	In-depth interview
PTA Chairperson, Compound 2	Ministry of Education	In-depth interview
Female Teacher, Compound 2	Ministry of Education	In-depth interview
Elder Woman, Compound 2	Community Member	In-depth interview

Principal Marblee School, Compound 2	Ministry of Education	In-depth interview
Principal Senyah School	Ministry of Education	In-depth interview
Male Teacher/Vice Principal, Senyah	Ministry of Education	In-depth interview
County Education Officer (CEO)	Ministry of Education	In-depth interview
Counsellor, Liberian Government Hospital	Ministry of Health	In-depth interview
Focal people in Buchanan Gov. Hospital	Ministry of Health	Focus-Group Discussion
ELWA Counsellor	NGO – ELWA	In-depth interview
HIV/AIDS Focal Person	NGO – Concern	In-depth interview
Chief of Police Grand Bassa	Police	In-depth interview
Police Station	Police (female)	Focus-Group Discussion
Police Station	Police (male)	Focus-Group Discussion
UN PIO	UNMIL	In-depth interview
Local Authorities, Focus Group	Community (Senyah)	In-depth interview
Health Clinic, Senyah	Ministry of Health	In-depth interview
Nursing Director, Compound 2	Ministry of Health	In-depth interview
ORC & County Midwife	Ministry of Health	Focus-Group Discussion
County Attorney, Grand Bassa	Ministry of Justice	In-depth interview
Police Focus Group, St. John River	Police	Focus-Group Discussion
Assigned Circuit Court Judge, Grand Bassa. Resident Judge, Sino County	Ministry of Justice	In-depth interview
UNMIL Human Rights Officer	UNMIL – HRO	In-depth interview