

Issue Brief

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Peace without Security

Violence against Women and Girls in Liberia

Liberia's civil wars are often mistakenly perceived as marking the beginning of widespread violence against women and girls (VAWG) in the country. This may derive from a commonly held view that sexual violence¹—more than any other single factor—epitomizes the atrocities committed throughout the 14 years of civil conflict, during which rape was widely used as a 'weapon of war' (Omanyondo, 2005, p. 11). In reality, however, VAWG was also commonplace prior to the hostilities and is still today a serious concern in post-conflict Liberia. The fact that sexual violence against females is currently one of the most frequently reported forms of violent crime in the country bears poignant testimony to the enduring widespread prevalence of this blight on Liberian society. Domestic violence² is also believed to be endemic in Liberia, but receives less international media attention than sexual violence (Republic of Liberia, 2008a, pp. 163–164). In short, both sexual and domestic violence continue to undermine the security of women and girls in the country. According to one estimate, more than 400,000 Liberian females have suffered such abuse (Republic of Liberia, 2007, p. 230).

This *Issue Brief* analyses VAWG in Liberia. First, it examines the extent to which women and girls in Liberia are victims of crimes and violence in general. It then focuses specifically on the patterns and characteristics of sexual

and domestic violence. These latter forms of abuse, categorized as gender-based violence (GBV)³ because the victims are targeted on the basis of their gender, mainly affect females. Males are also affected, but to a far lesser extent. A study of GBV in Liberia may be considered a good entry point to gaining a deeper understanding of the current overall problems of insecurity confronting women and girls in the country.

In its analysis of VAWG in Liberia this *Issue Brief* presents the results of a nationwide household survey conducted by the Small Arms Survey, in collaboration with Action on Armed Violence and the Liberian Institute of

Statistics and Geo-Information Services, as part of the Liberia Armed Violence Assessment.⁴ Where necessary, the survey findings are complemented by data from other information sources, notably the Ministry of Gender and Development's (MoGD) GBV database, set up and managed with Norwegian Refugee Council (NRC) support. This electronic tool serves to collect, analyse, and report on GBV cases in Liberia. Some of the data it contains is published (Republic of Liberia, n.d.). The *Issue Brief* also draws on unpublished data accessed by the author through the NRC. Its main findings are as follows:



An 11-year-old rape victim at the Liberian National Police's Women and Children's Protection Section in Monrovia.
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- While females are the predominant targets of sexual and domestic violence, males and females generally experience similar rates of victimization in terms of criminal offences overall.
- Despite suffering high rates of sexual and domestic violence, women are only marginally more likely than men to have negative perceptions of neighbourhood safety; 20.9 per cent of female respondents considered their neighbourhood either very unsafe or unsafe, compared to 16.7 per cent of males.
- Survivors of sexual violence tend to be far younger than survivors of domestic violence and other violent crimes, averaging 16 years of age; however, rape of girls less than 10 years old is not uncommon. This compares to an average age of 27 for survivors of domestic violence and 28 for survivors of all other violent crimes.
- Perpetrators of sexual violence and domestic violence are generally considerably older than their victims, averaging approximately 25 and 33 years of age, respectively.
- Acts of sexual and domestic violence are just as likely to be committed by males acting alone who are known to their victims—such as friends, neighbours, and family members—as by certified criminals or delinquent youths.
- Weapon use is less common in sexual and domestic violence than in other types of violent crime; however, injuries are more likely to be inflicted in incidents of sexual and domestic violence than in other crime categories.
- Health facilities are the most common response services solicited by sexual and domestic violence victims. Approximately one-third of domestic violence cases are reported to the police. Many such cases result in an arrest and are

forwarded to court. Yet few alleged perpetrators ever stand trial and convictions are rare. Other response services—such as psychosocial centres, women's empowerment agencies, and safe houses—are scarce.

This *Issue Brief* is divided into four sections. The first section presents a comparative analysis of different approaches to monitoring VAWG. Specifically, it looks at the strengths and weaknesses of two distinct tracking mechanisms: monitoring and surveys. The second section examines gendered perceptions of security-related issues and considers the most prevalent types of crime and violence affecting women and girls in Liberia. The third section highlighting the main characteristics of sexual and domestic violence

includes profiles of survivors and perpetrators, and identifies the weapons used by the latter in a number of actual cases. A review of institutional responses to sexual and domestic violence, with examples of prevention and response initiatives, is the focus of the fourth section.

Monitoring violence against women and girls in Liberia

Incidents of violence and crime, including sexual and domestic violence, are generally measured and tracked by means of either monitoring systems or surveys, the former method usually being implemented by a government agency. Whereas surveys take snapshots of such abuse over fixed time periods, ongoing government monitoring offers insights into victimization trends. Monitoring systems may not always tell the whole story, however, because of the extent to which they reflect the actual situation depends on a combination of state capacities to respond to and provide data on incidents of violence and the ability or willingness of survivors to report them. Underreporting by survivors may be attributed to various factors. For example, survivors may be dissuaded from reporting their cases by family or social pressures, or both, or because they have little confidence in, or recourse to, the legal system. Their reluctance to speak out may also be linked to feelings of shame or self-blame, fears of being blamed for the incident by family, friends, or the police, or fears of rejection by spouses, partners, and family for revealing details of the incident outside the family.⁵ This risk of under-reporting also affects surveys, albeit generally to a lesser extent (WHO 2002, p. 150).

Although the Government of Liberia, along with its national and international partners, has taken many important steps to prevent and respond

Box 1 Key Highlights of the Survey Methodology

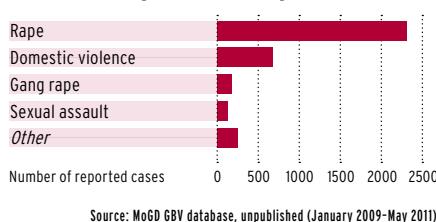
- The data presented in this *Issue Brief* are based mainly on a nationwide household survey administered by the Small Arms Survey and local partners in 2010.
- The sampling design consisted of a random two-stage stratification using probability proportionate to size, whereby 2'900 total questionnaires were collected with a confidence level of 95% and a confidence interval of 2.
- Extrapolations to the general population are provided with a margin of error of +/- 2%.
- One respondent from each household was selected in the sampling design.
- The final weighted sample size was determined on demographic proportions of two main geopolitical regions: Monrovia and the remaining Counties.
- The final weighted sample size was 2,900 households (Monrovia = 1,000; Counties = 1,900).
- Frequencies provided are weighted and rounded. Thus, the sum may not equal the total of reported frequencies in some tables.
- A more detailed synopsis of the survey methodology can be found in Small Arms Survey, 2011b.

to VAWG, efforts to measure and track the problem remain incomplete (Piah, 2009, p. 3). Currently, both the Liberian National Police (LNP) and the MoGD monitor VAWG in Liberia.

In tracking incidents of crime and violence, the LNP disaggregates data by gender. LNP data collected between January 2009 and June 2010 indicates that overall victimization rates for all types of violent crime vary only very slightly across genders: 47.1 per cent of victims were females and 48.0 per cent were males, while data on the remaining 4.9 per cent was either missing or invalid.⁶ According to LNP arrest data, rape and sexual assault rank among the most common forms of violence reported nationwide (Small Arms Survey, 2011b, p. 3). The LNP reported 312 cases of rape and sexual assault in 2009 and 521 such cases in 2010. Nonetheless, police capacities to investigate crime and violence in Liberia remain inadequate, although they have recently shown signs of improvement. Hence, even though incidents of sexual violence are still underreported,⁷ the apparent recent increase in registered cases can probably be attributed more to a *higher reporting rate* or to *greater police capacities* to investigate such crimes than to any actual increase in their occurrence.

The other main governmental source of data on VAWG in Liberia is the MoGD's GBV database,⁸ which collates data on crimes such as rape, gang rape, sexual assault, and domestic violence. The database is regularly updated with input from monthly reports on GBV cases submitted to the MoGD by service providers who work with survivors. These input sources include the police, the courts, health-care and psychosocial services, safe houses, and legal aid centres. Once reported, the monthly data, covering cases involving women and girls as well as men and boys, is aggregated and stored in the GBV database at the ministry. As mentioned previously,

Figure 1 GBV cases reported to the MoGD between January 2009 and May 2011 (n=3,520)



some of the data is published (Republic of Liberia, n.d.).

Figure 1 illustrates the number of GBV cases, disaggregated by the different types of violence, reported to the MoGD between January 2009 and May 2011. Almost two-thirds (65.9 per cent) of the 3,520 cases registered in the MoGD database are classified as rape.⁹ Sexual violence, including gang rape and sexual assault, comprises 73.8 per cent of all reported cases. The second most reported type of abuse is domestic violence, which accounts for 668 data entries (19 per cent) for the period covered. Though this data offers important opportunities to monitor sexual and domestic violence, the MoGD database programme is still at an early stage of development and implementation.

Consequently, at this stage, analysis must take into account various factors that affect the validity of the data (NRC, 2011, pp. 7–11). For instance, coverage of response service providers—and by extension data input from these entities—is not equal throughout the country. Duplication of incident reporting is another source of data error. Under a recently introduced system to resolve this problem, survivors are issued personal referral cards at the initial reporting location so that they can be tracked more effectively.¹⁰

In 2011, the MoGD registered a significant increase in reported GBV cases. According to a newspaper article published in late November 2011, the MoGD stated that between January and October 2011 alone a total of 2,043 GBV cases were recorded. They

included: 376 cases of domestic violence, 82 cases of gang rape, 1,167 cases of statutory rape, 119 cases of sexual assault, and 5 cases of sexual abuse, among others (Heritage, 2011a). As with LNP data, however, this increase was probably due more to a higher reporting rate or to greater police capacities to investigate such cases than to any actual rise in their number.

In contrast to ongoing monitoring systems, surveys provide only a snapshot of a particular situation over a given time period. Consequently, surveys are not an appropriate means of evaluating trends. As mentioned earlier, however, surveys are generally less likely to be affected by under-reporting than monitoring systems (WHO, 2002, p. 150). Nonetheless, despite considerable advances in measuring VAWG through survey research over the past decade, differences in survey methodologies make cross-comparison difficult, as illustrated by the variations in the results of surveys on VAWG conducted in Liberia.

The household survey did not cover VAWG specifically. It did, however, consider respondents' perceptions of security and victimization, their exposure to violence, and their behavioural response to threats in communities. It also gathered data on instruments and weapons used by perpetrators of violence. The survey disaggregates data on incidents of all types of crime and violence by gender. It highlights that 13.5 per cent of households covered reported at least one incident of crime or violence in the year preceding the survey, with females and males experiencing similar rates of victimization overall. Further analysis covering the same period showed that 4.8 per cent of the 13.5 per cent of households mentioned above reported that they had suffered rape or sexual assault—both referred to as sexual violence for the purpose of this *Issue Brief*.

Overall this means that 0.6 per cent of all households surveyed reported an incident of sexual violence, while 0.3 per cent reported an incident of domestic violence. Survey data also shows that women and girls are far more affected by sexual and domestic violence than men and boys. There is reason to believe that the rate of domestic violence may actually be higher than that suggested by the survey, as there were probably instances where such incidents were reported as assaults or beatings.

Most other surveys on VAWG in Liberia focus on sexual and domestic violence. Table 1 provides a comparative overview of various surveys on sexual and domestic violence in Liberia. For example, the *Liberia Demographic and Health Survey (LDHS)* (Republic of Liberia, 2007, p. 233) found that approximately 33 per cent of ever-married females between 15 and 49 years old had experienced physical violence inflicted by a husband or partner during the year preceding the survey. It also disclosed that 35 per cent of ever-married females in the same age group had suffered domestic violence at some point in their lives. In a similar vein, the *LDHS* revealed that 17.6 per cent of women in Liberia in that age group had been sexually abused during their lifetimes (Republic of Liberia, 2007, p. 230). The *LDHS* did not, however, estimate yearly prevalence rates for sexual violence.

Yet other surveys that also measured incidents of VAWG experienced during lifetimes yielded significantly different findings. Research conducted for the United Nations Mission in Liberia (UNMIL) on the prevalence of, and attitudes towards, rape found that 1.7 per cent of respondents overall, and 2.6 per cent of female respondents, had been raped (UNMIL, 2008, p. 23).¹¹ The UNMIL study cannot, however, be considered representative for several reasons, notably related to its limited sample size (1,000 households)

and the fact that rural areas comprised only 20 per cent of its footprint.

The *Sexual Gender-based Violence and Health Facility Needs Assessment* conducted for the World Health Organization (WHO) in ten counties in Liberia gathered data on the prevalence of rape during and after the civil conflict, rather than on overall lifetime experiences of such abuse. It found that the prevalence of rape of women and girls for the period covered ranged from an average of 61.4 per cent in Bomi, Grand Cape Mount, Margibi and Sinoe counties (Omanyondo, 2004, 255, and 2006, in UNMIL, 2008, p. 11) to an average of 77.4 per cent in Bong and Montserrado counties (Omanyondo, 2004, p. 18). It should be noted, however, that these rates are most probably inflated due to disproportionate sampling among high-risk populations, such as snowball sampling in camps for internally displaced persons.

Among the surveys listed above, only those conducted by the Small Arms Survey and the *LDHS* used methodologies that ensured statistical

representativeness at a national level, although their respective approaches varied in some respects. For example, the *LDHS* devotes a whole section to specific information on VAWG, whereas there is no such focus by the Small Arms Survey interviewers. Another difference is that household respondents in the latter survey were chosen randomly regardless of gender, whereas only women were interviewed in the *LDHS*. Consequently, it is possible that the Small Arms Survey study reflects a greater degree of underreporting of domestic violence than the *LDHS*. This is because men—possibly including some of those interviewed—do not always perceive such behaviour as abuse. Also, rather than question respondents about violence in general, the Small Arms Survey interviewers focused on whether they had experienced specific acts of violence, employing a technique easily applicable across different cultural perceptions of violence. For example, one respondent was asked if she had been slapped; most women are likely to agree on what constitutes a slap,

Table 1 Comparison surveys on sexual and domestic violence in Liberia

Type of Violence	Data Source	Incidence Rate	Sample Size	Definition
Domestic violence	SAS	0.3%	2,900	Percentage of households that reported a member (male or female) had experienced domestic violence in the year preceding the survey
	LDHS	33.0%	3,555	Percentage of ever-married women aged between 15 and 49 who experienced various forms of violence committed by their current or most recent husband or partner in the year preceding the survey
Sexual violence	SAS	0.6%	2,900	Percentage of households that reported a member (male or female) had experienced rape or sexual assault in the year preceding the survey
	LDHS	17.6%	4,897	Percentage of females aged between 15 and 49 who had experienced sexual violence at some point in their lives
	UNMIL	2.6%	1,000	Percentage of females aged ten and above who had experienced rape at some point in their lives
	WHO	61.4-77.4%	412-1,216*	Percentage of women in selected counties who had experienced rape at some point during or after the civil conflicts

* WHO data was based on three studies conducted in ten counties (see Omanyondo 2004, 2005, and 2006). Sample sizes for Omanyondo 2004 and 2006 were 412 and 1,216, respectively. The sample size for Omanyondo 2005 was not available.

Sources: Nationwide household survey, Republic of Liberia 2007, UNMIL (2008), and Omanyondo 2004, 2005, and 2006.

whereas their understanding of violence in this context is likely to be shaped largely by a normative interpretation of gender roles. Despite the LDHS's emphasis on minimal under-reporting, it nonetheless cautions that 'the possibility of some underreporting of violence cannot be entirely ruled out in any survey' (Republic of Liberia, 2007, p. 227). Whatever the case, actual levels of sexual and domestic violence are likely to be even higher than those reported in the LDHS (see Table 1).

Profiling insecurity of women and girls in Liberia

As mentioned earlier, GBV was used as a weapon of war during Liberia's civil conflicts (Republic of Liberia, 2008a, p. 50), which were characterized by a persistently high incidence of VAWG. As in many other wars, rape served as a form of attack on the enemy, typifying the conquest and degradation of its females or captured male fighters (WHO, 2002, pp. 149–218). Rape was also used to terrorize and undermine communities, to force people to flee their homes, and to break up social structures. Research conducted by the International Committee of the Red Cross (ICRC) revealed that more than half (51 per cent) of all respondents reported that someone they knew well had been a victim of sexual violence during the hostilities (ICRC, 2009, p. 6).

The WHO (2002, p. 15) notes that in many countries that have suffered a violent conflict, rates of interpersonal violence remain high even after the cessation of hostilities. This is also considered to be the case in Liberia, where sexual violence remains widespread. As seen above, the MoGD database reports hundreds of rape cases every year. According to a documentary film made by the NRC on sexual violence against women and girls in Liberia, an average of four incidents of rape are reported to health clinics in Monrovia every day. This translates into almost

1,500 rape per year in Monrovia alone (NRC, 2010b, 02mino8).

Despite the high level of sexual violence targeting women and girls, Table 2 suggests that women are only marginally more likely than men to consider their neighbourhood insecure: 20.9 per cent of female respondents described their neighbourhood as either very unsafe or unsafe, compared to 16.7 per cent of males. By contrast, 68.9 per cent of all females and 70.9 per cent of all males considered their neighbourhoods safe or very safe.

When asked about the most important concerns in their neighbourhoods, both men and women were far more likely to list basic service shortages or deficiencies in the water and health

sectors than security issues.¹² Table 3 shows that a large majority of respondents who did bring up security issues said their primary concern was the security and safety of family members within the home rather than outside of the home. This corresponds to actual victimization patterns. As will be discussed later, most incidents in all categories of crime or violence occur within the family home. Survey findings show that women are generally more concerned than men about security in the home. On the other hand, men are more inclined to worry about security issues in general. This suggests that women are probably more aware of and concerned about security issues within the home—

Table 2 Perceptions of neighbourhood security (n=2,786)

	Percentage of respondents		Number of respondents	
	Female	Male	Female	Male
Do you consider your neighbourhood to be:				
Very unsafe	2.8%	2.6%	39	36
Unsafe	18.1%	14.1%	253	196
Neither safe nor unsafe	10.2%	12.4%	143	172
Safe	51.3%	53.6%	716	744
Very safe	17.6%	17.3%	247	240
Total	100.0%	100.0%	1,398	1,388

Source: Nationwide household survey

Table 3 Security concerns at home

	Percentage of respondents		Number of respondents	
	Female	Male	Female	Male
Security of family members at home	81.9%	67.1%	78	57
Security of family members outside of the home	9.2%	7.5%	9	6
General security concerns	8.9%	25.4%	9	21
Total	100.0%	100.0%	96	84

Source: Nationwide Household Survey

Table 4 Worry of victimization of family member (n=1,208)

	Percentage of respondents		Number of respondents	
	Female	Male	Female	Male
Do you worry that someone in your household may become a victim of crime or violence?				
Males	6.1%	6.6%	36	41
Females	32.3%	31.2%	189	194
Both equally	61.6%	62.2%	361	387
Total	100.0%	100.0%	586	622

Source: Nationwide household survey

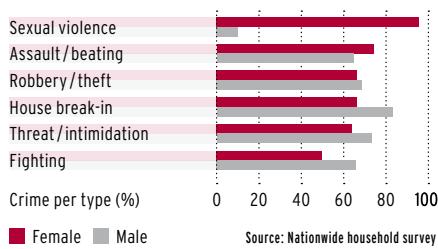
including domestic violence—than men.

Male and female respondents expressed equal levels of concern when asked whether they worry about family security (see Table 4). Both voiced particular concern for the safety of female members of their households. Despite almost even rates of victimization between genders, women are nevertheless perceived as more likely than men to become targets of crime and violence. This may reflect a societal perception of women as being weaker and more vulnerable—and thus more at risk—than men.

A total of 13.5 per cent of households surveyed reported having experienced at least one incident of crime or violence (Small Arms Survey, 2011b, p. 1), with males and females accounting for 68.6 per cent and 63.3 per cent of the victims, respectively.¹³ The figures for victims of acts of violence do not vary significantly between genders. Rape and sexual assault—i.e. sexual violence—accounted for 4.8 per cent of all cases of crime and violence reported by respondents as having occurred in the 12 months preceding the household survey (p. 6). Figure 2¹⁴ shows that the victims of sexual violence are almost exclusively females (94.4 per cent). The MoGD reports an even higher percentage of female survivors of sexual violence (98.5 per cent, MoGD GBV database, unpublished).¹⁵ Though the household survey was also designed to collect information on domestic violence, this issue did not generate sufficient responses to determine meaningful victimization comparisons between genders.¹⁶

Another striking feature of Figure 2 is the high proportion of female victims in the assault/beating, threat/intimidation, and fighting categories. The three categories denoting violence are somewhat ambiguous and Liberians interpret them in very different ways. It is probable that these categories also include incidents of

Figure 2 Victimization by gender for select types of crime or violence (n=386)



domestic violence. Stories from survivors of sexual and domestic violence collected by the NRC for the 2010 '16 Days of Activism against Gender Violence Campaign' confirm that beatings, threats, and fighting between intimate partners are commonplace in Liberia (see Box 2). As in certain other countries, the high rates of domestic violence in Liberia may be attributable to societal patterns that pressure women into accepting, tolerating, or even rationalizing such abuse (UNICEF, 2008).

As noted previously, females are the predominant targets of sexual violence, but males are also victims; the household survey reported that 11.1 per cent of sexual violence victims reported in the period covered were males. Even more so than with female

survivors, there is good reason to believe that male victims largely under-report incidents of sexual violence. Though little research currently exists on sexual violence targeting males in Liberia, there are initial indications that prostitution and drug use in parts of Monrovia, especially at night, are contributing to impoverished boys' and young men's exposure to such abuse (Senkler, 2011, p. 11). The same is probably true in other major Liberian cities. It is also important to note in this context that while the vast majority of survivors of sexual violence during the civil strife were women, males were also targeted with startling frequency (Senkler, 2011, p. 8). In fact, it would be no exaggeration to say that a large proportion of the Liberian population was affected by sexual violence during the hostilities—either directly as perpetrators or victims or indirectly as family and neighbours who were forced to watch the atrocities unfold.

Men are also targeted in domestic violence. In the LDHS, for example, 9.5 per cent of the women interviewed said they had initiated bouts of physical aggression against their current or most recent husband or partner; 5.9 per cent

Box 2 Personal accounts of domestic violence in Liberia

'All my body is full of bruises and scars because of my husband. He beats me mercilessly if I do not give him my market money. I have to use it to send my four children to school. Because of his brutality, my children are all living in fear. I walk with my head bowed because my friends point fingers behind me, saying she is the one who is going to die soon because of her husband.'

'My boyfriend used to beat on me every day until he crippled my hand. I cannot bend my finger to reach my palm. I am left with two children to take care of and it is very hard because I am not working or making any good business. People feel sorry for me and give me their fish to sell. Anything they feel like giving me is what they give me. That is how me and my children survive.'

'I am selling fish in the market to survive. My husband violently abused me every time I caught him with another woman. We have three children and I had to send them into the interior to my

parents because he did not support us. I have sleepless nights. I feel so sorry for myself. I just sit and cry every day. He does not even call us.'

'My left hand is spunk, my children are malnourished and although I am 20 years old, I look twice my age. This is because of the beatings I get from my children's father. When he beats me he tells me I do not have a family to go to, so he will do anything to me. He always threatens me that if I run away he will kill me. This relationship is ruining my life.'

'I was beaten by my husband's brother. My husband took our child from my hands and told his brother to beat me. He said I was forcing myself on his brother and his brother doesn't want me. Since that time up to now, my neck can always hurt. He left me and went to another town. He doesn't send support for his child.'

Source: stories collected by the NRC as part of its 16 Days of Activism Against Gender Violence Campaign, 2010.

among them acknowledged they had done so at some point during the year preceding the survey (Republic of Liberia, 2007, p. 240). The great majority of these women had previously suffered domestic violence themselves, suggesting the possible existence of a cycle of domestic violence that affects both genders. As with sexual violence, men are often reluctant to admit to having been victims of domestic violence. In one case, for example, a man in Bong County was struck by his wife with a mallet—a hammer-like wooden tool with a rounded head used for mashing cassava. The assault caved in part of his skull, but he hid his injuries under a hat rather than reveal that he had been beaten by his wife.¹⁷ In another case, a man had to move from his community shortly after being raped to escape social stigmatization (Senkler, 2011, p. 11). Despite such victimization underreporting on the part of males, however, there is ample evidence that women and girls remain the predominant victims of sexual and domestic violence in Liberia, with men accounting for a relatively low 10 per cent of all survivors, according to available data.

Characteristics of sexual and domestic violence

This section presents the main characteristics of sexual and domestic violence, the two most common forms of violence suffered by women and girls. Though women and girls are mostly affected, all the statistics refer to GBV in general without differentiating between male and female survivors.¹⁸ First, the household survey identifies where these acts of violence tend to occur. As illustrated in Figure 3, a significant majority of all crimes and incidents of violence take place in the family home (57.7 per cent of GBV cases and 68.8 per cent of all other types of crime or violence).

Figure 3 Location of types of crime or violence (n=382)

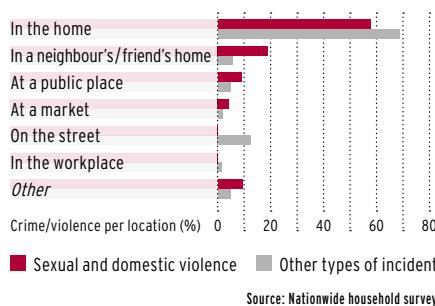
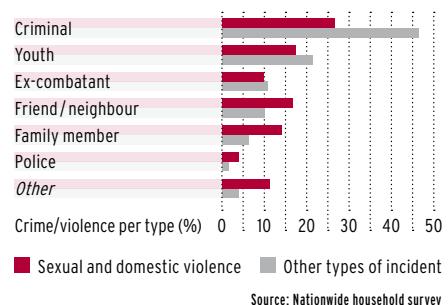


Figure 3 furthermore shows that incidents of sexual and domestic violence also frequently occur in the home of a friend or neighbour, a finding corroborated by an analysis of perpetrator profiles. Most perpetrators of sexual and domestic violence are likely to be males known to the victims, as confirmed in more than three-quarters (77.5 per cent) of such cases reported in the survey. By contrast, survey data showed that less than one-quarter (22.5 per cent) of the perpetrators of other types of crime or violence were known to the victims. In the same context, a recent report on the security of female university students in Monrovia states that most acts of violence they experience whilst on or travelling to campus are committed by men they know (*Heritage*, 2011c).

Figure 4 highlights the most common types of perpetrator of sexual and domestic violence, as reported in the household survey. It shows that for all categories of crime and violence the most common types of perpetrator are criminals and youths. This also holds true for sexual and domestic violence. Perpetrators of sexual and domestic violence are more likely to be friends, neighbours or family members than those persons who commit other types of offence. The ambiguous nature of the 'criminal' and 'youth' categories and their overlap with other groupings render interpretation of the results difficult. For example, the survey results may reflect cases where, unbeknown to the respondent, the perpetrator has a certified criminal record.

Or a respondent may label a perpetrator—someone she/he knows—as a criminal, even though that person has no criminal history.¹⁹ Data from the MoGD database suggests the latter. Neighbours, friends, spouses, and intimate partners account for the largest number of perpetrators of sexual and domestic violence. A rape counsellor at the Du Port Road Clinic in Monrovia stated in a recent film on GBV in Liberia that most rapists are family members, neighbours, and community members (NRC 2010b, 07:40).

Figure 4 Type of perpetrator



During Liberia's conflict, most sexual violence offenders were members of the various fighting forces. Yet, among the individuals held responsible for acts of sexual and domestic violence reported in the household survey, only three were ex-combatants (9.8 per cent). Though not insignificant, this percentage nevertheless suggests that, despite the persistent stigma that would appear to surround this group in Liberian society, the role of ex-combatants in sexual violence in post-conflict Liberia may be overstated.²⁰

Members of the teaching profession are sometimes perceived as being responsible for a higher proportion of sexual violence offences than appears to be the actual case (Republic of Liberia, 2008a, p. 54). The MoGD indicates that 3.9 per cent of incidents of GBV recorded in its database were committed by school or university teachers or principals (MoGD GBV database, unpublished).

The household survey further shows that approximately six out of ten

acts of sexual and domestic violence (59.1 per cent) were reportedly committed by a single perpetrator, while two or more offenders were involved in all other GBV cases. According to MoGD data, however, the number of GBV incidents involving more than one perpetrator may be as low as 6.4 per cent (MoGD GBV database, unpublished). Incidents of gang rape are often reported in the Liberian media. For example, the media reported a recent case involving four young men aged between 17 and 18 who were charged with gang-raping an 11-year-old girl in Monrovia (*New Democrat*, 2011).

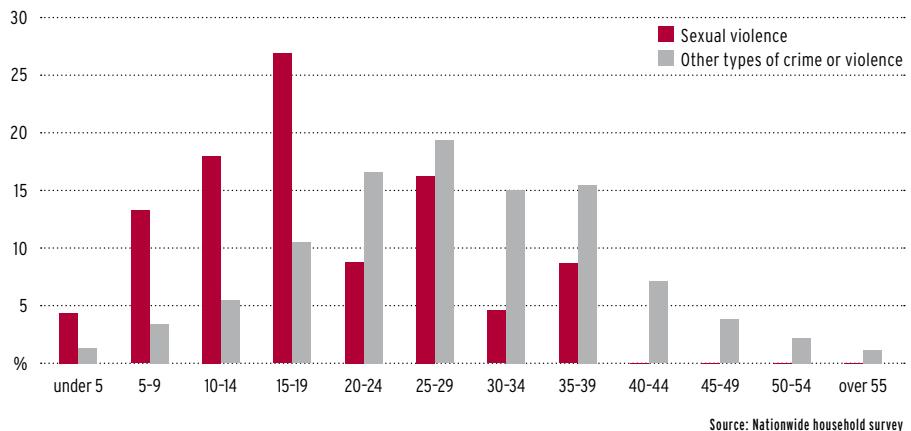
A few months earlier, police arrested three armed men on charges of gang-raping a woman and stealing her valuables in her house in Logan Town, Monrovia. The police alleged that the three armed robbers, together with two other unidentified men, committed these crimes after forcibly breaking into the woman's room at about 2 a.m. while she was asleep (*The New Dawn*, 2011). As seen above, MoGD data shows that approximately four per cent of GBV cases are gang rapes.²¹

While questions about the age and gender of perpetrators were not included in the household survey, MoGD data indicates that 95.2 per cent of GBV offenders are males who are generally much older than their victims; on average, perpetrators of sexual violence and domestic violence are approximately 25 and 33 years old, respectively (MoGD GBV database, unpublished).

As for the most common targets of sexual violence by gender and age, the household survey data indicates that the majority of victims are young girls who are on average just under 19 years old (see Figure 5).²² Disturbingly, however, the victims are sometimes far younger (see Box 3). A rape counsellor at the Du Port Road Clinic in Monrovia observes that most rape cases she comes across involve girls and young women between five and

Figure 5

Age distribution for survivors of sexual violence and other types of crime or violence²² (n=309)



Box 3 Personal accounts of sexual violence in Liberia

'I am 12 years old and my uncle raped me. My mother neglected me because I exposed him and I was taken to a safe home for two years. I was then given to my aunt and I started selling oranges. One man said he wanted to buy oranges but instead grabbed me and pulled me into his room and raped me. I got sick because of this. I cannot go back home now because of the stigma.'

'I went on the farm to chop palm nuts and left my disabled 12-year-old daughter in the town. On my way back, I heard my daughter crying. I ran to pick her up and saw blood all over her clothes. One of the five guys I was working with earlier had left the farm and saw my daughter and took advantage of her and raped her. I am so frustrated because my daughter is unable to talk and the man is denying it. I am just in tears.'

'My 12-year-old niece was raped by a man last year who always used to give her money. She never told me because she was afraid. When she got sick, I carried her to one nurse who checked her and said she had been raped. When she started

going to school again her friends used to laugh at her. She ran away to her mother's village. Now we can't find the man and I don't know what to do.'

'My nine-year-old daughter was sexually abused by a man. One evening, I asked her sisters where she was and they told me that on their way home a man carried her to his room. I hurried there just to see my daughter laid down on his bed with his foot on top of her. If I had not been there he would have raped her. I feel bad because people refer to my daughter as the wife of this man.'

'My daughter was raped three months ago. She is seven years old and the perpetrator is 52. Doctors say she might not have a child if proper care and medication is not given to her. Schooling for her has come to a stop now because she leaks fluid every day. Her friends laugh at her. They call her the wife to the 52-year-old man. When she hears that she feels sad and cries.'

Source: stories collected by the NRC as part of the 16 Days of Activism Campaign, 2010

Table 5 Weapon use in sexual and domestic violence (n=377)

	Sexual and domestic violence		Other types of incident	
Weapon used	6	22.6%	194	55.4%
No weapon used	21	77.4%	156	44.6%

Source: Nationwide household survey

seventeen years old (NRC 2010b, 07min 15). The media recently highlighted a case involving a 52-year-old man accused of raping two girls aged seven and eight (*Heritage*, 2011b). In 2009, two clinics in Monrovia treated 870 rape survivors, 77 of whom were less than 5 years old (NRC, 2010b, 06min52).

Given that male perpetrators of GBV are generally older and physically stronger than their young female victims, they are less likely to use weapons than the perpetrators of other types of crime and violence. Table 5 shows that weapon use was reported in 22.6 per cent of GBV cases and in 55.4 per cent of cases involving other

types of crime or violence. In two of the six GBV incidents in which weapon use was reported, the perpetrators were allegedly armed with bladed instruments, blunt objects, and firearms.

An overall picture emerges of widespread domestic violence and frequent incidents of sexual violence committed by people known to the victims. A disturbingly high number of survivors are very young girls who have been raped by family members, friends, or neighbours. There are several explanations as to why young girls are especially vulnerable to sexual violence. For example, greater relative poverty in rural areas, as compared to urban areas, encourages some rural families to send their children to Monrovia, where they are often entrusted to the care of relatives or family friends. Many of these children then become vulnerable to sexual and economic exploitation by the same people who had promised to look after them.²⁴ The recent NRC documentary film on GBV in Liberia referred to earlier tells the story of a young girl who could not attend school because her family was too poor. At the age of 12 she was taken from her home in Nimba County to Monrovia by her aunt, who promised to send her to school. Upon her arrival in the capital, the girl was sent out onto the street to earn money. According to her testimony, the aunt later sent a man to rape her and show her 'man business' (NRC, 2010b).

Girls sent by their families to the homes of relatives or friends, or to work on the street, would appear to be exposed to a significantly heightened risk of sexual violence.²⁵ In the same context, the NRC gender advisor recalls that GBV survivors she encountered in Liberia stated that despite the 'bad feeling' they had experienced on entering the house of a friend or neighbour in which they were later raped, they did not have enough courage and self-esteem to say 'no' to the invitation. Thus, according to the

Box 4 Personal accounts of forced marriage in Liberia

'My parents did not send me to school because they said I was a woman and would get married some day. Only my brothers were sent to school. Instead I was forced to marry. I told my aunty I wasn't about to do it because I was still small. I was about 14 years old. She told me if I uttered another word, she would beat me. It was like slavery for me.'

Source: stories collected by the NRC as part of the 16 Days of Activism Campaign, 2010

NRC gender advisor, an important part of GBV prevention should be to teach girls to actively avoid such situations in which they do not feel comfortable as a means of protecting themselves from the potential danger of being physically abused.

Economic vulnerability can also push women, and especially girls, into transactional sex and situations where they are likely to be sexually exploited.²⁶ In such situations, sexual favours are exchanged for goods, services, and other assistance from people in positions of power (Omanyondo, 2004, p. 27). Furthermore, mothers are sometimes perceived as being inclined to encourage their teenage daughters to engage in romantic relationships with adult men in exchange for financial reward (UNMIL, 2008, p. 28).²⁷ Girls are also sometimes married off at a very young age, often against their will (see Box 4).

In addition, GBV may be rooted in unequal power relations between men and women as well as in discriminatory customary practices that existed long before the civil conflict.²⁸ Marital relations are still skewed in favour of males, with females often having very little control over their lives or bodies. Moreover, wives' views are commonly subordinate to those of their husbands in deciding on family issues such as when to have children and the number of children desired.²⁹ Consequently, forced sex in marriage is often not labelled as rape. Consensual sex may

be presumed on the basis of certain societal expectations, such as that a woman should normally resist initial sexual advances as a sign of moral chastity (UNMIL, 2008, p. 52). Traditional social norms in Liberia dictate that women cannot openly consent to sexual acts and must never show that they 'want' to engage in sex. Therefore, because resistance by a woman is not interpreted as a refusal, but rather as an obligatory formality towards consent, forced sex is not deemed inappropriate.

The LDHS (Republic of Liberia, 2007, pp. 213–215) gathered information on male and female attitudes towards spousal abuse. Almost six out of ten women said they believe that a husband is justified in beating his wife under certain circumstances.³⁰ Interestingly, the percentage of men who took the same view was proportionately far less—almost half that of women in favour of this practice.³¹ Despite amendments to the Liberian rape law that criminalize forced sexual intercourse within marriage, a 2008 UNMIL study found that 44 per cent of those surveyed expressed the view that rape could not be committed within marriage or within other intimate relationships (UNMIL, 2008, pp. 7–8). Even in the presence of formal laws prohibiting sexual assault, cultural norms that perceive a wife to be her husband's property may perpetuate inter-marital rape (Republic of Liberia, 2009a, p. 5).

Substance abuse may also be a further contributing factor to sexual violence (see Box 5). In an effort to curb sexual violence against children and youths, the MoGD has launched an initiative to prohibit the sale of alcohol to minors.³² This initiative was in response to high levels of sexual abuse reported on public holidays, when many children and youths became intoxicated and disoriented, making them easy targets for sexual predators. A recent report on security among female university students in

Box 5 Personal accounts of sexual violence in Liberia

'On Christmas day, two boys gave me a drink. Something in it made me weak. I lay down on the floor. I saw the things they were doing to me but I didn't have the strength to fight. One would come over me, then the other one. I was 15 years old. My friends laugh at me, telling me I looked for it. Sometimes I think of doing something bad to myself. Even my mother, she sits and cries.'

Source: stories collected by the NRC as part of the 16 Days of Activism Campaign, 2010

Monrovia highlighted the fact that many of them had been raped or feared being raped. One student in her early thirties described witnessing a date rape. 'I had seen her earlier in a short jeans skirt and she was drinking alcohol. Later the boys gave her soup that was drugged. When I came back I saw her on the floor lying with only her blouse on with burst condoms around her. She seemed unconscious. I assumed that she had been raped' (*Heritage*, 2011c).

Alcohol consumption is also a major factor in acts of physical violence committed by husbands or partners and reported by the female victims. Strikingly, the proportion of women who report having experienced such violence varies from 28.9 per cent among those whose husbands or partners do not consume alcohol at all to 63.6 per cent among those whose husbands or partners get drunk frequently (Republic of Liberia, 2007, p. 236).

The causes of domestic and sexual violence are multifaceted and interconnected. The contributing factors

presented above cannot fully explain the violence against women in Liberia. It is especially difficult to understand the high prevalence of sexual violence affecting very young girls. Some observers have suggested that such cases are sometimes related to 'ritualistic practices' and beliefs that sexual intercourse with a virgin can lead to professional and financial success.³³ This provoked fears that the number of rape incidents would rise in the run-up to the presidential and general elections held in autumn 2011. According to the NRC gender advisor, however, this did not happen, suggesting that such ritualistic beliefs and practices are not contributing factors.³⁴ More research is needed to understand why very young girls are so often the target of sexual violence in Liberia. A recent report on preventing and reducing VAWG in Liberia also stated that it is 'vital to understand the causes of men's violence and alcoholism as well as changing gender roles in post-conflict environments and to involve men in programmes aimed at preventing and responding to sexual violence' (Munala, 2007, p. 37). So far, no study based on interviews with the perpetrators of such abuse exists. This knowledge gap needs to be filled.³⁵

types of crime or violence. According to data in Table 6, slightly more than half of all reported cases of sexual and domestic violence resulted in an injury (none resulted in death), whereas 41.6 per cent of cases of other types of crime or violence resulted in injury or death. Given the particularly violent nature of sexual and domestic violence, especially of rape and sexual assaults, it is not surprising that such incidents result in higher levels of injury than those reported in relation to other types of crime or violence. In the case of armed robbery, for example, a perpetrator may leave victims unharmed if he or she is successful in obtaining valuables.

The household survey indicates that no injuries were incurred in 48.4 per cent of all reported incidents of sexual and domestic violence. While this may indeed be the case in domestic violence, injury rates for sexual violence are likely to be higher than reported, not least because, in Liberia, an injury is often not considered as such unless it 'draws blood'.³⁶ Hence, respondents most probably did not take into account incidents of sexual violence that resulted in internal injuries or long-term physical consequences such as infections or sexually transmitted diseases.

The consequences of sexual and domestic violence for the survivor often go far beyond physical harm, and can include: traumatization, unwanted pregnancy, divorce or abandonment by the husband or partner, and stigmatization by the community and family (Republic of Liberia, 2008a, p. 54 and 2008b, p. 8). Thus, it can be seen that sexual violence in particular has not only physical impacts, but also serious social ramifications for survivors. It furthermore leaves long-lasting emotional scars. In addition to the trauma of the incident itself, stigmatization and limited access to response services can leave survivors isolated and

Table 6

Physical effects of sexual and domestic violence and other types of crime or violence (n=375)

	Percentage of respondents		Number of respondents	
	Sexual and domestic violence	Other types of incident	Sexual and domestic violence	Other types of incident
No injury	48.4%	58.4%	13	203
Injury or death	51.6%	41.6%	14	144
Total	100.0%	100.0%	28*	347

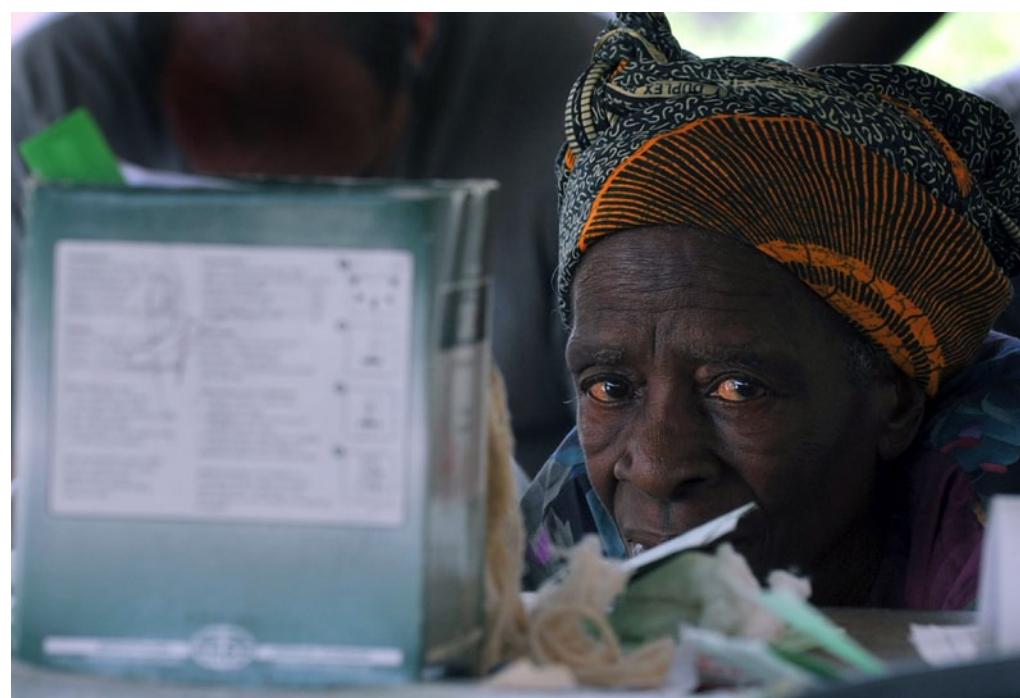
* The sum may not equal the total of reported frequencies, as these are weighted and rounded. See Box 1.

Source: Nationwide household surveys

distressed. Regrettably, these psycho-social problems are frequently ignored in the Liberian context. For all these reasons, sexual and domestic violence can affect the wellbeing of survivors long after the offence is committed. Families and communities involved are also affected psychologically (Republic of Liberia, 2009b, p.37), especially in relation to incidents of sexual violence.

Data from the MoGD's GBV database suggests that rape, sexual assault, and domestic violence can also have multiple harmful impacts on a survivor's family, especially the children. For example, the injury or death of a parent may result either in lost income or diminished parental ability to manage the household, or both, placing pressure on the children to play a role in assuming these responsibilities. To make up for the lost income, the children may be taken out of school and forced into child labour or transactional sex. According to the MoGD, survivors of sexual violence have an average of 1.8 dependants, compared to 2.2 dependants for survivors of domestic violence (MoGD GBV database, unpublished).

Figure 6 indicates that, as a priority, approximately half of all sexual and domestic violence survivors seek medical care. This corresponds to the finding mentioned earlier that around half of all reported incidents of sexual and domestic violence result in injuries. It should be noted, however, that Figure 6 is based on MoGD data whereas Table 6 relates to the nationwide household survey. It is thus not possible to identify whether the injured survivors and those seeking medical attention are the same individuals. As stated above, it is likely that a significant number of victims may not seek medical attention, either because they are afraid of being stigmatized or because they do not consider their injuries serious enough to warrant treatment.



A woman waits for a meeting with a psychiatrist in December 2008, near Gbarnga, 170 km north-east from Monrovia.
© Georges Gobet / AFP Photo

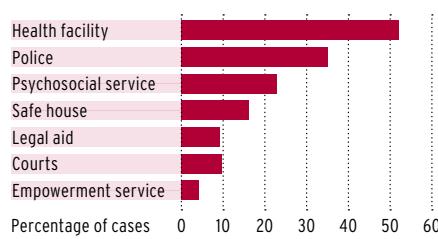
While it is encouraging that many survivors have access to medical treatment, there is reason to believe that a large number are left untreated, especially in remote areas of the country where medical services are often either scarce or non-existent. Furthermore, the costs involved may deter some survivors from seeking medical treatment. Alas, though medical treatment for GBV-related injuries is supposed to be free under Liberian law, many survivors are obliged to pay for it due to a number of factors.³⁷

Considerable international aid has been devoted to increasing sexual and domestic violence survivors' access to health clinics, social services, and the criminal justice system. Between 2006 and 2011, over USD 15 million was directly allocated to implementing

Liberia's *National Gender-Based Violence Plan of Action* (Republic of Liberia, 2006, p.6), a holistic and coordinated endeavour to prevent and respond to VAWG in general, and to GBV in particular. The estimated financial requirement for the second implementation phase of the *Plan* (2011–15) amounts to approximately USD 34 million (Republic of Liberia, 2011, p.6). The overall goal of the second phase is to prevent GBV in a systematic and comprehensive manner, through a multi-sectoral and multidimensional approach, and to respond through holistic care and services to the needs of GBV survivors (Republic of Liberia, 2011, p.5).

By another estimate, annual funding for programmes aimed at preventing or responding to VAWG may be considerably higher. A mapping of armed violence reduction and prevention efforts in Liberia found that funding of programmes that self-identify as having either a sexual or a domestic violence component, or both, total approximately USD 16 million annually.³⁸ Though the analysis includes programmes initiated as far back as 2002, most of these funds were disbursed from 2008 onwards.

Figure 6 Services prioritized by sexual and domestic violence survivors (n=3,264)



Source: MoGD GBV database, unpublished (January 2009–May 2011)



A sign in a Monrovia hospital encourages victims to come forward and get treatment after their ordeal. November, 2009.
© Glenna Gordon / AFP Photo

To enhance national capacities to prevent and respond to GBV in Liberia, international funding is providing direct support to government ministries, departments, and agencies, as well as to international and national non-governmental agencies working in the areas of prevention and response.

For example, from 2005 onwards, LNP officers trained by UNICEF started to work in units of the newly established Women and Children Protection Section (WACPS) set up in police stations. By 2008, WACPS units had been opened in all 15 of Liberia's county capitals. The WACPS is considered to have contributed to a situation where 'more and more women and children are coming out to report crimes' (De Carvalho and Nagelhus Schia, 2009, p. 1). As illustrated by the data in Figure 6, the police are the response service second most solicited by GBV survivors, dealing with 34.7 per cent of all reported cases. More than two-thirds (67.4 per cent) of GBV cases reported to the police resulted in an arrest—not an insignificant percentage, given the difficulties police face in responding to crime and violence.³⁹ Regrettably, the safety of a survivor

may actually be endangered in cases where the police make no arrest because they lack the means to investigate the crime or to provide adequate security protection to the victim who comes forward. In such cases, the victim may have identified and most probably knows the aggressor, who may seek retribution for being denounced to the police (De Carvalho and Nagelhus Schia, 2009, p. 3). These are some of the factors that may explain why only slightly more than a third of all survivors report their cases to the police.

Available statistics show that 45.3 per cent of rape and sexual assault cases resulting in an arrest end up in court (LNP, 2010).⁴⁰ Most of these transferred case files languish in court dockets, however, and few are ever adjudicated. Liberian citizens frequently complain of judicial delays or abandoned court cases (Republic of Liberia, 2008a, p. 46), not exclusively in relation to sexual and domestic violence cases, but in judicial proceedings for all types of unlawful act. Indeed, a visit to a prison in Bong County revealed that as many as 90 per cent of its inmates were awaiting trial,⁴¹ a

situation regarded as representative of the overall prison population country-wide.

The creation of Circuit Court E to try cases of sexual violence exclusively indicates that efforts are being made to prioritize cases of VAWG within the justice system. The Sexual and Gender Based Violence Crimes Unit was also created to investigate and prosecute incidents of sexual assault and abuse, incest, rape, gang rape, and sexual exploitation. While the establishment of these bodies is certainly a welcome development, more needs to be done to increase their effectiveness. For example, Circuit Court E has only one judge. As a result, between February 2009 and March 2011, the court adjudicated only 13 cases, which resulted in six convictions, six acquittals, and one hung jury.⁴²

Another problem is that evidence in sexual violence cases is often destroyed or compromised, as incidents are frequently reported days, weeks, months, or even years after they occur.⁴³ By one estimate, 60 per cent of such cases are reported one or two days after the event.⁴⁴ In one recent case, the father of a 14-year-old gang-rape victim decided to stop the legal process. According to the two defendants' lawyer, the 'victim's father decided to back off from the case, because he did not want to re-awaken the trauma brought upon his daughter as a result of the gang rape she suffered at the hands of the accused men'. Subsequently, the two suspects were released (*Heritage*, 2012).

Other sexual and domestic violence response services also lack the financial and human capacities to meet the demand adequately. For example, psychosocial treatment, empowerment services, and safe houses are often unavailable when needed. Safe houses are in constant demand. Some, such as the main safe house in Montserrado County, operate at full capacity most of the time.

Where response services are available, they are in most cases provided by national and international non-governmental organizations (NRC, 2011, pp. 21–24), calling into question their sustainability should development aid to Liberia decrease.

Overall, Liberia's institutional services dealing with issues related to violence against women and girls have developed considerably, but many challenges remain. As this *Issue Brief* has shown, domestic and sexual violence committed by family members is common. As pointed out earlier, survivors in Liberia, as in many other countries, may be reluctant to report such incidents due to pressure from family and friends, or the threat of further violence. Many regard domestic and sexual violence incidents as 'family business' (NRC, 2010b, 22min40) that should be dealt with within the home rather than by the formal justice system.

In view of the factors mentioned above, it can be seen that the prevention and reduction of VAWG cannot be achieved solely by strengthening institutional response capacity. This was acknowledged by the designers of Liberia's *National Plan of Action for the Prevention and Management of GBV in Liberia*, which also calls for a robust preventive focus to complement response services (see Republic of Liberia, 2006). Particularly important are initiatives in the *Plan* that promote knowledge and attitudinal and behavioural change through social mobilization, community sensitization, advocacy, public awareness campaigns, and the involvement of men and boys (Republic of Liberia, 2008b, pp. 9–11). As stated earlier, many women and girls who reported an incident of sexual violence said that they had not felt comfortable on entering the place where they were abused, but lacked the courage or self-esteem to turn back.⁴⁵ This underlines the importance of awareness-raising

Box 6 The Information, Sensitization and Education (WISE) project

The Women's Rights through the Information, Sensitization and Education (WISE) project is run by the NRC in partnership with 28 community-based groups of men, women, and youth in Bong, Margibi, Montserrado, and Nimba Counties to combat GBV in their communities. Many participants in these groups were already active in their communities as leaders of civil society or religious organizations.

The groups, called WISE Women and WISE Men, were trained to identify risk factors and the effects of GBV, and to design and implement advocacy campaigns on these issues. They now meet monthly with other community members to discuss the causes and consequences of GBV, and to encourage and empower others to develop their own strategies for community awareness, prevention, and reduction campaigns (NRC, 2010). Community-based initiatives such as the WISE project are an invaluable form of preventive action that can counter the risk factors associated with GBV.

Source: NRC (2010)

campaigns that teach women and girls to develop a more assertive and savvy approach towards avoiding situations they perceive as potentially threatening, as part of preventive measures to reduce the risk of sexual violence. Box 6 provides an overview of one such initiative: Women's Rights through the Information, Sensitization and Education (WISE) project, which seeks to empower women and men to combat GBV in their communities.

To be effective, prevention and response initiatives such as the one mentioned in Box 6 must be accompanied by broader development throughout Liberia. Despite progress towards gender equality since the end of the civil war, gender continues to play a decisive role in many sectors of Liberian society in determining access to economic opportunities, intensifying what the Government of Liberia calls the 'feminization of poverty' (Republic of Liberia, 2008a, p. 164). As seen in this *Issue Brief*, many particularly economically vulnerable women and girls are forced into work situations in which

they are likely to fall victim to sexual or domestic violence.

Conclusions

Whilst Liberia has enjoyed eight years of peace and development, VAWG is still a significant problem in the country. Sexual and domestic violence are two forms of VAWG that are of particular concern—affecting hundreds of thousands of Liberian women and girls. Men and boys are also affected, but to a significantly lesser extent.

In terms of age, survivors of sexual and domestic violence tend to be considerably younger than their aggressors, while both categories are generally younger than both the victims and the perpetrators of domestic violence. As seen earlier in the findings of the nationwide household survey, sexual violence survivors are on average slightly less than 16 years old. Sadly, however, many victims are much younger and cases even exist of sexual abuse of girls below the age of five.

Further, survivors typically know the perpetrators—usually as community members, neighbours, friends, or family members. Although weapon use is less likely in sexual and domestic violence than in other types of crime or violence, levels of injury are nevertheless higher in the former categories of abuse. In addition to the physical injuries suffered by many survivors, the psychosocial trauma affecting them and their families can last until long after the physical wounds have healed. Little is known about the root causes of sexual violence in the Liberian context. No study currently exists in Liberia based on interviews with male perpetrators of sexual violence to gain insights into why they inflict such abuse on women and in particular on young girls—sometimes even on girls below the age of five.

Recent years have seen a significant improvement in response services for

survivors of VAWG, though facilities such as psychosocial centres, safe houses, and legal aid and empowerment services remain underdeveloped. Survey data suggests that about half of all survivors of VAWG seek medical attention, while many other victims never report their cases at all. More than half of sexual and domestic violence cases reported to the police result in an arrest, but few are tried in court and convictions are rare. Another problem is that survivors are often pressured to regard their cases as internal family matters to be dealt with outside of the formal justice system.

The initial phase of the *National GBV Plan of Action* called for response services to be matched by robust preventive initiatives. It particularly emphasized initiatives that promote knowledge and changes in attitudes and behaviours, through social mobilization, community sensitization, advocacy, public awareness campaigns, and the involvement of men and boys (Republic of Liberia, 2006). The second phase of the *Plan* reasserts the Government of Liberia's commitment to GBV prevention and further stresses the importance of building awareness (Republic of Liberia, 2011, p. 5). This *Issue Brief* has furthermore shown that an important part of prevention should be to teach young girls to respect their instinctive judgement whenever it signals a potential threat of sexual violence in a given situation.

This *Issue Brief* also examines some of the important steps taken to measure and track VAWG in Liberia. Understanding the problem through reliable and accurate data is not only a step towards effective prevention and response interventions, but also the basis for monitoring the effectiveness of such action over time. To this end, the Government of Liberia, along with its national and international stakeholders, should continue to monitor VAWG, both through government tracking mechanisms and periodic

surveys. Monitoring efforts should draw on lessons learnt and best practices determined from research already undertaken, in order to ensure that future data is representative, comparable and of the best possible use to policy-makers and development practitioners. Improved monitoring is a necessary step towards preventing and responding to VAWG. It is also an important step towards consolidating both peace and security for all women, men, and children in Liberia, as called for by the country's *Poverty Reduction Strategy* (Republic of Liberia, 2008a, p. 49). ■

Notes

- 1 Sexual violence is defined as: 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work' (WHO, 2002, p.5).
- 2 For this *Issue Brief* domestic violence is defined using an adapted definition from the WHO's *Multi-country Study on Women's Health and Domestic Violence against Women* (2005, p. 13): an act of physical or emotional abuse by a current or former intimate partner, whether co-habiting or not. This definition embraces controlling behaviours, including acts to constrain mobility or access to friends and relatives, extreme jealousy, etc.
- 3 Gender-based violence (GBV) is 'an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females'. (IASC: Inter-Agency Standing Committee, 2005, p.7)
- 4 Gender representativeness was maintained by allocating surveys in each enumeration area according to the gender balance recorded in the census. For an overview of the methodology of the household survey, see Small Arms Survey, 2011b, p.4.
- 5 See, for example: Williams 1984; Smith 1994; Wood and Jewkes 1998; Jewkes and Abrahams 2002.
- 6 Unpublished data obtained by the author from the LNP.
- 7 According to MoGD data, 34.7 per cent of sexual and domestic violence cases are reported to the police.
- 8 Since May 2009, the Norwegian Refugee Council (NRC) has been supporting the MoGD with the collection, entry, analysis, and reporting of GBV data.
- 9 Total rape cases also include attempted rapes.
- 10 The NRC has partnered with the MoGD to implement a GBV referral card system in six counties. Each referral card has an individual code so that the holder can be tracked more effectively in order to avoid data collection duplication.
- 11 The percentage of Liberian female respondents who had been raped was calculated on the basis of total females raped ($2,952 \times 1.7 \times 0.959$) divided by total female respondents ($2,952 \times 0.62$).
- 12 On security perception in Liberia, see Small Arms Survey, 2011a.
- 13 A significant number of these crimes targeted more than one person at a time, which explains why the percentages add up to more than 100 per cent (Small Arms Survey, 2011b, p.7).
- 14 Incidents are categorized according to the gender of the survivors, based on the following categories: female, male, and both female and male. Because each of the former two categories includes the 'both' category, the respective percentages of incidents involving females and males do not total 100 per cent.
- 15 Sexual violence includes: rape, gang rape, and sexual assault.
- 16 Questions on domestic violence elicited only two responses.
- 17 Key informant interview, Senior Africare Health Manager, 11 October 2010.
- 18 In general, males account for a relatively small percentage of survivors of sexual and domestic violence in Liberia.
- 19 The 'criminal' and 'youth' categories in Figure 4 appeared first in the list of possible replies in the survey questionnaire section on the different types of perpetrator. It is possible that the enumerators read out this list, as often occurs during surveys in Liberia, and that this led to 'biased' responses. This in turn may have resulted in an overstated number of replies indicating the 'criminal' and 'youth' categories.
- 20 Focus group discussions conducted in a Monrovia community with a large

- population of ex-combatants indicated that this group perceives itself to be discriminated against in Liberia.
- 21 Between January and October 2011, 2,043 GBV cases were reported, including 376 cases of domestic violence, 82 cases of gang rape, 1,167 cases of statutory rape, 119 cases of sexual assault, and 5 cases of sexual abuse (*Heritage*, 2011a).
- 22 Note: the 'other types of crime or violence' category excludes domestic violence.
- 23 Questions on domestic violence generated sufficient responses to determine meaningful age differences.
- 24 Key informant interview, MoGD, 9 March 2010.
- 25 Key informant interview, NRC Gender Advisor, 16 December 2011.
- 26 See, for example, Malla and Mae, 2010.
- 27 On forced marriages, also see Monekosso, 2010.
- 28 Focus group discussions, Margibi, 2 November 2010. These focus group discussions were held with older women, specifically to examine the nature of pre-conflict VAWG in Liberia.
- 29 Focus group discussions, Margibi, 2 November 2010.
- 30 According to the LDHS (Republic of Liberia 2007, p. 214), women believe a husband is justified in beating his wife if she: burns the food (14%), argues with him (42.7%), goes out without telling him (41.9%), neglects the children (44.6%), or refuses to have sex with him (21.7%).
- 31 The LDHS (Republic of Liberia 2007, p. 215) also found that men believe that a husband is justified in beating his wife if she: burns the food (5.1%), argues with him (20%), goes out without telling him (16.2%), neglects the children (16.9%), or refuses to have sex with him (5.8%).
- 32 Key informant interview, MoGD, 9 March 2010.
- 33 See, for example, NRC documentary film (2010b).
- 34 Key informant interview, NRC GBV Project Manager, 16 November 2011.
- 35 Key informant interview, NRC Gender Advisor, 16 December 2011.
- 36 Key informant interview, Africare Senior Health Manager, 11 October 2010.
- 37 On health treatment costs for victims of violence and crime, see Small Arms Survey, 2011b.
- 38 In total, 44 concrete AVRPs programmes were identified in Liberia. The figure was calculated by adding the total funds allocated for programmes that self-identified as having a sexual or domestic violence component, or both. This information was retrieved from an unpublished background paper that fed into a global assessment of armed violence reduction initiatives (OECD, 2011, pp. 58–63).
- 39 For example, the police have little mobility due in large part to a lack of vehicles and fuel. Police also often lack both investigative resources and manpower, and there is a perception that escaping the scene of the crime during the presence of the police is all that is required in order to avoid arrest. See: De Carvalho and Nagelhus Schia (2009, p. 3).
- 40 Covering LNP arrests made between January 2009 and June 2010. More recent arrest data was not available.
- 41 Author's visit to Gbarnga Prison, 7 March 2010.
- 42 Key informant interviews, Circuit Court E Judge; Chief Prosecutor for the Sexual and Gender Based Violence Crimes Unit Crimes Unit, 2 March 2011.
- 43 Key informant interview, Chief Prosecutor for the Sexual and Gender Based Violence Crimes Unit, 2 March 2011.
- 44 Key informant, Chief of the LNP Women and Children Protection Section, 3 March 2001.
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About the Liberia Armed Violence Assessment

The Liberia Armed Violence Assessment is an initiative administered by the Small Arms Survey, an independent research project of the Graduate Institute of International and Development studies in Geneva. In collaboration with the Liberian Institute for Statistics and Geo-Information Services (LISGIS) and Action on Armed Violence (AOAV), the Small Arms Survey administered a household survey in all 15 counties in 2010. The survey considered respondents’ perceptions of security and victimization, exposure to violence, behavioural responses to threats in communities, and an analysis of instruments of violence. Key informant interviews, as well as background papers conducted by researchers and practitioners in Liberia, completed the research.

The Liberia Armed Violence Assessment is publishing a series of *Issue Briefs* that summarize key findings of the research. The project will seek to consider some of the challenges faced by Liberia, with a view to supporting the development of appropriate justice and security strategies

for 2011 and beyond. All publications will be made available online at www.smallarmssurvey.org.

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