

Examining promising practice: an integrated review of services for young survivors of sexual violence in Liberia

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In 2012, an integrated review of programmes for young survivors of sexual violence in Liberia was conducted in order to identify promising practice within the context of current prevention and response initiatives. A total of 279 programme related materials were examined as part of a structured document review. In addition, 40 key informant interviews were conducted with representatives from government ministries, United Nations agencies and nongovernmental organisations. The authors found a low number of programme evaluations demonstrating measureable change as a result of particular interventions. Key informants described programmes believed to be effective and identified challenges with the current system, although additional research and evaluation is needed in order to determine the impact of these initiatives. In conclusion, the study highlights the need to strengthen existing programme evaluation efforts in order to examine the impact of current interventions, and ultimately contribute to a reduction in violence.

Keywords: children, Liberia, sexual violence

Introduction

Background

Sexual violence is a human rights abuse of grave international concern and its occurrence, including acts against young survivors, during modern day armed conflicts has been well documented (Krug et al, 2002; Machel, 2001; Potts et al, 2011; Stark, 2010; Swiss et al, 1998). In light of the

potential health and psychosocial risks associated with exposure to rape and other forms of sexual violence, the development of prevention and response initiatives during emergency and post conflict settings has become a strong priority among humanitarian actors (Global Protection Cluster, 2010; Inter-Agency Standing Committee (IASC), 2005; International Rescue Committee (IRC) and United Nations Children's Fund (UNICEF), 2011; United Nations High Commissioner for Refugees (UNHCR), 2011). Despite this commitment to addressing the issue of sexual violence, a limited evidence base exists globally to determine the effectiveness of particular interventions (Holmes & Bhuvanendra, 2014; World Health Organization (WHO), United Nations Action, United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF), 2012). Sexual violence, including the systematic use of rape as a weapon of war, was pervasive during Liberia's years of civil war (Gender-Based Violence (GBV) Interagency Taskforce, 2006; Government of Liberia (GOL)/United Nations (UN) Joint Programme on Sexual and Gender-Based Violence (SGBV), 2011; Liberia Truth and Reconciliation Commission (TRC), 2008; Okereke, 2013; Specht, 2006; Swiss et al, 1998; United Nations Development Program (UNDP), 2007). According to the *Republic of Liberia Truth and Reconciliation Commission Report*, all armed groups that took part in the conflict reportedly engaged in rape

and other human rights violations (Liberia TRC, 2008).

Since the war ended, rape and other forms of sexual violence, have continued to be widespread (GOL/UN Joint Programme on SGBV, 2011; Save the Children, 2006; 2008; 2009; Stark et al, 2013; United Nations Mission in Liberia (UNMIL), 2008). In August 2011, the UN Secretary General commented on *'the high number of reported rapes [in Liberia], particularly those involving young victims'* (United Nations, 2011, p.9). A 2011 report by Human Rights Watch notes that rates of rape against women and girls in Liberia remain *'alarmingly high,'* and that *'the majority of victims'* are below the age of 16 (Human Rights Watch, 2011, p3).

These statements are supported by data from the Liberian Ministry of Gender and Development (MoGD), which suggest that, out of a total of 2,383 reported cases of gender based violence (GBV) in 2011, almost 50% involved survivors between the ages of 5 and 14, and approximately 5% reflected survivors four years old and younger (MoGD, 2011a: p.3). Of the total cases reported in 2011, 61.9% were rape, 5.8% were sexual assault, 5.5% were gang rape, with 75% of the perpetrators were reported to be either relatives, neighbours, or intimate partners of survivors (MoGD, 2011a, pp.2–3). Rape remains the most commonly reported crime to the Liberian National Police (LNP) (GOL/UN Joint Programme on SGBV, 2011).

While it is widely recognised that reported data on violence do not capture the full incidence or prevalence of these issues, in light of the large number of cases that go unreported, official statistics on rape and sexual violence in Liberia are still worth mentioning. As, even if these figures are incomplete, they signal that a large number of children are experiencing rape and other forms of sexual violence, and that these violations are frequently occurring within children's homes and communities, perpetrated by people they know. As such, the

need for evidence based prevention and response initiatives to address the issue of rape and other forms of sexual violence against children remains constant.

In response to these issues, the government of Liberia (GoL) has invested heavily in efforts to address the issue of sexual violence, developing new laws and national structures that have enabled a government led prevention and response system to emerge. These efforts have also received considerable support from United Nations agencies, national and international nongovernmental organisations (NGOs) and diverse donors, making Liberia a particularly interesting context within which to examine the issue of service provision for child survivors of sexual violence within a post conflict environment. From May to August 2012, the Child Protection in Crisis (CPC) Network¹ conducted an integrated review of programmes for young survivors of sexual violence in Liberia, in order to examine the methods and outcomes of current prevention and response interventions and identify promising practices that can inform the development of future programme and policy initiatives. Focusing on initiatives available through the formal system², the study employed a structured document review and key informant interviews. Prior to the start of the study, researchers received approval from the Institutional Review Board (IRB) of the University of Liberia.

Methods

Data collection process

At the start of the study, organisations involved in GBV programming in Liberia, including NGOs, government ministries and UN agencies, were invited to submit documents for consideration in the review and for relevant individuals to participate in interviews. A request for participation in the study was sent out through the GBV Interagency Taskforce and researchers with the GBV Unit at the Ministry of Gender

and Development, the Sexual and Gender-Based Violence (SGBV) Crimes Unit at the Ministry of Justice, the Women and Children Protection Section (WACPS) of the Liberian National Police, as well as the Government of Liberia/UN Joint Programme on SGBV were consulted in order to identify key agencies and individuals that should be included in this review. Once individuals were contacted, snowball sampling was used to identify additional participants. As for the documents collected, eligibility criteria included materials in English, produced from 2005 to 2012 that referred to either single agency or national initiatives. A preference for evaluation studies was stated to respondents, although they were invited to submit any materials deemed essential that reflected the current state of programming in Liberia.

A total of 279 documents were considered as part of the review. Initially, 299 documents were submitted, although 20 were found to be duplicates and were removed. Documents included in the review were sorted according to the following types: evaluation reports (12); programme overview documents (53); guidelines and policies (38); training guides (63); sensitisation materials (23); assessment reports (7); research reports on GBV (24); forms used in service provision (41); and miscellaneous documents not fitting the above mentioned categories (18).

In total, 40 key informant interviews were conducted, including 21 individuals from NGOs, 12 from government ministries and seven from UN agencies. Both national and international NGOs were consulted, and interviews were conducted with representatives from all major UN and government agencies involved in GBV prevention and response programming. All key informant interviews were conducted in Monrovia, the national's capital and location of the majority of key agencies' main offices. Interviews explored the components of prevention and response initiatives being carried out by individual organisations, as

well as national protocols, approaches, and coordination mechanisms. Respondents also discussed challenges and barriers to service provision, gaps in existing services, and systemic issues that impact service utilisation.

Evaluation framework

An evaluation framework was developed so that promising practice could be identified within the data, which included the following two types of evidence: 1) programme evaluations demonstrating measurable change; and 2) expert consensus.

Programme evaluations were defined as studies seeking to examine the impact of a particular initiative. Rigorous evaluations are widely regarded as the most robust means of assessing programme effectiveness, and there is growing awareness of the need to increase evaluation efforts of humanitarian initiatives in order to determine if change has taken place in desired areas (Roberts & Hofman, 2004) and to mitigate against potential harm or other unintended consequences (Anderson, 1999). Evaluations were determined to document change if they provided quantitative evidence tied to the activity of a particular programme at either the outcome or impact levels. For the purposes of this study, outcome level changes were those that reflected shifts in attitudes, beliefs, or individual wellbeing, while those at the impact level involved long term changes, such as a reduction in violence. Materials submitted to the document review were used as the source for this type of evidence.

Expert consensus was defined as agreement among key actors involved in prevention and response programming regarding the types of interventions believed to be effective. Findings from key informant interviews were used as the basis for this type of evidence, and transcripts were analysed using a 'grounded theory' (Glaser & Strass, 1967) approach, by which key themes were identified across transcripts and examined

for areas of convergence and divergence. The goal of this process was to determine the types of programmes currently being implemented by key actors, as well as respondent perspectives on the strengths and weaknesses of particular interventions, either at the level of their organisation or with regard to national policies and government structures.

Results

Based on the framework outlined above, findings from all data sources were examined for evidence of promising practice, with the results described in the following section.

Program evaluations documenting measurable change

Among the 12 evaluation documents examined as part of this review, seven were determined not to document measurable change, including four programme reports that described progress at the output level (for example number of trainings conducted), but did not describe these activities

in terms of their relationship to change at either the outcome or impact levels.

The five remaining evaluation documents were found to document measurable change, in light of the fact that they included quantitative figures at the outcome level, describing changes in such things as attitudes, behaviour or the overall wellbeing of participants as a result of a particular programme (for example, percentage of respondents who reported increased knowledge about GBV, etc.). Table 1 summarises the programme types included in these evaluations, as well as examples of the types of change that was reflected in each document. Although these evaluations reflected measurable change, it was reported only at the outcome level, with change at the impact level absent in all cases. In addition, change was primarily reflected at the level of attitudes and awareness or an increase in access to services, but not necessarily in terms of changes in behaviour. A comparison group was absent in all but one of these studies, further limiting the degree to which programme related change in those cases could be identified. An overview of the

Table 1. Programmes demonstrating measurable change

Programme type	Examples of measurable change
Gender based violence (GBV)/reproductive health (RH) training and livelihoods	<ul style="list-style-type: none"> • % reporting increased access to RH services • % reporting increased economic opportunities
Sexual Exploitation and Abuse awareness campaign	<ul style="list-style-type: none"> • % reporting awareness of campaign
GBV training and livelihoods	<ul style="list-style-type: none"> • % reporting GBV awareness • % able to meet basic needs
GBV sensitisation, livelihoods, male engagement	<ul style="list-style-type: none"> • % reporting GBV awareness • % reporting increased GBV awareness
GBV sensitisation and case management	<ul style="list-style-type: none"> • % girls reporting educational advancement • Comparison group of participants and non-participants • % reporting increased GBV awareness

number of evaluations that demonstrated measureable change is depicted in Figure 1.

Expert consensus

Activities described by respondents fell into four primary areas: 1) training and sensitisation; 2) direct services to survivors; 3) promotion of community based protection structures; and 4) empowerment and skill building. In total, 29 key informants reported involvement in training and sensitisation activities, 25 reported involvement in direct services, 17 in the promotion of community based groups and 12 were involved in empowerment activities, discussed in detail below.

Training and sensitisation Included in this category were both community and school based training and sensitisation activities. Community based activities varied in length and approach, and focused on violence prevention and disseminating information on how to access services. Peer educators were commonly used as part of community based training efforts as a means of increasing local ownership for prevention and response efforts. School based training was described in a variety of ways, including incorporating messaging on violence prevention into existing 'life skills' or human rights courses, or providing training to student clubs, parents, and school personnel.

Across key informants, there was a general sense that training and sensitisation efforts had been effective, particularly in terms of informing people of the components of the national referral pathway that has been established by the government. A common theme stated by informants was that as a result of efforts 'people know where to go', with 20 key informants specifically mentioning that training and sensitisation had made people more aware of available services. The majority of key informants also stated that training and sensitisation had contributed to an increase in rates of reporting sexual violence cases to the police and other service providers. As one individual from a local NGO said:

'... now with this extensive education, information, communication ... and dissemination of information and materials on rape, it's a gradual change. You can see the change because they will report it. It never used to be reported.'

Another discussion around training and sensitisation was with regard to its impact on cultural perceptions around rape, sex, and gender norms that are counter to international and national law, and that serve as barriers to reporting and service utilisation. Twenty-eight individuals mentioned

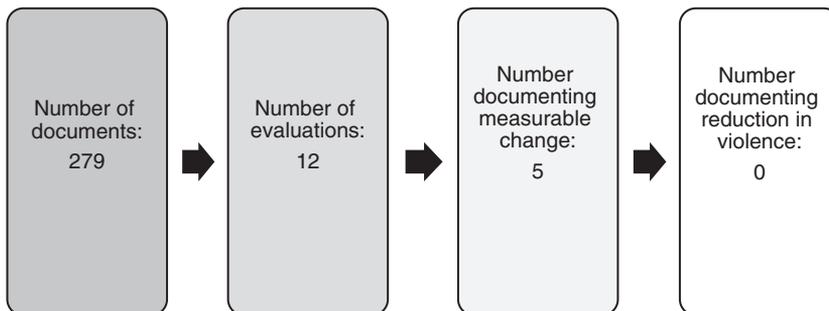


Figure 1: Documents and measureable change.

that additional training and sensitisation is needed in order to address cultural perceptions, suggesting that existing efforts have not made a sufficient impact on these issues.

Cultural perceptions were described by key informants most frequently with regard to the issue of *statutory rape*, which national law defines as sex between an adult and anyone below the age of 18. Many respondents reported that this principle is often in conflict in areas where early marriage is practised, typically involving a young girl and a much older man. A large number of respondents also indicated that local perceptions surrounding the rape of children versus adults also impacted reporting rates. For example, some individuals stated that there is a much greater level of public condemnation of the rape of young children, but that perceptions are much more varied when it comes to older children and adults. As one representative from an international NGO explained:

‘Eleven, 12, 13 is the borderline. So when there is a 10 year old girl, 11 year old, 12 year old, 8 year old, everyone is unanimous this is not acceptable. It will be discussed. It will be taken seriously by the elders. At every level by the police. At every level there will be cooperation with the authorities on prosecution. Now when it comes to a 15 year old there is widespread disagreement in terms of what it is. So that makes the work difficult.’

In this way, respondents suggested that training and sensitisation efforts have been effective in increasing the level of stigma against those who rape young children and encouraging cases to come forward. However, increasing reporting and service utilisation rates among older children and adults was identified as particularly challenging. These challenges were attributed to a variety of community norms, including a belief that *‘only a virgin’* could be raped, or the notion that rape was taken

less seriously if it involved girls or women who were sexually active.

Direct services to survivors Programming in this area focused on the provision of existing services as part of the national referral pathway, including case management, psychosocial support, safe homes for survivors, medical services, legal assistance and other forms of targeted support. There was a general sense among informants that national structures put in place by the government were strong. However, when it came to implementation of these services, discussion of successes and challenges became increasingly complex.

A large number of respondents emphasised the fact that, while a clear referral pathway is in place at national and regional levels, there are significant gaps in terms of access to necessary services for those in rural areas, with 23 key informants mentioning that essential services in Monrovia were much easier to access than in more remote regions. As such, even if people *‘know where to go,’* the distance required to reach that help, or the expense that transportation would require, was described as creating a significant barrier to service utilisation.

Although a government sponsored endowment fund exists that can provide survivors with financial support to help cover the cost of transportation and other related expenses, key informants reported that this fund is often reserved for survivors of the most extreme cases of violence, and is dispensed at the discretion of officials tasked with its implementation. As a result, many key informants reported that the fund remains inaccessible to large numbers of survivors.

There was also general sense that access to medical care for survivors was available in Monrovia at the clinics designated through the referral pathway. Health care providers were also described as advocating for the importance of survivors seeking medical care within 72 hours after an incident of

sexual assault, or as soon as possible. While these were described as strengths of the current system, issues of access in rural locations mentioned above were described as a primary barrier to the provision of medical care. As one key informant from a government agency said:

'At least all of the counties have facilities. When you talk about access or how to get there, it's an issue for some communities... The distances are too far.'

This official went on to say that the Ministry of Health and Social Welfare is working to ensure that no one needs to *'walk more than one hour to reach a health facility'*, and described this as a positive step for the government to take.

There was a general consensus among key informants that the formation of the WACPS, a specialised unit of the LNP designed to handle women's and children's cases, has increased the degree to which child friendly services from the police were available. The WACPS was described as effective by 22 informants, who mentioned that WACPS officers receive in-depth training on handling sexual violence cases and working with child survivors. Respondents also noted that the WACPS places a priority on hiring female staff, and has developed protocols to handle sexual violence cases in a confidential and sensitive manner. As with other service areas, however, access to the WACPS depots in rural areas was described as a challenge, with survivors often needing to travel long distances. Informants also noted that WACPS depots in rural areas often face resource constraints, such as limited staff, transportation or other materials needed to properly investigate cases.

Survivors' access to justice was discussed in a variety of ways. The majority (31) of key informants described the national legal framework for addressing sexual violence as strong and one that provides a basis for

prosecution. Respondents also viewed the creation of the SGBV Crimes Unit (a specialised unit of the Ministry of Justice that prosecutes sexual violence cases) and Criminal Court E (a special court that exclusively hears cases pertaining to sexual violence) as positive developments in making the formal system more accessible to survivors. However, both the SGBV Crimes Unit and Criminal Court E have primary locations only in Monrovia, placing survivors in remote locations at a disadvantage. Although a circuit court exists that can hear cases in remote locations, key informants reported multiple challenges with this system, including an insufficient number of judges, long waiting lists for cases to be heard and instances of bribery or corruption.

Regardless of location, key informants described the effectiveness of the justice system as limited, a point emphasised by 21 individuals. Although the laws and policies regarding rape and sexual violence were described as strong, with a general consensus that the necessary institutions were in place to investigate and prosecute cases, the rates of prosecution and number of cases ending in a trial, were reported to be staggeringly low. Respondents described this as promoting *'a culture of impunity'* and inhibiting the degree to which the law functions as a deterrent. These perspectives are supported by 2011 data from the Ministry of Gender and Development, which suggest that, out of the total reported cases of GBV in 2011, 22% were taken to court and only 1% resulted in the conviction of a perpetrator (MoGD, 2011a).

Key informants gave various reasons for the low rates of prosecution. The most frequently mentioned factor was the practice of *'compromising cases'*, an issue mentioned by 37 individuals. Cases were described to be *'compromised'* in a variety of ways, the most common involved relatives or community members placing pressure on a survivor

not to bring their case to the police or withdraw their case if it had already been reported, in order to protect the perpetrator from prosecution.

Respondents noted that this is due, in large part, to the fact that rape and other forms of sexual violence are primarily carried out by someone a survivor knows, often a relative, neighbour, or family acquaintance. As a result of these community and family connections, respondents reported that there was often a strong emphasis on the communal stigma that would result from prosecution and sentencing. This was described as being particularly true in light of the strong penalties specified by national law. As one key informant from an international NGO said:

“The maximum penalty [according to the new law] is life in prison. So people tell the girl, “you know this guy is going to be locked up for life. It’ll be a problem in the community. You don’t need to do that. Why should you do that?” They look at it as something small. They don’t look at it as something that is damaging that person. They will tell you, “you are not the first. It has happened. Just move forward.”

Economic incentives were also mentioned as a basis for compromising cases, including perpetrators offering money or other forms of support to survivors’ families to dissuade them from taking cases to the police. Community members reportedly placed added pressure on survivors not to bring their cases forward if a perpetrator was the primary wage earner for his or her family, as it was believed that potential prosecution would expose a perpetrator’s family to financial hardship.

Key informants also noted that a lack of sufficient evidence often interfered with cases being brought to court, or being able to proceed during trial. This was at times due to insufficient documentation or evidence gathering by the police or medical staff. Or, survivors could unknowingly destroy

evidence by bathing or washing their clothes prior to reporting their cases. Due to these reasons, as well as other procedural and bureaucratic issues, sexual violence cases brought to court reportedly experienced significant delays, at times lasting as long as two years. Respondents reported that survivors might ‘lose interest in the process’ as a result, or become overwhelmed by the financial and logistical challenges associated with travelling to court over such an extended period.

Based on these challenges, some key informants described the law as not having any real impact. As one key informant from a government ministry said:

“The laws are there, but they are not effective.”

Another key informant from an international NGO said:

“Actually, the Rape Law is pretty progressive. The legal framework is okay in Liberia. We don’t have a problem with the legal framework.... The problem is implementation.”

Promotion of community based protection structures

The promotion of community based protection groups was described as supporting the establishment of local monitoring bodies, as well as the formation of groups for women, men and children. Key informants described the success of these groups in terms of their ability to identify and report cases of sexual violence as well as other protection concerns. Regardless of their format, these groups were described as being the ‘eyes and ears’ within the community and ultimately contributing to a greater level of access to needed services. Engaging communities in protection efforts was also described, by the majority of informants, as being essential in order for programmes

to have an impact. As one representative from a local NGO said:

'Coordination is important and working with the community themselves... because if they are not willing... you cannot go further.'

Male engagement was a strongly emphasised programme approach by respondents and was commonly described as 'essential' for addressing the issue of sexual violence. A representative, from an international NGO that implements a structured male engagement programme, mentioned that the wives and girlfriends of the male group members reported positive changes in their partners' behaviour as a result of the programme. Women reportedly told her, 'we feel better. We are no longer being beaten or abused.' In another instance, a key informant reported that men's groups, facilitated by her agency, were 'formed at the request of the women' suggesting considerable community buy-in for this process.

Empowerment and skill building Programmes included in this category were livelihood and economic empowerment activities, as well as education, literacy and life skills initiatives. In some cases, programmes focused primarily on income generation and business skill development, while others provided vocational training along with education and life skills initiatives. The impact of these programmes was described by key informants in terms of the degree to which they achieved a change in the economic, vocational or educational capacity of participants. In some cases, programmes were described as being more preventative, while in others, training and skill building took place as part of targeted rehabilitation services for survivors.

In assessing the success of economic empowerment programmes, one key informant described how women have been able to save a considerable amount of money through village savings and loan programmes, and that the program is able to

'replicate' itself by training new volunteers to establish new groups. Another individual described an integrated economic empowerment programme for adolescent girls, which also incorporates life skills and training on GBV. She reported that their current data shows that most of the girls were able to form their own businesses as a result of their participation in the programme.

Discussion

Findings from this study suggest a limited evidence base to determine promising practice in efforts to address sexual violence against children in Liberia, coinciding with other studies of gender based violence programming in humanitarian contexts that found a similar lack of robust data on programme effectiveness (Holmes & Bhuvanendra, 2014; WHO, United Nations Action, UNFPA, & UNICEF, 2012). Although this study revealed prevention and response initiatives were guided by established national and international standards (IASC, 2005; IRC & UNICEF, 2011; MoGD, 2009; 2011b) and key informants provided rich data on the perceived effectiveness of particular initiatives, there was little emphasis on examining the impact of these approaches in a rigorous manner. The small number of evaluations demonstrating measureable change that emerged in this study suggests that evaluation efforts in this area are urgently needed, particularly those seeking to measure a reduction in violence. Rigorous evaluation is crucial, not only to ensure that programmes meet their intended goals, but also to assess ways that well meaning services may actually be causing harm or other unintended consequences (Anderson, 1999).

Findings from the study also highlight the importance of strong national laws, institutions and systems for responding to cases of sexual violence against children, as these

structures serve as the basis for subsequent programming and provide a legal basis to bring perpetrators to justice. Liberia has made great strides in this area and has put a strong national structure in place (Abdulai, 2010; MoGD, 2009; 2011b). However, the challenges of this system have also been well documented, including limited access to services in rural areas, inefficiencies within the justice sector and the ways in which local understandings of issues such as rape, sex, gender norms and childhood at times conflict with national law and international standards (De Carvalho & Schia, 2009; GoL/UN Joint Programme on SGBV, 2011; UNMIL, 2008; Sarkar, Syed & Nzau, 2009; Schia & De Carvalho, 2009). These issues were strongly emphasised by key informants, suggesting that even the best laws, institutions, and formal structures – although essential – are not enough, and that the real work happens at the level of implementation.

Conclusion

For all programme areas, key informants identified initiatives they deemed to be effective and also discussed challenges involved in implementation. The impact of these activities, however, was rarely described in measureable terms and opinions were rarely based on findings from research or monitoring and evaluation efforts. In addition, with the exception of a small number of the community based protection programmes, none of the promising practices mentioned by key informants were directly described as contributing to a reduction in violence. In this way, findings from the key informant interviews, while informative in terms of mapping out the current types of programmes being conducted, as well as potential successes and challenges of these approaches, still suggest the need for rigorous evaluation efforts in order to increase the degree to which promising practices can be identified.

Taken cumulatively, findings from this study suggest that, while Liberia has developed substantial prevention and response initiatives to address the issue of sexual violence against children, there is a need for greater emphasis on measuring the impact of these activities in order to better understand which approaches are most effective. Most importantly, however, in light of the continued high rates of rape and sexual violence within the country, and the potential correlation between these acts and negative health, psychosocial, and other development outcomes among survivors, the promotion of evidence based interventions that contribute to a reduction in violence becomes all the more crucial.

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¹ The Child Protection in Crisis (CPC) Network is 'a collaboration of humanitarian agencies, local institutions and academic partners working to improve the protection of children in crisis-affected settings' (CPC Website, www.cpcnetwork.org). The global secretariat of the (CPC) Network is based out of the Program on Forced Migration and Health at the Mailman School of Public Health at Columbia University.

² For the purposes of this report, the term 'formal system' refers to government led prevention and response initiatives, as well as the contribution to these efforts provided by UN agencies and NGOs.

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