Summary paper of the research project "Psychosocial assistance to children in difficult circumstances in West Africa"

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Introduction

Psychosocial support comprises all activities that promote the psychological and social well-being and development of children. Fundamental goals of psychosocial support to children are to build up their resilience, to help them overcome trauma and distress and to assist them in developing a sense of belonging, trust in others and themselves and in hope in the future. Important components of psychosocial support programs are the construction of secure attachments with caregivers, meaningful peer relationships and social ties as well as the creation of access to opportunities for cognitive and spiritual development and physical and economic security.

In regions like West Africa, where many children are living on the streets, are trafficked and/or exploited for child labour (domestic servants, miners etc.) or are forced into combat in a civil war, psychosocial support interventions are a key strategy for developing human capital. Despite the difficult living conditions in West Africa, little research has been conducted on the needs of children suffering from psychological distress and on the efficiency of existing psychosocial support. In order to close this gap and wanting to learn more about the impact of poverty, armed conflict, political instability and HIV/ AIDS on children's development, Plan and the USAID funded project AWARE-HIV/AIDS of Family Health international have implemented a five-country research entitled "Psychosocial support to children in difficult circumstances"[1].

Objectives and methods

The study has been implemented from January 07 to June 08 with the support of 7 regional consultants and 17 national consultants. The overall objectives were to improve the offer of psychosocial support services for children in West Africa and to establish and support a network of providers (individuals and organisations) by means of two strategies:

> (1) The assessment of the mental health state and psychosocial needs of children in five different high risk contexts;
> (2) The analysis of existing services in the West African region in order to identify best practices and lessons learnt.

(1) Strategy I: Assessment of the mental health state and psychosocial needs of children

We conducted field studies in five countries investigating different high risk contexts: child trafficking in Togo, war affected communities in Sierra Leone and Liberia, communities with high HIV prevalence in Cameroon and communities with many repatriated families from Côte d'Ivoire in Burkina Faso. A gender sensitive approach was adopted by choosing a methodology that carefully studied experiences specific to girls and boys. The selection of children was carried out within narrow sampling frames and compared with a control group. In Togo, for example, 100 survivors of child trafficking were compared with 100 children that had never been trafficked.

In each country, we recruited a team of local child psychologists or psychosocial counselors. After the training, the research teams lived for two to three months in the communities previously identified for the data collection for facilitating discussions with and interviewing the children. The age range of the participating children was from 8 to 20 years. The children were identified during games and focus group discussions and through a "child to child" approach: former participants indicated further potential respondents corresponding to the criteria of the exposure group. The large majority of children showed a great willingness to share their

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[1] To disseminate the findings of the research and design the way forward, Plan, FHI, USAID and AWARE-HIV/AIDS have organised a bilingual dissemination workshop in Ouagadougou, from May 13 to 16, 2008.

experiences once they realized that someone was listening to them without taking positions or criticizing them for their opinions. Very few dropped out of the interview. To ensure good ethical practices in all phases of conducting the research, the teams emphasized privacy and confidentiality of all participants. Consent was obtained from the participants themselves as well as from a parent or guardian. Apart from the sample study, we conducted in each country several case studies and focus group discussions.

Strategy II: The analysis of existing services in all countries of the West African region
We carried out on site institutional analysis with organizations providing psychosocial support in 10 West African countries in order to explore best practices and lessons learnt. The proceeding was as follows: we gathered names of practitioners and institutions in the region using a snow-balling technique. During the research process, all identified contacts were pre-screened by email. Among the responding institutions, 7 Anglophone and 16 Francophone institutions in 10 different West African countries were selected for on-site visits that were carried out by four regional experts.

Follow-up project of the research: assistance to severely affected children
The first, and very dramatic, results of the field studies were the high incidence of suicide risk and of physical and sexual abuse among the interviewed boys and girls. About 20% of the interviewed children were in acute danger of committing suicide at the moment of the interview and needed immediate assistance: they have been exposed to war atrocities, exploitation or maltreatment: namely rape and gang rape, sexual abuse and the worst forms of domestic violence. The greater part of the severely affected children were girls. Some of them have had babies, often as a result of rape, and were not able to take care of their children because of their own psychological and social living conditions. Others have lost their children and suffer from guilt and remorse on top of the trauma generated by the abuse.
While we expected to be confronted with difficult findings, the dramatic nature of the results compelled us to look for immediate support for the most affected children. In order to fulfill our ethical commitment and due to lack of referral possibilities, Plan West Africa set up, in each participating country, mobile psychosocial support units which have been providing the necessary support to all interviewed children identified as being subjected to ongoing severe physical or sexual abuse or assessed with a high risk of suicide. The activities put into practice by the psychosocial mobile units included counseling, suicide prevention, trauma healing, traditional healing ceremonies, fairy tales sessions and family mediations, medical and social assistance (financial support for school / apprenticeship equipment and fees) as well as a follow- up by the Social Affairs Departments or local NGOs of the relevant country. In the first three study countries, Togo, Burkina Faso and Cameroon, the projects teams have provided assistance to about 30 children (per country), a number which represents approximately 15% of the interviewed children. In the post-conflict countries, however, the number of severely affected children encountered during the research was much higher: the project teams in Sierra Leone and Liberia were obliged to include more than 35% of the interviewed children in the follow up project.

Results

More than 1000 Children aged 8 – 18 years participated in individual interviews, case studies and group discussions conducted in local languages. Furthermore, various institutions with expertise in psychosocial support shared their experiences in the scope of this study. The following result presentation synthesizes the findings of the five country studies and the institutional analyses.

High rates of domestic violence in all study countries
The rates of different forms of domestic violence are alarmingly high in West Africa. More than 80% of the interviewed children had experienced physical abuse, verbal violence and neglect in their lives. Fostered children are often more exposed to maltreatment than children staying with

one or both of their parents. The repeated exposure of many children to severe forms of domestic violence did not only result in a high suicidality, a low self-esteem and limited social competence, but lead also to risky behaviors such as running away from home, spending entire days in the street and engagement in transactional sex or child trafficking. The results of this study demonstrate how the high rates of domestic violence make children more vulnerable to HIV in West Africa.

Rose's story

Rose is 17 years and lives in Bamenda province in the North West Region of Cameroon.

"I obtained the First School Leaving Certificate (F. S. L. C). This made me very happy. I was proud of having an academic certificate. This happiness did not last for long as it was cut off by the death of my father who was killed by witchcraft. He complained of a strong fever and died after two days in the hospital. His death brought a total change in my life. My mother is only a housewife, she has no job. My father used to pay everything. After his death, my elder sister took up to take care of us. But six months later she complained of feeling feverish and died. This made things worse as my mother could still not take care of all of us. I had to drop out of school. I then went to the town to stay with an aunt. I served her as a domestic servant to raise some money for myself and to help my younger brothers and sisters. Arrangements were made for me to be paid at the end of the year. Unfortunately, I could not complete the work and I was falsely accused of taking things that never belong to me. Although, I suffered a lot from beatings and insults, I was still very determined to stay because I knew things were worse at home. But at one moment, I could not bear it any longer. I ran away and was discovered by a man who forced me to sleep with him. I ran back home. When I reported to my aunt what happened, she did not do anything. I understood that she does not bother about my well-being, but is only concerned with the services I offer in her home."

Severe impairment of mental health

Mental disorders, including affective or emotional instability, behavioural dysregulation, and/or cognitive dysfunction, impair severely the development of many children in the West African region and need more attention in child protection programs and HIV/AIDS responses. The findings for Sierra Leone and Liberia were particularly alarming. More than 25% of all interviewed children in Sierra Leone and Liberia, for example, stated a high risk of suicide, meaning that they had recently attempted to kill themselves or/ and that they had elaborated a plan on how to kill themselves. In vulnerable groups, such as war orphans, the numbers were even more startling and attained rates above 65%.

Low capacity of institutions

The number of institutions implementing activities under the label of psychosocial support is high in West Africa. There are very few, however, that retain adequately trained human resources and that have the technical and financial capacity to work successfully with vulnerable children. Most institutions are operating in capitals and serve a few hundred children at best. The most promising initiatives include the following characteristics:

- A highly qualified team of field staff who are native to the community and well respected by people in the community where they work;

- Supervision of field team by a clinical psychologist ensuring prevention of secondary trauma and burn out;

- The achievement of an operational referral system incorporating interdisciplinary proficiency e.g. nurses, gynaecologists, social workers, mid-wives, teachers and skill trainers;

- An approach using traditional practices and rituals, "Western" therapeutic techniques as well as recreational diversion (fairy tales, games, drawings, role plays etc.);

- Systematic long-term planning and evaluation, based on operational research, to measure the impact of the intervention.

Children particularly vulnerable to HIV

The characteristics of children particularly vulnerable to HIV differ from region to region. They have usually little visibility and are not targeted by HIV-prevention and assistance programs. Our research showed, for instant, a high HIV vulnerability of trafficked girls in Togo. Action research is crucial for the identification of these children in different contexts.

Akissi's story

Akissi is 15 years old. She was given by her father to an intermediary at the age of 9 years. The intermediary brought her to Benin where she worked over four years as a housemaid. She returned to her village at the age of 13 years. She lives in the house of her husband's family and has one daughter.

"Two times my mistress put hot pepper in my vagina as a punishment….another time I lost 1500 FCFA (US$ 4) after selling for her on the market. For punishing me, she tied up my hands and feet and locked me up for an entire day without food or water. When she finally let me out, my hands and feet hurt a lot, you can still see the scars. I was very scared and it hurt so much. Until now I have very bad nightmares and wake up screaming. And what added up to my despair was that one night when I was sleeping, I was waken up all of a sudden because someone entered my room. It was the son of my boss who came in order to take off my skirt and to sleep with me. He forced me and all I could do was trying to push him away and to scream. But it was only when my boss came that his son got off me and left for going to bed. Now back in Togo, it is the wife of my husband's brother that maltreats me…she also tells my husband that I am bad and he beats me as well. I can't go on anymore and I bought a chemical product « andrine » to end my life."

Community responses to AIDS

Community coping mechanisms to AIDS vary from country to country and represent important resources for the support of orphans and vulnerable children. Our study in a high prevalence area in North-Western Cameroon showed us, for example, that orphans are well supported by the communities and do not require more assistance than children living with one or both parents. In many low and high prevalence countries in Africa AIDS and orphan specific responses are contra-indicated because they are likely to undermine and subdue more efficient and adapted community responses.

Transactional sex as a catalyst for the spread of sexually transmitted infections including HIV in Sierra Leone and Liberia

Our study showed that the armed conflicts in Sierra Leone and Liberia have had long lasting effects on the sexual behaviour of young girls. The massive exposure to sexual violence during the war and the destruction of family networks have lead to high rates of transactional sex among young girls: in Liberia, for example, almost 50% of the interviewed girls had already been pregnant although they are not living in a stable relationship. In other study countries, such as Burkina Faso or Cameroon, rates of girls having experience with transactional sex were below 3%. The transactional sex puts the future of the girls at risk: condom use is unusual because most men are unwilling to pay or give less if obliged to use a condom. As a consequence, girls engaged in transactional sex are at high risk for sexually transmitted infections including HIV. Girls having lost their parents during the war and girls formerly associated with the fighting forces were especially probable to be engaged in transactional sex. There is a strong need in post conflict countries to support the numerous young girls who have undergone non-assisted abortions or who are raising children without father and who are suffering from or are at risk for sexually transmitted infections.

Malay's story

Malay is 18 years old. She lives in Kolahun town, a former war lord base of the LURD forces[2].

Malay's life during the war

"The rebels killed both of my parents soon after the war came to Liberia. I stayed with my grandmother and my sisters. I was eleven years when we were captured by the rebels. On that day, many people were killed and there were dead bodies lying all over. My grandmother, my sisters and I were kept by the fighters to be their wives. Since my grandmother could not see clearly, the rebels decided to burn her. My sister refused to be their wife and was also killed. I had no alternative, but to go with them to Foya town [3]. I was so scared of being killed. I used to be the sex partner of many rebels. They all wanted me as their wife. We moved from one place to the other and they attacked many places. After the attacks, we were forced to burn or bury the corpses. I was given drugs in order to be brave and to continue obeying them. I was trained how to fight, shoot and operate guns. They forced me once to kill a woman and many times to punish people that they had captured. Every day, we had to burn houses, to steal and to destroy. I was staying with them for 13 months.

One day, when we went for another attack, we fell in the hands of government troops. They captured me and I was forced to live with them. I was used as their sex-mate. But I also had to do a lot of very hard work for them, laundering, cooking, and carrying of goods. I felt like a working machine that followed them around on their movements. It was a very difficult and stressful time for me. I was freed during the disarmament process. At first, I was very scared, not knowing what was going to come next. But then I understood that I gained humanity back. In 2006, I decided to go back to school. I was thankful to God. Life finally seemed to become normal again."

Life after the war

"I came back to Kolahun town to stay with an aunt, but life continued to be difficult. I often pee in bed. My aunt maltreated me so badly that I chose to run away. A friend helped me to escape and I went to live with her. But soon after, problems started again: she accused me that I had stolen her money. I was brought to the police and kept in jail for a couple of weeks. Another friend helped me and offered me to stay with her at her mother's house. I moved in, but I am looking for a different place to stay. I am really unhappy there. My friend's mother forces me to do all the housework. I also have to prepare the food that she is selling. I work without rest and sometimes, if I am not quick enough, she beats me. They don't give me any food so I am always struggling to find money to eat and to pay my school fees. Sometimes I go with men and they give me money or food for that. I have stomach aches all the times. My grades in school have dropped and I have no friends except the girl who is staying with me in the same house. I often feel like an outcast and think about killing myself."

Conclusion and recommendations

As a result of the exposure to violence, abuse, neglect, discrimination and exploitation, many children in West Africa are vulnerable to HIV, suicidality and mental disorders, they lack self esteem and energy to engage with their environment and to actively learn about the world. The level of psychosocial impairment and distress vary considerably from country to country, highlighting the importance of operational research and locally specific knowledge in both advocacy and programming. In many settings, girls are more vulnerable than boys. The reduced mental health of children living in communities recovering from long periods of civil war are particularly disquieting. Without adequate psychosocial assistance, many of the children living in such areas will fail to integrate in the society and they are very likely to reproduce the endured violence on others endangering the peace building processes of their countries. At the present time, there is only very limited technical and financial capacity to respond to the psychosocial needs of thousands of severely affected children in West Africa. Governments, child protection and rights agencies as well as development organisation are confronted with a very serious situation of ever growing numbers of children, vulnerable to HIV and unable to contribute to the development of their countries due to mental health impairments. We propose

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[2] The "Liberian United for Reconciliation and Democracy" or LURD was a rebel group that controlled large parts of Northern Liberian during the second Liberian civil war.
[3] Foya town is in the extreme North of Liberia, close to the Guinean and Sierra Leonean borders.

the following strategies to African governments, the African Union, the ECOWAS as well as the United Nations agencies and the non-governmental organisations to improve the existing conditions/ circumstances:

- To integrate a mental health component in public health programs and national health agendas that takes into account the psychosocial needs of children and parents.

- To build up the capacity of the concerned Ministries and non-governmental organisations on how to develop and implement effective psychosocial support programs to severely affected children.

- To set up permanent psychosocial mobile units who can mitigate the impact of political crises or unrest, natural disaster, armed conflicts and displacements

- To incorporate psychological support activities in child protection and support to vulnerable children projects.

For the implementation of psychosocial support programs, we recommend the following strategies:

- To avoid AIDS and orphan specific responses and to develop holistic strategies for vulnerable children instead;
- To adapt gender sensitive approaches in order to be able to respond to the specific needs of girls and boys;
- To strengthen family coping mechanism and to support caregivers to take care of their children. Programs should not target the children directly without the implication of the caregiver.

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