The power of sweet words: local counselling and other forms of help among women in rural post-conflict Sierra Leone

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ABSTRACT/RÉSUMÉ

Thousands of women were affected by the civil war in Sierra Leone, which took place between 1991 and 2002. Using a postcolonial framework, the study explores the wartime experiences of women, and examines the ways in which women provided assistance to one another in the early post-conflict period. Qualitative interviews were conducted with two distinct sets of participants in rural Sierra Leone: 1) women who suffered various forms of abuse during the war, and 2) female leaders who were active participants in the healing process of others. Results reveal discrepancies between the model of intervention used by international agencies and local helping mechanisms. Overall, help provided by local female leaders was shown to be more significant to war-affected women than international interventions. Based on these findings, recommendations for improved social work practices in post-conflict settings are presented. Implications of these findings for the field of international social work are also discussed.

Des milliers de femmes ont été touchées par la guerre civile en Sierra Leone qui a eu lieu entre 1991 et 2002. À l'aide d'un cadre théorique postcolonial, l'étude explore les expériences de guerre des femmes et examine les différentes manières dont les femmes se sont entraidées dans la période d'après-guerre. Des entrevues qualitatives ont été menées en région rurale en Sierra Leone avec deux groupes de participantes distincts : 1) des femmes ayant subies différentes formes d'abus durant la guerre, et 2) des femmes qui sont intervenues auprès d'autres femmes dans le besoin. Les résultats démontrent des écarts importants entre le modèle actuel d'intervention utilisé par les agences internationales et les interventions utilisées par les instances locales. De manière générale, les interventions locales ont eu un effet plus significatif sur le processus de guérison des femmes que les interventions internationales. Les données de cette recherche sont utilisées pour développer des recommandations afin d'améliorer les pratiques de travail social en période d'après-guerre. Les répercussions de ces résultats sur le domaine du travail social international sont également discutées.

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RATIONALE

The thought process which led to this research project began while I was working with a women's micro-credit cooperative in rural Mali, West Africa. Despite the successful completion of the project, I was left wondering about the long term impact of the initiative on the lives of the women who participated. I began to question certain assumptions inherent to the field of development, and pondered over the usefulness of international interventions. Soon, these questions began to surface in relation to the field of social work as well. While overseas, I had come across a great number of psychosocial programs aimed at socially disadvantaged groups, such as women, children and youth, and individuals with physical disabilities. I wondered what relevance, if any, these psychologically-based programs had in the lives of African people. Ultimately, I questioned whether our social work methods were helpful in contexts so different from our own.

This research also grew out of concern for the plight of women in conflict. Through previous research, I became aware that women in armed conflict faced a myriad of threats based on their gendered identities (Freedman, 2007; Gansou et al, 2008). Recent works point to the troublesome fact that civilian women and girls are the primary targets of violence in many conflicts across the globe (Last, 2000; Millilo, 2006). In times of war, the persecution of women not only affects them as individuals, but also has a profound impact on the family members and children they are responsible for (UNICEF, para 4). In the post-war period, the difficulties for women continue. They must face the challenge of taking care of themselves and their dependants in extremely difficult conditions. Women must rebuild their lives, protect their families, search for food and shelter and deal with illness in often precarious and unstable environments.

Combined together, unanswered questions regarding the impact of international interventions and an interest in understanding the experiences of women in war, led to the research project. I sought to explore the impact of psychosocial interventions in the lives of women who had lived through armed conflict. However, instead of proceeding towards a program evaluation of an international program, I chose to explore local helping mechanisms among women in Sierra Leone. This choice was deliberate. Having garnished

very little attention in academia, I thought it interesting to explore local helping capacities. I wanted to understand what had been done at the community level to alleviate wartime suffering. Evidence has shown that, despite almost impossible odds, women found ways to come together and assist each other in the early post-conflict period in Sierra Leone (Stark, 2006). These local ways of helping intrigued me, and I thought it interesting to explore them instead of international programs.

STUDY OBJECTIVES

The objective of the thesis is twofold. First, it seeks to explore the subjective meaning behind the wartime experiences of rural women in Sierra Leone, and second, to better understand the multiple ways in which they provided assistance to each other during the early post-conflict period. In order to explore these issues, the thesis focuses on the following three research questions:

1) How do women conceptualize their wartime experiences?
2) What were the most important forms of local help among women during the early post-conflict period?
3) Most importantly, how can local interventions in post-conflict Sierra Leone inform our social work practices?

Taken together, the three research questions allow for a comprehensive understanding of the experiences of women in Sierra Leone, with regards to the civil war and their helping behaviours with other women. In order to assess the impact of local forms of help on female survivors of the war, it was deemed necessary to delve into ideas of wartime suffering, healing and recovery. Understanding the meaning of women's wartime experiences would allow for a better analysis of the help they received after the war. Ultimately, I argue that local women should be at the forefront of post-conflict healing interventions with other women instead of international agencies. The ways in which women assisted each other after the war is particularly of interest because of the potential for this information to improve *our* social work practices in post-conflict settings.

Before delving into the research itself, it is essential to provide information on the context of Sierra Leone. In the following section, a brief introduction to Sierra Leone will be presented, including an explanation of its decade-long civil war. Issues relating to gender will also be explored, as gender identification played an important role in the experiences of women during the war. An overview of the early post-conflict landscape will also be provided, which looks specifically at humanitarian aid efforts and mental health programs during the first year following the official declaration of peace in the country. Finally, a brief outline of the paper will be presented, delineating the objective of each chapter.

Sierra Leone: a brief profile

Sierra Leone, a small coastal country in West Africa, is home to approximately 6 million people (Coulter, 2009, p.32). Geographically, the country is divided into four sections: north, south, east and west. The capital city Freetown, home to approximately 25% of the country's total population, is situated along the coast in the western region of the country. In total, there are approximately seventeen ethnic groups across the nation, each with their own language and customs. The Mende, established mostly in the south, are largest in numbers followed closely by the Temne, concentrated in the northern region of the country (Coulter, 2009, p.32). The Krio, the descendants of freed slaves who were repatriated from North America, are largely located in the capital city of Freetown. Despite a colonial legacy which left the educated Krios with more power and influence, the various ethnic groups peacefully coexist across the country.

English remains the official language despite the fact that most families do not speak it at home – only Sierra Leoneans with formal schooling utilize it. Krio is considered the country's *langua franca*, which the vast majority of people, independent of their ethnic origin, can speak in addition to their native tongue (Coulter, 2009). Sierra Leone is predominantly Muslim, although an increasing number of individuals are converting to Christianity, particularly in the capital city. Approximately 10% of the population still practice traditional beliefs, otherwise known as "indigenous religions" (Denov, 2010). Although religion is extremely important in Sierra Leone, religious affiliation does not hold

as much significance. Muslims and Christians peacefully live side by side, and inter-faith marriages are frequent (Coulter, 2009).

A former British colony, Sierra Leone gained its independence in 1961. In 2010, almost 50 years after its independence, Sierra Leone ranked 158th on the Human Development Index (HDI) out of a total of 169 listed countries (UNDP, 2010). Despite still being classified as a "very low development country", its standing has slightly improved in the last five years. Until very recently, it had been consistently placed last in this international ranking system (Denov, 2010). Literacy rates still remain very low, with only 49% of males and 29% of females being able to read and write (Denov, 2010). Poverty is pervasive across the nation, with an average annual income of US$405 per household (UNDP, 2010). Despite its rich cultural history, the country is most famous for the gruesome civil war which took place between 1991 and 2002. The major events of this conflict, which continues to affect many facets of Sierra Leonean life, will be explored below.

Civil war in Sierra Leone

The civil war in Sierra Leone is extremely complex, involving a number of international and local actors. Officially, it began on March 23rd 1991, when a small group of rebels known as the Revolutionary United Front (RUF), crossed the Liberian border into the district of Kailahun, waging attacks on the villages of Bomaru and Sienga (Keen, 2005, p.36). From his quarters in Liberia, the leader of this rebel group, Foday Sankoh, announced that attacks on the corrupt regime of President Momoh were to commence very soon (Gberie, 2005, p.59). By July 1991, the RUF had taken a number of villages in Kailahun and Pujehun districts, and was threatening the larger southern and eastern cities of Bo and Kenema (Keen, 2005, p.37).

Despite being funded and trained by Muammar Qaddafi of Libya and Charles Taylor of Liberia, the RUF was initially perceived as a marginal group which posed very little threat to the power of President Momoh and his All People's Congress (APC) government (Coulter, 2009, p.44). Different threats to power were emerging in the western part of the country and, by 1992, President Momoh was ousted by way of a military coup led by a different group, the National Provisional Ruling Council (NPRC). Under the leadership of

27 year old Captain Strasser, the NPRC established a military rule and, despite promises of a more equal distribution of wealth, it quickly became as corrupt as its predecessors. Meanwhile, the RUF was advancing in the southern and eastern parts of the country, consolidating power and establishing permanent bush camps throughout the region (Denov, 2010, p.67).

Originally praising the NPRC's attack against Momoh, the RUF continued fighting despite this change of government (Keen, 2005, p.40). The fighting among both factions began and, by 1993, it seemed that the NPRC had severely weakened the RUF. Despite this temporary decrease in violence, the war was far from over. In 1994, the RUF began what it called "phase two" of its insurgence, increasing its ambushes and attacks, propelling the country once more into chaos (Gberie, 2005, p.85).

During this time, the RUF's tactics became more ruthless, and insurgents slowly made their way to the northern region of Makeni. Attacks on the North created a stir in the country, prompting a high-ranking member of the NPRC to declare that the war: "had now reached where it should not" (Gberie, 2005, p.87). Alliances were shifting during this period, and many disgruntled soldiers from the Sierra Leone Army (SLA) suddenly joined forces with the RUF. This phenomenon was dubbed the *sobelization* of the army, where SLA soldiers effectively became: "soldiers by day, rebels by night" (Abraham, 2004, p. 106). Inconsistent and low wages prompted many SLA soldiers to participate in the looting and stealing activities of the RUF in lieu of protecting their fellow citizens (Gberie, 2005, p.82). Eventually, this collusion culminated in the instalment of a junta government, known as the Armed Forces Revolutionary Council (AFRC), led by *sobel* elements of the SLA and members of the RUF (Gberie, 2005).

Hearing of this newly joined AFRC, Captain Strasser and his government reacted quickly and hired a South African mercenary group called Executive Outcomes (EO) to suppress the new alliance. In exchange for increased stability, EO was to receive US$1.5 million every month in diamond concessions (Denov, 2010, p. 72). With the help of local grassroots militia groups, such as the Kamajor troops, EO was able to quash the AFRC by

the end of 1995, reclaiming diamond fields in the East and securing the capital city (Gberie, 2005, p.89).

In the years that followed, attempts at democratic elections and peace accords failed to stop the violence in the country. Under attack, the newly elected President Kabbah was forced to flee to Guinea with members of his Sierra Leone People's Party (SLPP) government (Coulter, 2009, p.48). Finally, in 1998, soldiers from the Economic Community of West African States Monitoring Group (ECOMOG), mostly composed of Nigerian peacekeepers, were called in to restore peace. Despite the success of ECOMOG soldiers, the RUF remained strong and, on January 6th 1999, the group staged an attack on the capital city of Freetown. The RUF dubbed this insurgency "Operation No Living Thing", vowing to kill everything in sight, down to the last chicken (Denov, 2010, p.74). RUF fighters were described as delirious and insane, perpetuating acts of violence depicted by journalists as: "random, ecstatic and (…) perversely inventive" (Gberie, 2005, p.127). The RUF fighters were eventually deterred by ECOMOG forces and, in July 1999, a second round of peace talks began between the RUF and the Kabbah government, resulting in the signing of the Lomé Peace Agreement in 1999 (Coulter, 2009, p.50). In October of the same year, the United Nations Assistance Mission to Sierra Leone (UNAMSIL) deployed international peacekeeping troops to the region. Their mandate consisted, among other things, to ensure security as well as demilitarize, demobilize and reintegrate fighters (Coulter, 2009, p.51). Despite a few targeted acts of violence in the years following the peace agreement, President Kabbah officially declared the end of the war on January 18th 2002 (Coulter, 2009).

Causes and consequences of the civil war

The causes of the civil war in Sierra Leone are interwoven and complex, stretching far back into history. Different from other contemporary African conflicts, it was not driven by ideology, ethnic strife or religious factionism (Fanthrope, 2003). Most scholars agree that a combination of patrimonial order, youth rebellion, corrupt state politics and oppression, greed and historical conditions constitute, together, the foundations of the civil war (Coulter, 2009, p.32; Denov, 2010, p.50). The political, economic and social climate in

Sierra Leone left many groups feeling marginalized in the 1980's. Widespread government corruption continued well after independence from the British in 1961. Indeed, wealth in the country always seemed to gravitate towards the president and a small group of loyal supporters instead being distributed to the masses (Keen, 2005, p.313). In the 1980's, harsh austerity measures from international financial institutions such as the International Monetary Fund (IMF), exacerbated the economic problems facing the nation. In the early 1990's, discontentment was building all over the nation, particularly among youth groups and university students (Gberie, 2005). As Zack-Williams explains (2010), the "revolutionary imperative" for change existed long before Foday Sankoh emerged as a political player (p.21).

At its inception, the RUF capitalized on this discontentment to further its political goals. Throughout the course of the conflict, RUF leaders insisted they were waging war *for* the people of Sierra Leone, not against them. They claimed that revolution was necessary to reverse the corrupt government, provide free education and healthcare to all and reclaim the country's vast natural resources (Gberie, 2005, p.47). On the ground, the actions of the RUF told a very different story. Rather than taking their grievances into the political realm, the RUF violently attacked the civilians whose causes it claimed to be championing (Denov, 2010, p.63). The tactics of the RUF included mass amputations, torture, various forms of sexual violence, cannibalism, gratuitous killings and the destruction of property (Sesay, 2007, p.12). The RUF's widespread use of child soldiers is also well documented (Denov & Maclure, 2006; Zack-Williams, 2010). In total, between 50 000 and 75 000 people are estimated to have been killed during the conflict, and 400 000 were displaced; all in a country roughly the size of the province of New Brunswick (Abdullah, 2004).

Not surprisingly, the eleven year war left the country in ruins. Private housing, farm land and government infrastructure was almost entirely destroyed and food supplies were devastatingly low (Fanthrope, 2003). The education and healthcare systems were reduced to nothing (Smillie, 2009). Citizens across the nation struggled to feed themselves and their families, and rebuild their lives. Social relations were disturbed as well, as many family and community members were reported missing or deceased. Former RUF combatants,

recruited mostly against their will, were stigmatized upon return to their hometowns and villages (Betancourt et al., 2010). The economic and social landscapes were unrecognizable, shifting people's lives in an unexpected way.

Gender and war in Sierra Leone

It is widely recognized that armed conflict has a particularly negative impact on the lives of women (Copelon, 1995; Whitbread, 2004). Women often find themselves in extremely vulnerable situations, due to their position in society as well as their physical stature (Denov, 2006a). Women are frequently targeted by fighting forces, their bodies repeatedly used as the battle ground on which the war is waged (Médecins sans Frontières, 2008; Seifert, 1992, 1994). In recent years, much has been written on the use of sexual violence as a weapon of war (Copelon, 1995; El Jack, 2003; Gottschall, 2004; Last, 2000). This growing body of research suggests that gender-based violence (GBV) in armed conflict, including sexual violence, constitutes not only an attack on the victims themselves, but on their families and communities. Women's bodies are purposely used to strike enemy groups on a profound level (El Jack, 2003). In her work, Clifford (2008) has emphasized the connection between women's bodies and the community, highlighting the social and cultural meanings of sexual violence in war.

> The victim is raped in an effort to dehumanize and defeat the enemy, leaving an entire society with long-term suffering as victims cascade across generational divides. The scourge of rape as a weapon, affects not only the individual lives of the victims, but the entire family and community in which they live. Leaving their lasting marks on the entire country's civil society, which in turn effects [sic] our globalized world. p.4

In Sierra Leone specifically, social imbalances constructed around gender were exacerbated during the civil war, leading to numerous forms of gender-based violence and human rights violations (Denov, 2006a). Sexual slavery, various sexual mutilations, physical torture, forced abductions and conscription into fighting groups, forced marriages and involuntary pregnancies were some of the wartime experiences reported by women across the country (Nowrojee, 2005). While in the hands of the RUF, women were often required to perform forced labour for the troops, which included finding and cooking food, washing clothing,

carrying heavy loads of supplies and performing unwanted sexual acts (Denov, 2006a). Women and girls were also involved as active fighters in the RUF and were forced to perpetuate violent crimes (Coulter, 2009). Scholars disagree whether girls were recruited against their will or joined willingly (Denov, 2010). However, it is safe to say that even "voluntary" enrolment in the RUF constituted a method of survival for women during the war (McKay, 2004).

Unfortunately, the types of treatments outlined above were not uncommon. A large scale assessment conducted by Physicians for Human Rights (PHR) found that approximately half of the women who came in contact with members of the RUF during the conflict were subjected to sexual violence (PHR cited in Nowrojee, 2005). In a recent review of prevalence studies of GBV in complex emergencies, Stark and Ager (2011) found high rates of intimate partner violence in Sierra Leone in addition to acts of violence occurring outside the home (p.131). Considering the social stigma associated with reporting acts of rape and other forms of abuse, actual numbers could be much higher. To illustrate the pervasiveness of these crimes, scholars have pointed out that acts of sexual violence were committed more frequently than amputations, violations which were extremely common during the war and remain visible across the country (Nowrojee, 2005).

Gender based violence in the early post-conflict period[1]

In the post-conflict period, women faced further problems related to their gendered experiences of war. Not surprisingly, they faced many physical health problems in connection with repeated abuse including, sexually-transmitted infections and HIV/AIDS, unwanted pregnancies, cervical cancer and other reproductive health problems (Denov, 2006a; Ghobarah, Huth & Russett, 2003). The violent nature of attacks often resulted in high degrees of physical injury and death for many women (Clifford, 2008). Psychological

[1] For the purpose of this study, the early post-conflict period refers to the first year following the official declaration of peace in Sierra Leone.

disturbances were also reported by many, including recurring nightmares, arousal symptoms and difficulties with intimacy (Denov, 2006a).

Socially, women and girls also faced challenges in the post-conflict period. Survivors of sexual violence reported that their relationships with family and friends were deeply affected by these traumatic events (Amowitz et al, 2002). Many women and girls were stigmatized upon return to their villages, particularly if it became known that they had been associated with RUF troops (Denov, 2006a). Women and girls carrying children as a result of the war were often rejected from their communities and unable to marry after the conflict (Clifford, 2008). Daily activities in the post-conflict period were also perturbed due to the threat of GBV. The threat of rape restricted core activities, such as collecting water and firewood and working on family farms. In a time of extreme scarcity, this resulted in fewer cooked meals and a decrease in adequate family nutrition (Kivlahan *&* Ewigman, 2010).

Women and girls often used secrecy as a means for survival, divulging as little as possible in order to stave off dishonour and social stigma. Susan McKay (2004) points out that women and girls were politically marginalized during the early post-war period as well. Women were not included in post-conflict decision-making processes nor were they consulted about the structure of post-war reconstruction programs (p.20). In fact, many reconstruction programs reinforced existing imbalances of power between men and women instead of contributing to the establishment of new social roles (McKay, 2004).

Humanitarian interventions in the early post-conflict period

As mentioned, a fragile peace agreement was finally reached in 2002, bringing violence to a halt. As the fighting ceased, human security and reconstruction became priorities for the government of Sierra Leone and members of the international community. With the advent of peace, what did the humanitarian intervention landscape look like? What were local and international organizations doing during the early post-conflict period?

Despite an impressive physical presence of non-governmental organizations (NGOs) on the ground, the amount of aid money donated by the international community was far less than originally anticipated. After the first failed peace agreement in 1997, Sierra Leone was

promised $640 million dollars in aid by various international donors (Fanthrope, 2003). In reality, it only received $250 million in bilateral aid for its post-war reconstruction projects (Smillie, 2009). Compared to other post-conflict initiatives occurring around the world at the same time, in Kosovo, Somalia, and Rwanda for example, Sierra Leone received very little international assistance (Hirsch, 2001, p.97).

Nevertheless, aid streamed in from a variety of sources, most notably from the EU, the United Kingdom, the African Development Bank (ADB), the US international development agency (USAID) and various UN branches (Hirsch, 2001; M'Cormack-Hale, 2010). At the height of the humanitarian intervention, there were approximately 250 NGOs operating in the country, of which more than half were international (Coulter, 2009, p.32). NGOs quickly set up offices across the nation. The few organizations which had remained in the country for the duration of the conflict re-organized their priorities to respond to the most pressing needs of the people (Young, 1999).

As a whole, donors largely focused on emergency relief immediately after the war. Programs providing shelter to refugees and displaced persons, transport infrastructure, food security and medical supplies were most common (M'Cormack-Hale, 2010, p.101). In addition, special housing facilities were established for individuals who were severely amputated during the conflict (Handicap International, 2001). Initiatives were also put in place to restore social networks which had been damaged by the war, such as family reunification programs. Rehabilitation projects were put in place for former combatants, most notably the nationwide disarmament, demobilization and reintegration program (DDR) which only yielded limited positive results (Betancourt et al., 2010; Denov, 2010; Manzurana, McKay Carlson & Kasper, 2002).

Distribution of aid was complex. Major highways were mostly destroyed and communication systems were damaged. Generally speaking, distribution was organized through a labyrinth of networks which included government ministries, committees, coordination and monitoring agencies, local and international NGOs, and even private businesses (Fanthrope, 2003). Needless to say, efficiency was extremely difficult. As early

as 2003, relief programs were slowly replaced by long-term strategies and development oriented approaches (M'Cormack-Hale, 2010, p.101).

Post-conflict mental health programs

In addition to emergency relief, mental health concerns figured prominently in the programming of many agencies in post-war Sierra Leone. Since the inclusion of mental health issues in reconstruction programs in the Balkans, international actors were more attentive to mental health needs (Abramowitz, 2009). However, local capacities to deal with these issues were deemed absent. With only one psychiatrist in the entire country, the mental health sector in Sierra Leone was practically non-existent. Consequently, international agencies carried out the majority of mental health programs in the early post-conflict period (De Jong, Shearer & Mulhern, 1999).

Many organizations included psychosocial components to their overall post-conflict programming. Most notably, Médecins sans Frontières (MSF) integrated a vast mental health program to its healthcare services at the end of the war (De Jong, Shearer & Mulhern, 1999). Their project included the establishment of a mental health facility in Freetown, the training of local staff in mental health issues and the inauguration of a project to integrate mental health concerns into primary health care (De Jong, Shearer & Mulhern, 1999, p.12). Similarly, the British Red Cross added trauma counselling to their child advocacy and rehabilitation program, in the hopes of helping children "deal with their trauma and cope with everyday life" (British Red Cross, para. 3). In conjunction with its medical program, International Medical Corps launched a pilot project in the eastern district of Kailahun which trained local professionals on the proper detection of post-conflict mental health issues (International Medical Corps, para. 1).

Other organizations focused almost entirely on mental health needs. The Centre for Victims of Torture (CVT) initiated several programs addressing mental health issues, including a trauma healing program for Sierra Leonean refugees in Guinea, individual and group counselling in war-affected areas, training of local staff on mental health issues and community awareness campaigns (Stepakoff et. al, 2006. p.921). The Fatima Institute, City of Rest, The Christian Health Association, among others, were also very active in providing

post-conflict mental health services (Government of Sierra Leone, 2004, p.4). Even research groups, such as the Research Program for Children and Global Adversity of Harvard's Public Health School, were involved in delivering mental health services to war-affected individuals (Public Radio International, 2004, para.3). With the help of American psychiatrists, the group helped former child combatants deal with feelings of anxiety, depression and post-traumatic stress (International Public Radio, 2004, para.5).

When examining the intervention landscape, it seems evident that many organizations were involved in providing both emergency relief and mental health services shortly after the war. Despite their best efforts, economic stagnation, widespread poverty and food scarcity continue to ravage the country today. Indeed, communities across the nation are still grappling with the issues they faced in the early post-conflict period (Smillie, 2009). This fact alone points to potential problems in the organization and distribution of post-war relief. It also suggests that alternative methods should be explored, including locally-based methods, to improve current practices. Considering the limited results in Sierra Leone, foreign workers and agencies could potentially learn from locally-based post-war initiatives.

Overview of the thesis

The overall objective of this paper is to provide insight into the wartime experiences of women in rural Sierra Leone and, more importantly, explore the ways in which women provided assistance to each other in the early post-war period. Emphasis is placed on the accounts of women rather than on explanations of foreign workers posted in the country at the end of the war. The experiences, opinions and thoughts of women in Sierra Leone are used to develop a set of recommendations for improved post-conflict social work practices.

Chapter 1 provides an overview of the literature in the field of post-conflict mental health. It outlines the key concepts used in the field and exposes an ongoing debate which juxtaposes the dominant model used for mental health interventions in contemporary post-conflict settings against a growing anthropological critique. The chapter then addresses the literature on women in mental health specifically, and explores the implications of the body

of literature on social work as a discipline. Finally, the chapter concludes with a discussion on the current gaps within the literature.

Chapter 2 outlines the theoretical approach used to conduct and analyze the study, postcolonial theory. A discussion surrounding colonialism introduces the chapter, which is followed by an explanation of the key concepts of postcolonial theory. The use of postcolonial theory as a framework for the study is then addressed, relating specifically to the research questions, the field of mental health in conflict and international social work.

Chapter 3 provides a review of the methodological process involved in conducting this study. The research context of Sierra Leone is introduced, followed by a description of grounded theory, the methodological approach used to conduct the study. Issues relating to sampling, participant recruitment and data collection and analysis are all presented here. The ethical and cultural considerations of this research are also discussed, with special attention placed on the interactions between the Caucasian Canadian researcher, myself, and the Black Sierra Leonean research participants.

Chapter 4 examines the main findings of the research, focusing specifically on the data provided by participants. The chapter provides an in-depth look at their diverse experiences during the war and explores the various ways in which women conceptualize and make sense of these experiences. The continuing legacies of the war are discussed, as well as the various coping mechanisms used by women at the end of the war. Local social work interventions are explored in depth, with emphasis on the counselling techniques used by local women. Finally, the impact of local forms of help on female survivors is discussed.

Chapter 5 begins with a discussion on the meaning of the findings presented in the previous chapter. Specifically, the most important findings are summarized and discussed. Pursuant to this, the data is analyzed in reference to the three main research questions. A set of recommendations, intended for international agencies and social workers operating in post-conflict settings, is then presented. Finally, the study's implications for the field of international social work are outlined, followed by a few concluding remarks.

1 CHAPTER ONE: REVIEW OF THE LITERATURE

1.1 Introduction

Literature regarding mental health in post-conflict situations emerged in the late 1980's and early 1990's (Bracken et al, 1995; Mollica et al, 2004; Summerfield, 1999). During this time, academics began to develop an interest in understanding the psychological consequences of armed conflict on individuals and communities. Scholars explored the emotional impact of war, and began to hypothesize about ways to intervene with war-affected populations. The following chapter explores the body of work on post-conflict mental health and mental health interventions. Key concepts will first be outlined, followed by a presentation of the dominant intervention paradigm used in post-conflict settings today. Concerns stemming from a burgeoning critique of this model will subsequently be discussed. Finally, gaps in the research will be delineated, as well as my position as a researcher within this scholarly debate. For the purpose of clarity, this literature review will be limited to mental health and psychosocial issues in and after war.

1.2 Post-conflict mental health: a divided field

The field of post-conflict mental health is vast, encompassing a wide range of ideological positions. Academics from different disciplines, most notably from psychiatry, psychology, social work and anthropology, tend to examine post-conflict mental health from very different angles. Throughout the years, a discord emerged in the field which created cleavages in the creation of definitions and intervention ideas. Authors simply could not agree on key concepts and methods to use in support of war-affected populations. Soon, three broad paradigms emerged, each contending that their methods were the most appropriate to address post-conflict suffering.

A first group of scholars could be grouped together as supporters of psychiatric-based methods (De Jong, 2000; Mollica, 1995). Proponents of this approach base their rationale on the assumption that traumatization is a universal reaction to the intense experience of war (Bolton, 2001; Mollica, 2004). Armed with psychological assessment tools developed in the West, proponents of these ideas calculate prevalence rates for psychiatric disorders

and make connections with people's wartime experiences. As a response to suffering, these academics believed that psychological and psychiatric therapies should be exported to post-conflict situations (Bolton, 2001). They estimate that these techniques will improve the well-being of survivors of war (Mollica, 2004).

A second group of scholars to emerge focused on indigenous forms of knowledge (Honwana, 1997; Stark, 2006). Advocates of local knowledge reject many of the assumptions of the psychiatric model in favour of locally driven, culturally based forms of healing (Bracken, 1998; Honwana, 1997; Summerfield, 1999). Finally, a third group of scholars has surfaced which seeks to find a balance between psychiatric and local ideas of suffering (Ager, 2010; Miller & Fernando, 2008; Wessells & Van Ommerson, 2008a). Proponents of this approach believe that psychological therapies can be useful to a small proportion of war-affected population who are dealing with severe mental health problems. However, they caution policy makers on the dangers of universalizing concepts which are inherently Western (Wessells & Van Ommerson, 2008b).

1.3 Key Concepts

Considering the tensions in the field of post-conflict mental health, it is not surprising that some key concepts are debated among scholars. However, most of the working terminology used in the field is derived from principles of Western psychiatry. Definitions from the different ideological camps will be presented in this section.

First, the term "mental health" is important to address. The idea of mental health is considered by many professionals to be more than the absence of disease or disorder. Authors at the World Bank define it as "a state of complete mental well-being including social, spiritual, cognitive and emotional aspects" (Baingana, Fannon & Thomas, 2005, p.8). Similarly, the WHO (2011) provides a broad definition of this idea:

> Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community (p.1).

Other authors use a holistic approach when referring to mental health. Mozambican scholar Honwana (1997) describes mental health as the connectivity of the individual to the community. She defines it as: "a natural state, and to be unhealthy denotes abnormality, showing that harmony [with the community] is jeopardized" (p.297). In these three definitions, mental health is perceived as a state of personal well-being, where an individual is capable of maintaining positive relations with elements outside of one's self, such as other individuals or environments. In the field of post-conflict recovery, however, mental health generally designates specific internal or psychological factors.

Second, the term "psychosocial" is also used by agencies and professionals in field. The World Bank state that: "the term psychosocial is used to underscore the close and dynamic connection between the psychological and social realms of human experience" (Baingana, Fannon & Thomas, 2005, p.8). Authors from different sides of the debate usually agree with this notion, which seeks to connect the individual to his or her environment. Breaking down the concept, anthropologist Abramowitz (2009) adds that: "psychological aspects include thoughts, emotions, behaviour, memory, learning ability and perceptions, while social aspects can include relationships, traditions, culture and values, family and social networks" (p.20). A blanket term, psychosocial generally refers to anything that connects people's well-being to their environment.

In the literature, many authors discuss the potential benefits and challenges of "psychosocial interventions" in post-conflict settings. In reference to this idea, the IASC's Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) designates the term to mean: "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder" (p.12). The phrase "psychosocial intervention" has also been used to refer to a wide range of assistance projects which include trauma counselling, peace education programs, life skills programs and self-esteem building initiatives (Pupavac, 2001, p.359). In contrast to other scholars, Pupavac (2001) suggests a definition which refers to the political implications of the term. She states that psychosocial interventions: "embody contemporary international policy, such as social risk management, whose perspectives derive from social psychology"

(p.359). Her assessment highlights the international decision-making processes which help shape psychosocial interventions to begin with. Despite a general agreement in the field regarding the meaning of the word psychosocial, its transformation and usefulness into actual "interventions" is still being debated in the discipline.

More controversial still, notions of "trauma" and "post-traumatic stress" are frequently cited in the literature. Most clinical workers refer to the American Psychiatric Association for guidance on this concept. According to this body, trauma is defined as an experience that it "outside the range of usual human experience" (American Psychiatric Association, 1980). More critically, medical anthropologist Abramowitz (2009) refers to trauma as: "the vernacular word used to describe the ongoing indicators of social pathology resulting from exposure to violence and vulnerability" (p.20). Other scholars choose not to define the idea of trauma in relation to conflicts occurring outside of Western cultures (Bracken, 1998; Summerfield, 1999). They deem the term to be potentially harmful to communities dealing with conflict in the developing world (Breslau, 2003; Pupavac, 2001). Evidently, the idea of trauma is very much at the heart of the ideological debate in the field. Some consider it a useful tool to understand suffering, while others deem it irrelevant and culturally-loaded.

In connection with the term trauma, "post-traumatic stress disorder" (PTSD) is defined as an ailment which results in an individual's exposure to extreme stressors, including violent conflict. Derived from Western psychiatry, PTSD refers to a set of symptoms that are intrusive to the individual. Reactions associated with post-traumatic stress include distressing memories, avoidance of people or social situations associated with the event(s), constant hyper vigilance, and difficulty sleeping, to name only a few (American Psychiatric Association, 1987). Not surprisingly, many authors reject the idea of PTSD as an overarching disorder, particularly with regard to events that occur in developing nations (Bracken, 1998). In lieu of an alternate definition, Young (1987) explains its origins by stating that: "the disorder is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies and narratives with which it is diagnosed, treated and represented by the various interests" (p.5). As can be expected, the applicability and usefulness of PTSD is heavily debated in the field (Hamber & Clancy, 2008).

Finally, it is important to address what is meant by the phrase "intervention paradigm". An intervention paradigm consists of a set of ideas and skills used by social work practitioners in their work with individuals, families and communities (Kirst-Ashman & Hull, 2009, p.4). It is a conceptual framework that guides the programs which will be put in place with a specific client base. In this thesis, the terms "trauma model", "medical model" and "dominant paradigm" will be used interchangeably to refer to the conceptual framework currently used by the majority of workers and agencies involved in post-conflict mental health.

In the field of post-conflict mental health, it becomes clear that ideas, concepts and definitions are still under debate. Currently, the group of authors with the most influence remains the psychiatric camp. Most contemporary post-conflict assistance is based on ideas derived from this Western medical model. This paradigm will be analyzed in the following section.

1.4 The Medical model of intervention

When addressing issues relating to the suffering of war, academics and practitioners have most often relied on concepts originating from Western psychiatry and psychology. More specifically, they have relied on the idea of trauma and post-traumatic stress (Clancy and Hamber, 2008). This model has thus become the dominant intervention paradigm used to deliver services in virtually all post-conflict settings, independent of the political context of the conflict or the cultural background of the survivors. In essence, trauma has become the cornerstone of a global therapeutic approach. The following section outlines the origins of the medical model, delineates its extensive influence in the field and presents its main assumptions.

1.4.1 Historical context

Historical documents demonstrate a concern for conflict-related mental health stressors as early as World War One (Young, 1995). However, the increasing interest in the area of mental health in conflict can be traced to the 1980's, coinciding with the acceptance of PTSD into the DSM-III, the diagnostic reference manual used by mental health

practitioners in North America and Western Europe (Bracken et al., 1995). During the late 1970's, a group of American psychiatrists became concerned with the mental health of Vietnam War veterans (Clancy and Hamber, 2008, p.10). They witnessed the widespread suffering of ex-combatants and the stigmatization associated with their difficult return to America. These psychiatrists observed that symptoms associated with time spent in Vietnam were identifiable in a large number of veterans. This observation provided the basis on which to explore the possibility of a generalizable mental health phenomenon (Clancy and Hamber, 2008). They gathered large quantities of data and promoted the idea that these veterans suffered from "post-combat stress disorder" (Scott, 1990). Finally, after some modifications and much lobbying, post-traumatic stress disorder was accepted into the DSM-III in 1980 (Clancy and Hamber, 2008, p.11). Not surprisingly, the DSM's broad definition of trauma, coupled with the diagnostic scope of post-traumatic stress, facilitated the transferal of these psychiatric notions to events occurring in developing nations (Clancy and Hamber, 2008). The terms initially used to advocate for the rights of American Vietnam War veterans were quickly juxtaposed against the realities of active armed conflicts around the world (Bracken, 1995). Not only were these notions being used to conceptualize wartime suffering, but were also increasingly utilized to develop large scale mental health interventions.

The end of the Bosnian war in 1995 marked the first large scale international intervention initiative using the medical model as a framework (Abramowitz, 2009, p.49). A variety of methods within this paradigm were used to assist survivors. These included group counselling for women, psychoeducational programs for children, psychotherapy and Freudian-based hypnotic treatments, to name only a few. In an assessment of this initiative, a European Task Force noted that 185 programs for psychosocial support were being provided by 117 different external organizations simultaneously (Summerfield, 1999, p.1452). In more recent years, aid agencies continue to operate in a similar disjunctive manner, instituting small and large scale psychosocial support programs in a variety of conflict-affected area. A multitude of organizations continue to dispense mental health support based on a medical model in various regions of the world where local capabilities have been diminished due to an armed conflict (De Jong & Kleber, 2007).

1.4.2 Global Influence

Despite being a relatively new discipline, "trauma" rapidly emerged as the main framework used to conceptualize post-conflict suffering (Summerfield, 1999). Its impact has grown extensively in recent years, and its ideas continue to influence key actors involved in post-conflict reintegration and reconstruction. Currently, international aid agencies and non-governmental organizations (NGOs), such as Médecins sans Frontières (MSF), Médecins du Monde (MDM), the International Committee of the Red Cross (ICRC), Oxfam, The World Health Organization (WHO) and UNICEF are increasingly integrating trauma, mental health and PTSD treatments in their post-conflict programming (Piachaud, 2008, p.323). International agencies whose primary mandates are far removed from mental health, such as the World Bank, are also increasingly involved in these psychologically-based interventions (Baingana, Fannon & Thomas, 2005).

Academics have placed increasing emphasis on notions of war-induced trauma as well. A surge in publications relating to the traumatic impact of conflicts has been observed in recent years (Abramowitz & Kleinman, 2008). The Journal of Traumatic Stress, founded specifically to address issues relating to PTSD and traumatic stress, has dedicated more and more of its content to the psychological impact of armed conflicts occurring in developing nations (Figley, 1988). Trauma institutes, such as the Harvard Program in Refugee Trauma and the War Trauma Foundation, have burgeoned across North America and Western Europe, training young professionals in the hopes of better understanding wartime experiences and providing psychosocial assistance to individuals affected by armed conflict. These recent developments in the field have helped promote "trauma" as the primary paradigm used to frame wartime suffering across the globe (Clancy and Hamber, 2008, p.12).

1.4.3 Main Tenets

Certainly, the medical model has asserted itself as a leading intervention paradigm used in post-conflict situations. Most agencies have conformed to the ideas of the trauma framework, but what are those ideas exactly? What core assumptions does the medical model base itself on? Furthermore, what values and beliefs are being promoted within this

paradigm, if any? The main tenets of the medical model will be explored in this section. A deconstructive analysis of the writings of prominent authors in the field will help shed light on these questions.

a) Framing of post-conflict issues

Differing from political and social perspectives on war, the trauma model presents conflict and conflict-related issues using a biomedical perspective (Summerfield, 1999). First, authors individualize war and its effects, focusing on singular people as the preferred unit of analysis (Bayer, Klasen & Adam 2007; Derulyn, et al., 2004; Gupta & Zimmer, 2008). In other words, war impacts individuals first and foremost, before communities and societies. When evaluating the consequences of war, proponents of the trauma model generally choose to look *within* survivors, using psychiatric assessment tools in search of disturbances and distress (Bolton, 2001). In essence, the medical model is framing war as a multitude of individualized, diagnosable problem rather than an experience of collective suffering. For the most part, this position overshadows many of the complexities of war, including collective suffering. From this perspective, post-conflict distress can be traced back to the psyche and thus, can be treated within the psyche as well (Summerfield, 1999).

Second, the medical model uses the idea of PTSD to frame the impact of war on individuals. Proponents promote the idea that post-traumatic stress has always been an important side effect of war, but has only lately gained notoriety due to its recent discovery (Bracken, 1998, p.39). In other words, survivors of past and present conflicts have been grappling with the effects of PTSD since the dawn of time, but social scientists have only recently begun to develop a psychological understanding of their experiences. The "discovery" of PTSD is changing the way academics conceptualize and present the consequences of conflict. Many authors estimate that mental health issues have not been sufficiently included in the discourse on post-conflict reconstruction (Bayer, Klasen & Adam, 2007; De Jong, 2000; Derulyn et al., 2004). In their evaluation of MSF's psychosocial programs in Sierra Leone, De Jong and Kleber (2007) iterate the popular view that: "mental health and psychosocial problems have largely been neglected in international humanitarian assistance" (p.494). Similarly, Mollica (2000) states that: "the high

prevalence of psychiatric morbidity in traumatized refugee and civilian populations is no longer invisible" (p.55). These statements point to a shift in paradigm away from state-level analyses of war to individualized analyses. Implicit in these declarations is the idea that Western ideas of mental health are universal, and, with a few adjustments, psychologically based programs can be adapted to every post-conflict situation (Ehrenreich, 2003, p.16).

In many writings supporting the medical model, PTSD is portrayed almost as a latent disorder, waiting to be "discovered", diagnosed, and treated by professionals. In a publication for the World Bank, Baingana and her colleagues state: "this difference (in increased post-conflict mental health problems) can be explained by high levels of stress, which can serve as a catalyst for the emergence of psychiatric disorders that otherwise might have remained dormant" (Baingana, Fannon & Thomas, 2005, p.5). This passage reflects the controversial idea that mental health disturbances are hidden deep within individuals, waiting to emerge to the surface once triggered by extreme stressors such as war. Even when post-war distress is not originally framed using a psychologically-based framework, certain authors translate wartime occurrences into biomedical terms. In his study on the cultural validity of psychiatric assessment instruments in Rwanda, Bolton stipulates:

> Respondents in that study described symptoms resulting from the 1994 genocide that included all the DSM criteria for depression and posttraumatic stress disorder (American Psychiatric Association, 1994; Bolton, 2001). We regarded this as evidence that these disorders occur among this population, even though the symptoms were not classified into the same syndromes. This is not surprising given the high degree of comorbidity of depression, posttraumatic stress disorder, and other mental health disorders (p.238).

Evidently, psychiatry has become the new lens with which to explore post-conflict suffering. In the literature, support is growing for the idea that trauma has always been present in post-conflict situations. In this sense, the recent shift in the post-conflict intervention paradigm is not perceived to be a theoretical or conceptual transition, but rather, a scientific advancement.

Third, proponents of the medical model make a connection between mental health outcomes and long term peace and stability (Baingana, Fannon & Thomas, 2005; Mollica, 2004; Pham, Weinstein & Longman, 2004). Essentially, poor mental health negatively impact on a nation's ability to ensure long term peace because citizens with diverse mental health issues are said to be less likely to generate positive social capital (Baingana, Fannon & Thomas, 2005). Social capital refers to the norms and networks that enable collective action within a given society. Based on trust between parties, social capital bonds individuals, communities and nations together to reach their shared objectives (Putnam & Goss, 2002). During conflict, social capital is said to be destroyed, and must be rebuilt in order to ensure long-term stability after armed conflict (Mollica, 2004). Therefore, programs geared towards improvements in mental health will necessarily contribute to post-conflict peace as they will likely increase individuals' propensity to contribute to the building of positive networks of reciprocity.

Essentially, authors of the medical model are advancing the idea that unstable minds, if left untreated, will lead to more violence and instability (Mollica, 2004). For example, in their quantitative study, Bayer, Klasen and Adam (2007) found that symptoms of PTSD were significantly associated with less openness towards reconciliation in former child soldiers in Uganda and DRC (p.558). These authors, as well as many others, advocate for increased investment in mental health programs not only for the rehabilitation of individuals, but to ensure long term peace and security in conflict-affected nation.

b) Perceptions of war-affected populations

In addition to the framing of post-conflict problems, the medical model also presents a distinct perspective on war-affected populations. Much of the literature on post-conflict mental health interventions portrays individuals affected by war as collectively distressed (Bayer, Klasen & Adam, 2007; Derulyn et al., 2004; Mollica et al., 1993). Research using the medical model as a framework seeks to calculate, evaluate and understand the prevalence of PTSD and other mental disorders within different subsets of war-affected populations across the globe (Kinzie et al., 1989; Qouta, Punamaki, & El Sarraj, 2003; Sack et al., 1995; Thabet, Abed & Vortanis, 2004). Therefore, authors tend to focus on the

psychological disturbances and adverse reactions to war as opposed to the resilience and strength of war-affected persons and communities.

The literature on PTSD in post-conflict settings is highly variable in terms of its findings (Johnson and Thompson, 2008). Authors estimate prevalence rates to be anywhere between 10.7% and 99% of the total affected population. Despite wide differences in reported prevalence rates, most studies agree that the majority of research participants present symptoms associated with PTSD (Dyregrov, Gjestad, & Raundalen, 2002; Smith et al., 2002). Some authors have argued that entire populations display symptoms associated with mental disorders (De Jong et al., 2000; Derulyn, 2004). For example, when exploring the impact of the war on former Ugandan child soldiers, Derulyn and colleagues stated that participants had individually been exposed to an average of 6 traumatic events. Results from the IES-R scale showed very high rates of PTSD symptoms, with 97% of respondents having a "clinically significant" score (p.862). They concluded that: "nearly all children experienced several severe trauma" (p.862). Similarly, an assessment conducted on adult survivors of war by De Jong and her team (2000) in Sierra Leone, found that almost all respondents were exposed to traumatic events and war-related incidences (p. 2067). They concluded that 99% of respondents showed very high scores of disturbances indicative of PTSD (p.2067). In reference to the traumatic experiences of survivors of the Bosnian war, Mollica (2001) and colleagues made similar generalizations by stating that the vast majority (of individuals) will experience low grade but long lasting problems.

Placing importance on the prevalence rates of psychological disorders certainly has implications for war-affected populations, as it shapes the manner in which they are perceived within the field. Essentially, emphasizing levels of PTSD highlights the vulnerability of individuals rather than the courage and resilience needed to overcome such events. For example, the study conducted by De Jong and colleagues (2000) in Sierra Leone implicitly says that all war-affected individuals are clinically disturbed. The study characterizes an entire nation as vulnerable and distraught. Indeed, the current body of literature on mental health outcomes leans towards the exploration of post-trauma

pathology rather than personal agency and coping, arguably stigmatizing war-affected populations in the process.

This is not to say all authors concerned with post-conflict suffering present data in the same manner. Many scholars show concern for a variety of community-related wartime challenges, while others emphasize issues of strength and resilience (Betancourt et al., 2010; Dzinesa, 2006). However, the scientific rationale promoted by the medical model has certainly had an influence on the focus and methods used by many writers. Consequently, the body of literature on post-conflict mental health portrays war-affected populations as pathological rather than resilient.

c) Humanitarian responses

The dominant intervention paradigm which has been outlined thus far has had a tremendous impact on humanitarian responses after armed conflict. Considering the increasing number of actors involved in this field, is it difficult to paint a complete picture of humanitarian responses which use the medical model as a framework. However, three inter-governmental agencies, the WHO, the IASC, as well as the Red Cross-led Sphere Project (SP), have emerged as leaders in the field of post-conflict humanitarian intervention. All three agencies have recently developed handbooks which provide guidance for mental health practices with war-affected populations (IASC, 2007; The Sphere Project, 2011; WHO, 2003). Many of the recommendations found in these inter-agency documents reflect values and beliefs implicit in the medical paradigm. The following section assesses the common intervention principles which are used with war affected populations as found in the literature.

Principle 1: Justification for external mental health interventions

The first belief that most agencies agree upon is the necessity for Western mental health interventions in post-conflict settings. Indeed, the Sphere Project Handbook (SPH) iterates that: “that those affected by disaster or conflict have a right to life with dignity and, therefore, a right to assistance” (SPH, 2011, p.5). In other words, Western workers have a moral obligation to intervene in various spheres of post-conflict reconstruction, including mental health. Justification for intervention is generally based on two main assumptions:

1) armed conflict causes significant psychological and social suffering for affected populations, and 2) violent conflict normally erodes local protective support systems (IASC, 2007, p.2). External intervention is therefore needed to compensate for the lack of social structures which would habitually provide assistance to those in need. In relation to mental health specifically, many proponents of the medical model argue that Western psychiatric support is necessary because local psychiatric capacities are practically absent during and shortly after armed conflict (De Jong & Kleber, 2007, p.490). Psychiatric needs are seen to be exacerbated by war and, simultaneously, local psychiatric capacities are diminished. Consequently, efforts should be directed towards the treatment of severe, moderate and mild mental health disturbances (Baingana, Fannon & Thomas, 2005, p.16).

Principle 2: Incorporation of mental health into primary health care

In addition to the need for increased mental health services, advocates of the trauma model believe that mental health care should be integrated into primary health care services (IASC, 2007). Indeed, leading agencies have increasingly incorporated mental health interventions into their post-conflict healthcare service plans (IASC, 2007; SPH, 2011). Recommended interventions remain deeply rooted in the medical paradigm such as psychotherapy, brief therapy, individual and group counselling, pharmacological interventions and cognitive-behavioural interventions (Ballenger et al., 2004; Basoglu, 2006; Foa & Rothbaum, 1998). For individuals grappling with PTSD specifically, cognitive-behavioural therapies, lasting between eight and ten weeks, have been suggested by psychiatrists as the most effective in relieving post-traumatic symptoms (Ballenger et al., 2004; Basoglu, 2006; De Jong and Kleber, 2007). Furthermore, agencies whose mandate it is to train local staff on mental health issues tend to use concepts deeply rooted in Western psychiatry. For example, when establishing its mental health treatment centre in Sierra Leone shortly after the war, MSF insisted that training curriculum contain theory on the "normal reactions to abnormal circumstances", namely, traumatic stress, mood disorders, psychosis, depression and other psychosocial problems (De Jong, Shearer & Mulhern, 1999, p.12). The underlying assumption is that Western notions are considered "normal" reactions to stressful events.

Clearly, the literature indicates an integration of Western mental health principles into mainstream post-conflict intervention plans. No longer are mental health concerns considered peripheral or secondary. Psychologically based methods are increasingly being integrated into primary healthcare provisions, and consequently, progressively being considered intrinsic to post-conflict reconstruction (Kienzler, 2008, p.221).

Principle 3: Psychological first aid

One of the key intervention principles promoted by the leading agencies is referred to as psychological first aid. Authors of the SPH (2011) define the principles of psychological first aid as such:

> Traumatic events are best managed following the principles of psychological first aid. (…) it is a description of a humane, supportive response to a fellow human being who is suffering and who may need support. It entails basic, non-intrusive pragmatic care with a focus on listening but not forcing talk, assessing needs and concerns, ensuring that basic needs are met, encouraging social support from significant others and protecting from further harm (p.333).

Collaborators at the Department of Mental Health and Substance Dependence at the WHO also promote the implementation of psychological first aid in post-conflict settings as soon as possible. They estimate that most individuals who seek treatment for mental health problems were likely exposed to extreme stressors related to the war. Experts at the WHO believe that these acute disturbances are best managed by psychological first rather than pharmacology (WHO, 2003, p.4).

Psychological first aid is based on the belief that rapid intervention can alleviate some of the distress involved with armed conflict and prevent the development of more severe psychological afflictions (Kienzler, 2008, p.488). As iterated by authors at MSF: “mental health disturbances and psychosocial problems need to be addressed from the beginning of an emergency” (De Jong & Kleber, 2007, p.488). Derived mainly from principles of crisis intervention and counselling, psychological first aid is said to provide opportunity for those who wish to discuss their war-induced trauma with outside help. It is also a way for mental health workers to assess community and individual needs (SPH, 2011, p.333).

Principle 4: Multi-layered support responses

Most leading inter-governmental agencies promote a multi-layered approach to mental health service provision in post-conflict situations (Baingana, Fannon & Thomas, 2005; IASC, 2007; SPH, 2011). A multi-layered approach is defined as a system of overarching, complementary mental health services which address the different needs of individuals and social groups (IASC, 2007, p.8). Professionals estimate that a stratified system is best suited to meet a wide variety of psychosocial needs simultaneously, including those triggered by the trauma of war (IASC, 2007, p.8). Furthermore, this global approach is believed to promote inter-agency coordination, which has been recognized as a major challenge in the field (Abramowitz, 2009).

Within this structure, certain agencies disagree on which needs should be prioritized. Agencies such as the IASC and the SP propose a pyramid-like structure of interventions where basic services are situated at the bottom and more specialized services are situated at the top (IASC, 2007, p.8; SPH, 2011, p.335). Basic services include provisions for food, shelter, security and basic healthcare (IASC, 2007, p.9). Specialized services refer to psychological or psychiatric support for individuals who may have significant difficulties in their daily functioning (IASC, 2007, p.9). Certain population subsets, such as survivors of gender-based violence, might require several services along the continuum. A wide variety of programs are suggested within this model, including community support, family tracing and reunification, individual and group counselling and psychiatric therapies (IASC, 2007, p.9).

Other agencies, such as the World Bank, have suggested multi-layered support which focuses specifically on clinical mental health needs (Baingana, Fannon & Thomas, 2005, p.25). They recommend instituting broad mental health interventions in schools in addition to specialized psychiatric services within hospitals (Baingana, Fannon & Thomas, 2005, p.25). At the top of the intervention pyramid, the World Bank (2005) recommends the establishment of rehabilitation centres for individuals severely affected by the conflict-induced trauma (p.25). In this model, services are funnelled through institutions to reach a large proportion of the affected population, as well as detect and refer individuals with

mental disorders to more specialized professionals. Therapeutic methods are suggested at every level of the support structure, including play therapy, art therapy and counselling for those with basic mental health needs, and group and intensive individual therapy for those with more specialized needs (Baingana, Fannon & Thomas, 2005, p.25).

In recent years, many leading agencies have suggested enhanced and integrative models for mental health care in post-conflict settings. Generally, these prototypes include a variety of interventions, which strive to respond to trauma-induced problems as well as other post-conflict needs. Despite recent advancements in the structuring of mental health care, implementation has been extremely challenging on the ground (Abramowitz, 2009). Organizations still have differing opinions on several elements of best practices and have failed to collaborate on the ground in a meaningful way (McFarlane & Yehuda, 2000). The literature has yet to provide case studies demonstrating improved collaboration in conjunction with improved mental health outcomes.

Principle 6: Collaboration with local healers

With respect to the role of local healers, aid agencies and mental health professionals present differing opinions in the literature. Some organizations promote increased collaboration with traditional healers while others recommend proceeding with caution (Baingana, Fannon & Thomas, 2005; SPH, 2011). Authors of the Sphere Project Handbook estimate community support to be an essential element for improved mental health outcomes after armed conflict (SPH, 2011, p.334). They recommend including local leaders and healers at various levels of the intervention pyramid to increase self-help and social support. The IASC (2007) espouses a similar approach and supports the idea of community healers playing a role in the maintenance of mental health and psychosocial well-being, and in mourning and burial ceremonies (p.9). Local leaders are generally incorporated in the second tier of their integrated service approach.

The World Bank (2005) acknowledges the importance of rituals and ceremonies in local settings, but warns that these methods can be at odds with Western therapeutic approaches. They stipulate that: “incorporating traditional healers and rituals in the healing process must be approached cautiously since the same high social regard that can make them effective

can easily be abused" (Baingana, Fannon & Thomas, 2005, p.17). Their position seems to indicate a certain level of mistrust of local leaders. Finally, the WHO (2003) does not comment explicitly on the role of traditional healers in its mental health care documents. Generally, the agency advises that local staff and volunteers should be integrated into the trauma-based programs put in place by Western professionals (WHO, 2003, p.4). Therefore, experts at the WHO advocate for local capacities to cooperate from within Western-led structures.

Despite these different positions, authors agree that the help of local healers should be reserved for war-affected individuals suffering from minor mental health or maladjustment problems (Baingana, Fannon & Thomas, 2005; IASC, 2007; WHO, 2003). Indeed, all of the agencies reviewed for this research agreed that trained, Western professionals should intervene in urgent psychiatric care cases. These cases include instances where individuals could be a danger to themselves or to others, or could present symptoms of psychosis or severe depression (IASC, 2007, p.9; WHO, 2003, p.4).

In summary, agencies differ slightly on specific ideas and beliefs relating to intervention recommendations. Certain organizations follow a medical model of intervention more stringently, while others are more inclusive to different forms of community support. Despite these variations, all leading inter-governmental agencies work with the basic principles and ideas of the trauma model. In all the guidelines and handbooks, mental health concerns become individualized; distress becomes traumatized. The implications of the use of the medical paradigm in post conflict locations are far-reaching. Agencies such as the WHO and the World Bank will necessarily determine the types of services offered to survivors on the ground due to their vast funding capabilities. Simply put, these agencies have the power to determine which paradigm gets integrated into programs and services offered to war-affected individuals and communities. Therefore, the influence of this particular set of ideas will likely continue to assert itself across the globe.

1.5 The Medical model critique

In recent years, the medical paradigm has asserted itself as a dominant model with which to explore post-conflict suffering. Despite the growing influence of the trauma model in the

field, its insurgence has not gone without criticism. Over the years, both academics and practicing mental health professionals have voiced moderate and severe opposition to the trauma model. On the moderate side of the critique, authors assert that mental health and psychosocial interventions should be limited in scope and planned more carefully in congruence with the local culture of affected areas (Ager, 2010; Miller & Fernando, 2008; Wessells & Van Ommerson, 2008a). Wessells & Van Ommerson (2008a) stress the need for further coordination between agencies and caution practitioners against the unintentional harm that may result from poorly planned interventions. Miller and Fernando (2008) outline important recommendations for improved psychosocial practices in post-conflict settings, such as a widening of the intervention focus away from PTSD (p.256). Similarly, Ager (2010) suggests a phased response to psychosocial needs in war-affected areas which focuses on the re-establishment of local protective influences in lieu of psychological methods (p.402).

Other authors take the critique further by suggesting that the medical model of intervention promotes a Western agenda and, ultimately, is harmful to war-affected populations (Abramowitz, 2009; Bracken, Giller & Summerfield, 2000; Summerfield, 1999; Young, 1995). Bracken and his colleagues (2000) contend that the use of concepts such as PTSD should be discouraged as it endorses a Western ontology. They stipulate that this ontology is frequently at odds with non-Western cultures and consequently, potentially harmful to war-affected communities (p.1073). Adding to this idea, Abramowitz (2009) asserts that the use of PTSD in post-conflict settings promotes the development of a new cultural paradigm in war-affected countries (p.42). Based on her extensive research in Liberia, she observed that humanitarian efforts became the driving force behind major structural changes in the country, contributing to the development of a "new normal" for Liberians, which was reflective of Western values (p.41). In his writing, Young (1995) reminds readers that PTSD is in itself a cultural perspective which has been constructed over time (p.5). Likewise, Summerfield (1999) argues that trauma is essentially a Western reframing of post-conflict suffering which legitimizes the intervention paradigm of Western professionals in post-conflict zones (p.1449).

Evidently, the criticism of the medical model in post-conflict settings is wide-reaching, spanning a spectrum of different ideas. Certain authors, such as Wessells, believe in minimal mental health interventions while others, such as Summerfield, reject the tenets of the paradigm completely. Despite some differences among dissident authors, the critique of the medical model can be summarized into three main points. The three key points of contention presented in the literature will be discussed below.

1.5.1 Generalizability versus uniqueness of experiences

As outlined previously, a key assumption of the medical model stipulates that disorders found in Western settings can also be found and diagnosed in other areas of the world. In post-conflict settings, this assumption is often made in reference to PTSD. To validate this claim, Western researchers have increasingly been conducting research using clinical standardized testing tools with war-affected and refugee populations (De Jong & Kleber, 2007; Pham, Weinstein & Longman, 2004). Often, these clinical assessments discover and report the presence of PTSD symptomology in various subsets of the target population.

Critics of the trauma model are fervently opposed to the type of research that seeks to find evidence of PTSD in conflicts across the globe. Scholars assert that it is a mistake to presume that reactions to extreme events are necessarily generalizable, even when evidence for certain disorders can be found (Bracken, Giller & Summerfield, 2000, p.1074). Indication of PTSD symptomology in war-affected populations does not entail that individuals within this population identify with the concept. Academics question the notion that one overarching psychological concept could possibly encapsulate the essence of post-conflict distress across the globe and across different time periods (Breslau, 2004, p.114; Ehrenriech, 2003, p.16). As stated by Derek Summerfield (2000a), a leading psychiatrist associated with the trauma model critique: “the assumption that a Western diagnostic entity captures the essence of human response to such events anywhere, regardless of personal, social, and cultural variables, is problematic” (p.321).

Kleinman (1987) advanced the idea of “category fallacy” to describe the potential danger of universalizing the medical model. He suggests that the ability to identify certain symptoms across a variety of cultures does not mean that these symptoms hold the same meaning

across those different cultures (p.447). Categorizing the occurrence of nightmares as "intrusive thoughts", for example, might not reflect the meaning of the nightmares across various cultures. Researchers might conceptualize the study in a way that is compatible with their worldview, not that of participants. Findings from these studies will therefore reinforce the ideas of the dominant worldview, the medical model in this case. Arguably, the intervention paradigm becomes far more useful to the aid workers than members of the affected populations (Miller, Kulkarni & Kuchner, 2006, p.409).

1.5.2 Targeted interventions versus community oriented interventions

Based on Western cultural ideas, the medical model presents the individual as being the focal point of analysis in post-conflict settings (Bracken, Giller and Summerfield, 2000). Post-conflict suffering is primarily framed as an individual experience where the consequences of war are seen as mainly psychological (Pupavac, 2001, p.358). Many authors question the relevance and generalizability of this idea. In fact, many critics of the medical model argue that the individualized experience of suffering is counter-intuitive to many non-Western cultures, the areas where most conflicts take place (Bracken, Giller & Summerfield, 2000). Indeed, in many cultures, collective identity, such as a community or an ethnic group, takes precedence over identification of the self (Abramowitz, 2009).

In the medical model, the individualized perspective is not presented as a distinct cultural point of view, but rather, as an unquestionable principle. The anthropologist Clifford Geertz (1975), points to this assumption in Western culture:

> The Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement, and action organized into a distinctive whole and set contrastively against other such wholes and against a social and natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures (p.48).

The normalization of this idea within the dominant intervention paradigm is precisely what critics find problematic (Bracken, 1998; Summerfield, 2000a). Of course, this conceptualization implies an individualized response to wartime suffering (Pupavac, 2001).

Here again, critics question the practicality and relevance of an idea that may very well make more sense to the service providers then the people receiving post-conflict assistance.

1.5.3 Technical knowledge over indigenous knowledge

When looking at the medical model holistically, it becomes apparent that scientific knowledge is prized over indigenous knowledge, both in the conceptualization and implementation of post-conflict assistance (Ager, 1997; Bracken, 1998; Pupavac, 2001; Summerfield, 1999). Here, Western knowledge refers to data produced using the scientific method, which generally involves peer-reviewed testing and calculations of expected error (Smylie, 2003). Indigenous knowledge refers to knowledge produced locally in a given society (Warren, 1991). Indigenous concepts vary across cultures, but they generally involve spiritual, intellectual, physical and emotional components and tend to be inter-generational (Durie, 2004).

With regard to this dichotomy, authors within the trauma critique expose an important contradiction: western ideas form the basis of post-conflict mental health programs, which are designed to alleviate the suffering of non-Western populations. Indeed, international aid agencies increasingly fund programs which address the psychological needs of war-affected individuals rather than those which focus on indigenous ways of healing. Interestingly, some international agencies admit that Western models may be at odds with the experiences, cultures and needs of most non-Western societies (Baingana, Fannon & Thomas, 2005, p.16). The World Bank concedes: “psychiatric categories that are used in the West may not translate to other parts of the world, and perceptions of time, traumatic experience, and the emotional distress related to the disruption of social relations may vary dramatically (Igreja et al., 2004 cited in Baingana, Fannon & Thomas, 2005, p.16). Despite this acknowledgement, the medical paradigm is still presented as the gold standard for mental health interventions in post-conflict settings.

Scholars have criticized this ideological choice for two reasons. First, anthropological assessments have demonstrated that intervention techniques using trauma as a baseline render questionable results, most likely due to the culture disconnect that exists between the dominant paradigm and war-affected populations (Abramowitz, 2009). Simply put, what

feels therapeutic in one cultural context might not feel therapeutic in another. For example, Alcinda Manuel Honwana (1997), one of the few African scholars involved in this debate, has demonstrated that that the recounting of traumatic events that is often prescribed to alleviate post-conflict suffering is simply not effective. In reference to the civil war in her native country of Mozambique, she states:

> The recalling of traumatic war experiences through verbal externalisation is not part of the process of coming to terms with it. People would rather not talk about the past, not look back, and prefer to start afresh following certain ritual procedures. These do not involve verbal expression of the affliction (p.296).

Second, scholars deplore the use of the trauma model due to its imperialistic nature (Breslau, 2004). Implicit in the paradigm is the belief that Western experts are better equipped to address post-conflict needs than local populations. Many authors believe that these ideological choices undermine local capacities, coping skills and silence local helping mechanisms (Kienzler, 2008, p.222). The preference for technical ways of doing over indigenous ideas also speaks volumes on the ways in which local populations are viewed on the ground. As Abramowitz (2009) points out, employing foreign personnel to dispense psychosocial programs presupposes that affected communities are first and foremost victimized by war, rendered helpless by the events (p.53). Local communities become recipients of help, not creators of help. In this sense, not only is technical knowledge being overvalued, but community members are being disempowered by the imposition of Western programs in their areas.

1.6 Women in the post-conflict mental health literature

Considering the participant base of the study, it is important to address the issue of gender in the literature review. What have scholars been concerned about in relation to the mental health of women survivors of war? Despite an extensive body of literature on various forms of gender-based violence in armed conflict, including sexual violence, little has been written specifically on women's responses to extreme stressors during or after war. The research which has been conducted to date follows the general academic trend, which is heavily focused on clinical matters such as PTSD. With few exceptions, most studies exploring the mental health of women after armed conflict have been written with a focus

on trauma (Gozdziak, 2004, p.147). In fact, most studies have stated that females are more likely to develop PTSD than their male counterparts (Ai et al, 1997; Ekblad et al, 2002; Mollica et al, 1987). Similarly, research with minors has found that girls are more susceptible to PTSD symptomology than boys (Dyregrov et al, 2002). Girls have been shown to suffer more from intrusion, avoidance and hypervigilance symptoms after exposure to trauma in war zones (Pfefferbaum 1997; Smith et al, 2001).

In trying to understand this phenomenon, some authors have concluded that women have been at higher risk of developing psychological disorders because of their particular gendered experiences of war, which could include rape and other forms of sexual violence, torture and widowhood (Johnson & Thompson, 2008, p.41). Scholars and inter-governmental agencies agree that women face particular mental health challenges in the post-war period. For example, the World Bank presents the view that women are generally more vulnerable to disorders than men. When addressing issues of gender in conflict, authors at the agency state:

> In general, women tend to suffer from mood and anxiety disorders more frequently than men and are also more likely to be poor, oppressed and forced into positions of submission. These factors place them at heightened risk for chronic emotional problems (p.12).

Much of the literature surrounding the mental health outcomes of women in conflict tends to portray them in a vulnerable light. Despite presumably good intentions on the part of academics, reports of high disorder prevalence rates among women can be seen as disempowering. Unfortunately, only two studies which used post-traumatic stress as an indicator for post-conflict suffering reported no significant differences in PTSD prevalence rates between men and women survivors of conflict (Abu-Saba, 1999; Ramsay, Gorst-Unsworth & Turner, 1993). It seems that the tendency towards victimhood which is present in the general body of literature on post-conflict mental health is also replicated within the literature on women. Surprisingly, even the relatively balanced IASC Mental Health Guidelines suggests that women are a particularly vulnerable group which might require specialized mental health services (IASC, 2007).

As is the case with generalized post-conflict mental health research, studies examining the mental health of women using the medical model are much more readily available than those examining indigenous forms of helping. In addition, few studies have systematically evaluated post-conflict needs and/or programs geared towards women survivors of war (Abdul-Hadi, 2009). Only three studies examining the impact of local forms of help on women, such as cleansing rituals and ceremonies, were found in the literature on mental health in conflict (Ager et al., 1997; Betancourt et al., 2010; Gozdziak, 2009).

1.7 Implications for social work

The trend towards the medicalization of wartime suffering has implications for social work practice in post-conflict settings. First, the bulk of literature, emphasizing PTSD and other psychological disorders, helps guide the programming agenda for many agencies working with war-affected individuals. In fact, many authors affiliated with the medical model have strong ties with far-reaching organizations such as the World Bank and the WHO. One can only assume that the paradigm they promote in the literature is the one used for program development. When operating within these agencies, social workers must be keenly aware of the values and beliefs being promoted through post-conflict programming. It is our responsibility as social workers to question certain practices that might be in contradiction with our professional values. For example, favouring scientific knowledge over indigenous knowledge is in direct contradiction with principles of the Canadian Association of Social Workers (CASW) Code of Ethics. The Code states that: "social workers respect the distinct systems of beliefs and lifestyles of individuals, families, groups, communities and nations without prejudice" (CASW, 2005, p.3). Arguably, stressing Western cultural constructs within post-conflict research and program development, with little consideration for the belief systems of the communities in need, is disrespectful.

Social workers operating in post-conflict settings must be aware that the system in which they operate is ridden with hierarchies. The current body of literature clearly positions Western methods above local healing capacities in the global South. As professionals, we must always consider the best ways to promote the self-empowerment of the individuals, groups and communities we are working with. Is this currently the case in post-conflict

mental health assistance? If the research in the field is disempowering, it is our responsibility to confront these notions. Social workers must think critically about the assumptions inherent to the field and challenge research which does not portray war-affected populations in a positive light.

1.8 Addressing the gaps in research

Despite a polarizing debate, some areas of the literature on post-conflict mental health have yet to be exhausted. First, very little research has been conducted on the long-term impact of war-induced distress on survivors of war who remained in their country of origin. Most studies exploring long term mental health factors are conducted with refugees and asylum seekers in Western countries (Gorst-Unsworth & Goldenberg, 1998; Lie, 2002; Steel, 1999). Survivors who remain in war-affected areas after the active fighting has stopped simply do not receive as much research attention as their refugee counterparts. Second, the majority of literature has investigated the association between PTSD and other issues such as family, social relationships and the pressures of displacement (Johnson & Thompson, 2008). Time and again, studies explore the impact of war-induced pathology on other factors in the lives of survivors, such as peace and forgiveness and mothering capabilities (Bayer et al., 2007; Qouta, Punamaki, & El Sarraj, 2003). Continually, the voices of war-affected communities in the global South are silenced at the expense of experts from the global North. To expand beyond the current intervention paradigm, more research is needed regarding local conceptions of healing, cooperation and helping (Honwana, 2000; Stark, 2006).

Third, despite the vast number of programs addressing the mental health needs of survivors of war, little empirical research has been conducted on their effectiveness (Bolton & Betancourt, 2004; IASC, 2007). Scholars conclude that epidemiological evaluation models are insufficient to prove the effectiveness of humanitarian actions (Robertson, Bedell, Lavery & Upshur, 2002). Indeed, academics have spent far more energy debating appropriate methods of intervention rather than assessing the impact of programs on the ground.

With regards to the civil war in Sierra Leone specifically, only seven program evaluations were found in the academic literature (Ager, Stark, Olsen, Wessells & Boothby, 2010; Betancourt et al, 2010; Coulter, 2005; De Jong & Kleber, 2007; Kaindaneh & Rigby, 2010; Maclure, 2006; Medeiros, 2007). Of these studies, five were concerned with Western-led programs (Ager, Stark, Olsen, Wessells & Boothby, 2010; Betancourt et al., 2010; De Jong & Kleber, 2007; Maclure, 2006; Medeiros, 2007) while two examined the impact of local forms of healing (Coulter, 2005; Kaindaneh & Rigby, 2010). Considering the amount of programs which were implemented in the post-war period, the number of evaluations is strikingly low.

The research conducted for this Master's degree seeks to address certain research gaps. First, it explores the long term impact of war on survivors who have remained in conflict-affected areas. Second, it focuses on the impact of local helping mechanisms on the healing process of women and validates the contribution of female community leaders in Sierra Leone. Third, it provides a channel for the voices of local female helpers to be heard and share their opinions on post-conflict assistance. Finally, the research also seeks to explore post-conflict issues in a manner that breaks from the dominant paradigm, in search of new, innovative ideas which will hopefully improve the current practices of international social workers working with conflict-affected populations.

2 CHAPTER TWO: POST-COLONIALISM AS A FRAMEWORK FOR SOCIAL WORK RESEARCH

2.1 Introduction

Postcolonialism was chosen as the theoretical base for this study because of its applicability to the research questions, the locality of the study, the demographics of the participants and my personal values as a researcher. Indeed, it seems this research project emerged with a "postcolonial" lens from the very beginning, prior to making a conscious theoretical choice. This chapter will provide an introduction to the context of colonialism and an analysis of the impact of this historical era on peoples of the global South. The colonial history of Sierra Leone will then be discussed specifically. Following this, a review of the main

tenets of postcolonial theory will be presented. The chapter will conclude with a discussion of the influence of postcolonial theory on my study in Sierra Leone, and its overall relevance as a tool for social work research and interventions.

2.2 Colonialism

Before addressing post-colonial theory as a framework for research, it is important to introduce the concept of colonialism. Colonialism is not new to the modern era nor is it inherently a European phenomenon (MacQueen, 2007). Colonial power has been exercised in different ways throughout history, from China to West Africa, Persia and Rome. However, the colonial process that is being addressed in this paper refers to the European settlement over areas of the Southern hemisphere, which took place in the late nineteenth century and early twentieth century (MacQueen, 2007). Osterhammel (2005) describes colonialism as being:

> a relationship between an indigenous (or forcibly imported) majority and a minority of foreign invaders. The fundamental decisions affecting the lives of the colonized people are made and implemented by the colonial rulers in pursuit of interests that are often defined in a distant metropolis. Rejecting cultural compromises with the colonized population, the colonizers are convinced of their own superiority and their ordained mandate to rule (p.4).

Modern colonization was a historical movement which involved the acquisition of new territory, often using brute force and advanced technologies (Diamond, 1999; Headrick, 2010). To maintain power, the process also implied the systematic subjugation of one people by another – in this case, of the colonized by the colonizer (Stanford Encyclopedia of Philosophy, 2006, para. 1). Domination was facilitated by a combination of technological prowess, access to fire arms, slavery, quasi-feudal forced labour and expropriation of property (Diamond, 1999; Stanford Encyclopedia of Philosophy, 2006). Colonialism was pursued mainly for exploitative purposes, where resources such as natural materials, people and goods, were funnelled back to the colonial powers in Europe. Great prestige was associated with colonialism, particularly in an era where the status of European nations was based on the conquest of these new territories (Cohn, 1996).

Not surprisingly, colonization brought with it fundamental changes to ways of living in the Southern hemisphere. Social structures, including economic and educational systems, were reworked and moulded according to structures in the West (Todaro, 2000, p.37). A cash economy was introduced across colonies, based on private land ownership and individual rights rather than collective rights (Bush, 2006, p.140). An unbalanced economic trade was forced in place, favouring European interests and draining natural resources. New political systems were also put in place which had little resemblance to the chiefdoms and tribal associations which they replaced (Keen, 2005).

Colonization was as much a project of cultural control as it was an economic one (Cohn, 1996). Colonizers deemed it their moral duty to "civilize" subjects, particularly on the African continent. Missionaries were resolved in their duty to bring about: "the salvation of the Blacks from paganism, superstition and immorality" (Robinson, 1952 cited in Bush, 2006, p.139). Inherent to the colonial project was the assumption that indigenous peoples' values were fundamentally inferior to European values (MacQueen, 2007, p.83). Therefore, locals were banned from practicing their beliefs and forced to observe the traditions and rituals of the colonizers (Bush, 2006, p.137). Undisputedly, colonialism changed the course of history for the global South, and consequently the course of their development, in a variety of ways.

2.2.1 Colonial impact

The impact of European colonial rule on countries in the global South, including Sierra Leone, is immeasurable. Structures implemented by Western countries, including political and educational structures, as well as banking and monetary systems, remain largely intact to this day (Todaro, 2000, p.376). Consequently, social functioning and daily life in the Southern hemisphere has changed dramatically from pre-colonial times (Hiddleton, 2009, p.2). Economically, ex-colonies have kept close ties with former rulers, and evidence of manipulation and economic exploitation is observable (Osterhammel, 1997, p.119). The uneven global relationships forged through colonization are still very much a reality of the post-colonial era (Furedi, 1995). As Furedi (1995) argues, contemporary times might be

post-colonial, but with continued global struggles based on religion, culture and economics, they do not appear to be post-imperial.

Further still, academics argue that colonization has drastically changed the ways in which peoples from the global South perceive themselves (Thiong'o, 1986). Scholars from Africa and South Asia have advanced the idea that "colonization of the minds" often accompanied political control and, arguably, has had more devastating effects than any other consequence of colonialism (Mandela, 1995; Nandy, 1983). Essentially, the racist rhetoric which promoted the moral and intellectual superiority of Europeans during colonialism has endured. It has had, and continues to have, a detrimental impact on the development of positive understandings of self in developing nations (Centre Culturel Africain, 1987; Nandy, 1983). Furthermore, it has had a negative impact on the collective consciousness of former colonies, where many communities and nations fail to make sense of their place in the world (Mandela, 1995). In this sense, the long-term effects of colonization could run much deeper than the political and economic reorganization of countries; it could arguably be felt within individuals living with the colonial legacy. Massive structural changes, combined with potential long-term social and psychological effects, have transformed former colonies into much different places then they were prior to European conquest (Furedi, 1995). Unfortunately, Sierra Leone was no exception to this historical occurence.

2.2.2 Colonial history of Sierra Leone

Sadly, the history of Sierra Leone is permeated with the imbalances and injustices discussed above. European contact with Sierra Leone dates back to 1492 when the Portuguese came to the West African coast and established trading partnerships in the area (Sibthorpe, 1970). Years later, the Dutch and the French developed similar trading relations in West Africa, including a lucrative slave trade (Peters, 2011, p.35). Despite this early contact, it was not until the late 18th century that Europeans, the British more specifically, began exerting significant power and influence on the territory that now constitutes Sierra Leone (Sibthorpe, 1970). With the abolition of slavery, many freed slaves of African descent were repatriated to the West coast, to a settlement appropriately named Freetown (Spitzer, 1970). These groups of freed slaves were relocated from England and North America between

1787 and 1800 and became known as the Creoles, due to their exposure to British culture and values (Spitzer, 1970). By 1808, when Sierra Leone officially became a colony of the British crown, Creoles were largely embracing Christianity, learning English, acquiring British-style education and entering into civil service jobs (Spitzer, 1970). Sometimes referred to as the "Black English", educated Creoles mingled freely with British settlers and frequented the same social circles (Peters, 2011).

Following the establishment of Freetown, British colonists cautiously ventured into the hinterland of Sierra Leone. Gradually, they developed trade relations with local chiefs and established themselves as peace makers in local disputes (Peters, 2011, p.37). By 1896, the interior of Sierra Leone was officially incorporated into the colony (Spitzer, 1970). British rulers began to exert pressure on local communities and imposed a tax system across the territory (Peters, 2011). Grassroots resistance movements were easily squashed and dissident local leaders were executed. Conversely, local chiefs who were compliant with the British system were rewarded with power and economic opportunities (Peters, 2011).

As ideas of systemic racism continued to grow in the early 20th century, the British-favoured Creoles began to meet discrimination in the workforce, in the education system and in everyday life (Spitzer, 1970, p.50). The divide that once existed between the Creoles and local groups such as the Mende or the Timne was slowly replaced by a divide between British and non-British (Spitzer, 1970). For decades, colonizers held control over the territory's resources, institutions and, arguably, the minds of its people (Spitzer, 1970).

When power was transferred from the British to the first Sierra Leonean ruling party in 1961, these hierarchical political structures remained largely intact (Peters, 2011; Reno, 1995). Consequently, imbalances of power also remained largely untouched. Favours were awarded to loyal supporters of the government and resource-generated revenue was kept in the hands of elected officials. When discussing the political independence of Sierra Leone, Cartwright (1970) stated: "No new nation builds its political institutions on virgin grounds." (p.11). Cartwright's comment speaks to the patrimonial political system which was firmly entrenched in Sierra Leone during colonization and persists to this day. Indeed,

the colonial system inherited from the British led to the development of a society of "haves" and "have nots".

The colonial experience of Sierra Leone placed local communities in a marginalized position on their own land. Imbalances within the country, including lack of access to resources and lack of self-governance, helped shape the political landscape of modern-day Sierra Leone. The collective sense of alienation which persisted after independence had a tremendous impact on Sierra Leonean society, contributing in part to the events which led to the civil war (Coulter, 2009; Denov, 2010).

2.3 Postcolonial theory: a response to the colonial legacy

Originating from the early 1980s, postcolonialism represents a broad and constantly moving set of ideas. It is an analysis of the impact of colonialism on individuals, communities, knowledge production, systems and structures (Hiddleston, 2009, p.1). In other words, it is a critical approach which examines colonialism and its legacy across continents, scrutinizing past and current global relations (Sharp, 2009, p.5). Postcolonial theory strives to challenge, and ultimately shift, the dominant ways in which Western and non-Western people are viewed and view themselves (Gandhi, 1998, p.6). Scholars and activists within the discipline denounce the ways in which Western knowledge systems have come to dominate all aspects of political, social and cultural life (Sharp, 2009, p.5).

In addition to this criticism of power structures, postcolonialism also seeks to actively drive alternative forms of knowledge into the power structures of the West and the non-West. It strives to change the way people think and the way they behave, in order to produce more equitable relations between the different people of the world (Young, 2003, p.2). In this sense, the term postcolonialism does not refer solely to a framework for understanding post-colonial times, but to a platform for various social movements across the globe (Hiddleton, 2009, p.5). The key concepts of this vast body of theory will be explored below.

2.4 Key concepts of postcolonial theory

Postcolonial theory is a diverse collection of ideas, many of which are debated among authors within the field. Despite this constant discussion, certain key concepts have been

recognized as founding principles of the discipline. These fundamental ideas, put forth by three prominent postcolonial authors, will be examined here.

2.4.1 Power and oppression: Fanon

Frantz Fanon is one of the earliest writers associated with the anti-colonial movement, and subsequently, postcolonial theory. In his works, he examined the modes of thinking of colonialism, as well as the modes of thinking which would eventually lead to decolonization (Fanon, 1961). A psychiatrist by profession, Fanon believed that the violence incurred during colonization was ultimately cultural in nature, where feelings of superiority and entitlement were woven into the colonizer's consciousness (Hiddleton, 2008, p.37). Colonizer and subject were pitted against each other, without any possible mediation. To break from this systematic oppression, Fanon believed that colonized peoples had no choice but to revolt, using the same violence that was once used against them on their oppressors (Fanon, 1961). His vision of colonial liberation constituted not just the eviction of foreign rule, but the transformation of structures of inequality and, more importantly, the narratives and values that legitimize colonial power (Jefferess, 2008, p.4).

Fanon's writings contributed to the development of a novel way of thinking about colonialism. He exposed the multiple layers of power implicit in the colonial project, which, according to him, reached into the consciousness of oppressed peoples (Fanon, 1952). A Black man from Martinique educated in the French system, he recounted his experiences of racial segregation and accompanying feelings of self-deprecation, which he traced back to the colonial discourse. He advocated for a complete rejection and overhaul of the systems put in place by colonialism. These changes included the reclaiming of territory, rhetoric, psychologies and structures, both individually and collectively.

2.4.2 West/East binary: Said's Orientalism

A departure from Fanon's revolutionary call to arms, Said chooses to explore the *content* of the dominant rhetoric through his postcolonial works. One of Said's main contributions to postcolonialism was his portrayal of a constructed, dichotomous relationship between East

and West[2], otherwise known as the Occident and the Orient (Said, 1978). Essentially, Said was interested in tracing the ways in which colonialism forged and maintained its identity and dominance (Bignall, 2010, p.72). He argues that the "otherness" of the East was created by the Western colonial system, particularly through literature, travel accounts, historical documents and political texts (Said, 1978, p.15). Combined, these depictions strengthen the idea of the non-West as a place of "backwardness", "irrationality", and "wildness" (Said, 1978).

An important nuance in Said's conceptualisation of this dual relationship lies in the mutual dependency between the Occident and the Orient. Not only is the "other" being constructed by the colonizer, but the colonizer is locating itself in reference to the "other", contributing to its own self-awareness (Venn, 2000, p.3). Europe, and by extension Europeans, could not identify as educated, civilized and progressive peoples if no comparison group existed (Said, 1978). In essence, without the East, the West simply does not exist. Said believed the creation of binary oppositional structures changed the way we view other people and other nations (Said, 1978). In the case of colonialism, the Oriental and the Westerner were characterized as opposites (i.e. the emotional, static, Orient vs. the principled, progressive Occident). This opposition justified much of the "white man's burden", where colonizers believed it was a duty to rule and civilize "subordinate" peoples.

Said also drew heavily on Foucault's ideas on power and authority by adapting them to the post-colonial reality (Hiddleston, 2009). Based on the assumption that power and knowledge are inseparable, Said explained that the West was able to gain and retain power over the East because it claimed knowledge over the East. To this effect, Said (1978) states: "knowledge of the Orient, because generated out of strength, in a sense

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[2] Although "West" and "East" were the first terms used to express the dichotomous relationship between countries with political power and countries without power, the terms "North" and "South" will be used through this thesis to designate these entities. A shift in rhetoric has emerged in the literature, favouring "North" and "South" as descriptions of this binary relationship. Academics have argued that "North" and "South" is more representative of actual geographical structures of power than Said's "West" and "East" (Cohn, 2008; Wood, 1995). However, the term "Western" will be used to designate North American and Europeans cultural and social structures, as it is still frequently used in the literature to refer to these ideas (Castells, 2010; Leung et al, 2011; Pieterse, 2009).

creates the Orient, the Oriental and his world (…) the Oriental is *contained* and *represented* by dominating frameworks" (p.40). In essence, the West's' claim of knowledge of the East provides the West with the power to name and control the East. The constructs created by the colonial system based on this knowledge suppress the ability of peoples from the East to express themselves adequately and gain control over the discourse. Said contends that a new type of knowledge must be produced that analyses plural objects as such, rather than integrating them into pre-existing categories (Young, 1990, p.11).

2.4.3 The Subaltern: The Subaltern Study Group and Spivak

Originally borrowed from Marxist thinker Gramsci, the term "subaltern" was propelled into postcolonial thought by a group of South Asian intellectuals called the Subaltern Studies Group. The definition of subaltern is two-fold; first, it denotes groups and individuals who do not have a voice across the globe, and second, it refers to a method of analyzing the logics of subordination (Sharp, 2009, p.119). Whereas Said raised the issue of East and West, members of the Subaltern Studies Group were interested in dismantling the hegemonic narratives of colonial history (Stanford Encyclopedia of Philosophy, 2006). They believed that history was constructed from a Western colonial perspective and greatly misrepresented the experiences of the colonized subjects (Hiddleston, 2009, p.69). Essentially, writers began to explore the impact of the colonial legacy from the perspective of marginalized groups, such as peasants, farmers, women, and the urban proletariat. These social groups had been excluded from colonial decision-making structures and were rendered voiceless in the process (Bignall, 2010, p.101). The Subaltern Studies Group estimated that economic oppression was directly connected to the suppression of voice, and thus, they made it their mission to represent the interests of members of the subaltern (Hiddleston, 2009, p.69). In addition to a historical re-write, members of the Subaltern Studies Group called attention to the continued oppression of marginalized peoples in the post-colonial era (Hiddleston, 2009, p.73).

Although Spivak, a scholar of Indian decent, agreed with the basic premise of the term subaltern, she found it problematic that intellectuals were now speaking on behalf of

marginalized groups in lieu of the colonizers. In her influential essay "*Can the Subaltern Speak?*", she warned of the possible misuse of the term and the irony of the Subaltern Studies Group's project. Essentially, Spivak challenged the assumption that colonized peoples could represent themselves within the terms established by the Western political discourse (Bignall, 2010, p.74). Western structures did not allow for the voices of marginalized peoples to be heard. Consequently, she believed it was counter-productive to speak for oppressed peoples within the intellectual spaces of the West. The subalterns are still very much silenced by these systems, even when intellectuals from the South speak of their issues and challenges (Young, 1990, p.159). Essentially, Spivak poses the question: who is speaking for whom in the dominant discourse? For her, the problem behind the voiceless subaltern relates more to the lack of public space than to the individual itself (Spivak, 1988). Young (1990) adds that is it less a question of being able to retrieve the lost subaltern than to acknowledge that the subaltern is only constituted through the positions that have been permitted by rulers in the colonial era (p.165).

In addition to her nuanced interpretation of the subaltern, Spivak also supports Said's ideas in relation to knowledge and power within the colonial experience. She advances the idea of 'epistemic violence', which she defines as the systematic oppression contributing to the destruction of non-western ways of knowing (Spivak, 1988). Much like Said, she contends that the suppression of diverse ways of knowing and doing is a form of control over non-Western peoples. This control serves the interests of the West and perpetuates the domination of western ways of understanding.

2.5 Postcolonialism as a framework for the current study

The research for this Master's thesis uses a postcolonial lens for analysis. From the research questions to the data interpretation, postcolonial underpinnings are used to conceptualize the research. Questioning the dominant Western discourse, this study falls within the growing critique of the current post-conflict social work paradigm. The section below demonstrates how postcolonial theory is applied to different components of the research.

2.5.1 Postcolonial theory and the research questions

The research questions which guide the study were conceptualized using a postcolonial lens. Taken together, they seek to understand the wartime experiences of women from *their* point of view and learn from local helping practices. Inherently, the questions challenge the colonial assumption that Western or "scientific knowledge" is superior to indigenous knowledge. By inquiring about local practices, the research seeks to break the hierarchies of knowledge that both Spivak and Said speak of.

The first research question, addressing the ways in which women conceptualize their wartime experiences, provides space for women to express themselves and their points of view. Much in the way that Spivak advocates for a new space for the oppressed, a large portion of the research paper is dedicated to the women's perceptions of war and their opinions regarding healing practices. Great care was taken to preserve the integrity of their statements. In this sense, the thesis acts as a platform of expression for women who have no voice within the political structures and decision-making bodies. The second question, relating to the various forms of local help, allows survivors the opportunity to actively participate in a discussion about *their* healing process. Local female leaders were consulted about the strategies they used to assist women in the early post-conflict period. Here, indigenous knowledge is being solicited through the interviews and is implicitly considered constructive. Finally, the last research question, concerned with improved social work practices in post-conflict settings, reflects the postcolonial idea that local knowledge is valuable. The research paper uses the ideas of participants to construct an argument for improved social work practices. Therefore, local ways of doing are implicitly acknowledged as beneficial to the ongoing debate on improved post-conflict social work practices. These recommendations challenge the current paradigm in the field, which stipulates that psychiatric concepts are more valid in alleviating post-conflict suffering than indigenous methods. Overall, the lens used to collect and analyze research data is one that seeks to promote the important contribution of local women towards their healing and their country's post-war reconstruction. Ultimately, I argue for a change in current practices, a change which would propel local female leaders to the forefront of post-conflict

psychosocial programming instead of foreign workers. Local women have aptitudes and capabilities which Western social workers could benefit from listening to.

2.5.2 Postcolonial theory and post-conflict mental health

As outlined in the literature review, the medical model of intervention, rooted in Western tradition, is the main framework used to conduct research and deliver mental health services in post-conflict settings. Throughout this paper, I take a critical look at these practices and question the relevance and effectiveness of the dominant framework in the context of Sierra Leone. I advocate for a change in the nature of post-conflict mental health programs. The position put forth in this study is one that is more favourable to local practices and critical of current international practices.

Unfortunately, the field of post-conflict mental health functions much in the same way that historical narratives did during colonialism: those in dominant positions of power tend to construct the debate and determine which issues are relevant. Few war-affected individuals are involved in research and development of post-conflict mental health programs. Even the critique of the medical model is led by Western or Western-educated scholars, who try to defend the interests of the subaltern.

Although I cannot deny my social location as a Western researcher, this study is an attempt to include war-affected women's opinions in the debate. The study takes an in-depth look at the knowledge base used in the field of humanitarian aid and, more specifically, in post-conflict mental health. Much in the way that Said suggests to examine post-colonial dynamics, I take a deeper look into the colonial legacy implicit in the field of post-conflict mental health, where hierarchies of knowledge situate Western ideas at the top and indigenous notions at the bottom.

The research also seeks to take into account the notion of "epistemic violence" developed by Spivak. As mentioned, this idea refers to the destruction of non-Western ways of knowing and the domination of Western ways of understanding. In line with this idea, the research is based on the premise that local ways of knowing are necessarily the most appropriate for post-conflict healing. Indeed, the overall argument and recommendations

for practices are based on ideas from Sierra Leonean participants. It is my personal belief that non-Western knowledge should be prioritized over other forms of knowledge with regards to the development of psychosocial programs for war-affected women. In this sense, the research seeks to contribute to a growing body of postcolonial advocacy work that challenges the dominant ways of doing.

2.5.3 Postcolonial theory and international social work

Postcolonial theory helps international social workers understand the confines of the systems put in place during colonization. As Western social workers operating in post-colonial settings, interactions with clients will necessarily be fraught with elements of colonial history. In other words, despite the best of intentions, social workers carry baggage from the past which is weighed down by hierarchies and imbalances. Years ago, white colonizers exerted power over indigenous populations. Post-conflict social workers must work within the confines of that historical dynamic and consciously work to correct these imbalances. Elements of postcolonial theory can help social workers understand this connection between past and present living conditions in the South. Practitioners and program developers must remain critical of the field and aware of their impact, intended or otherwise.

Postcolonial theory can also be useful for examining the dynamics between international social workers and local populations. As mentioned, social work does not occur in a vacuum, void of historical and political context. Given the lengthy history of oppression and colonization, it is not surprising that it remains challenging for foreign social workers to develop truly equalitarian relationships with members of Southern populations. It is equally difficult for Southern populations to truly connect with foreign social workers in a genuine manner. The scars of colonialism run deep, and postcolonial theory can help practitioners understand the dynamics behind this relationship. Indeed, this relationship is already embedded with meaning, in spite of the individuals who are concerned. Trustworthy relationships between international social workers and clients involve continuous dialogue and honest, open-minded exchange (Leung, et al, 2011). Sincere cross-cultural working relationships also need time to develop and grow through the difficult

barriers constructed by colonialism. Therefore, social workers need to advocate for a system which favours a commitment to this exchange.

Colonialism has left numerous wounds in the countries that it has affected. Entire nations saw their ways of being and doing overturned and their people exploited for the political and economic gain of the West. Even after political independence, relations between East and West are still characterized by entrenched power imbalances. Postcolonial theory helps make sense of the effects of colonialism on countries, communities and individuals. Because of its analytical focus on subordination, power dynamics and knowledge production, postcolonial theory was chosen as the lens with which to explore issues relating to this study. Postcolonial theory remains critical of the systems put in place between North and South, of which the field of international social work is a part of. Therefore, postcolonial theory remains an interesting lens with which to explore issues pertaining to the field of post-conflict mental health and international social work.

3 CHAPTER THREE: METHODOLOGY

3.1 Introduction

The research for this paper took place both in Canada and in Sierra Leone. Qualitative interviews were conducted in rural Sierra Leone, transcriptions and data analysis took place in the capital city of Freetown, and the majority of academic research and writing occurred in Canada. The international nature of the study certainly increased the complexity of the research process as a whole, where logistical elements, cultural matters and hierarchies of power became important considerations. Despite certain methodological challenges, this study awarded me the opportunity to interact directly with survivors of the civil war and obtain firsthand information. The wealth of knowledge that these participants graciously shared with me certainly outweighed any logistical issues that occurred.

This chapter will explore the methodological process involved for this research project. It outlines methodological concerns inherent to any qualitative study, as well as specific matters relating to international research. First, the context in which the research was conducted will be discussed, followed by a description of the chosen methodological

approach. Subsequently, the potential risks for participants will be outlined, along with a description of participant recruitment methods and sampling techniques. Next, the data collection process will be explored at length. Concerns particularly relevant to international research, namely important cultural considerations and potential hierarchies of power, will then be discussed, and an account of the data analysis procedure will also be provided. Finally, a discussion on the study's limitations will conclude the chapter.

3.2 Research Context

A large portion of the research took place overseas, rendering the research context particularly important for discussion. While in Sierra Leone for the purposes of my research, I was also acting as a research assistant to Myriam Denov, helping to coordinate a project with former child soldiers in a slum community. This research project was done in collaboration with a non-profit organization named Defence for Children International Sierra Leone (DCISL). As such, much of my time was spent on the ground working with the organization. DCISL is a national chapter of a large international movement which aims to protect and promote the rights of children. They work primarily with vulnerable children and youth across Sierra Leone, including those in conflict with the law or at risk of coming in contact with the law. The organization is comprised of five branches in different regions of the country, with each office developing programs based on the needs of children and youth in their respective area.

While in Sierra Leone, I stayed with a local host family and worked alongside Sierra Leonean social workers on a daily basis. Lasting approximately four months, this research opportunity allowed me to gain an understanding of the local culture, political structures, the formal and informal justice systems, gender relations and other social dynamics. Through informal discussions with my host family, friends and coworkers, I also acquired insight into several issues relating to the civil war and the collective healing process of the nation. Time working with DCISL enriched my research immensely as it allowed me to develop a deeper understanding of the country and its people. Among other things, it provided context to better appreciate the verbal and non-verbal responses of participants.

These subtle yet important details, which influenced the course of the study, would likely have escaped me if I had traveled solely for the purpose of conducting my thesis interviews.

3.3 Methodological Approach

The study design was largely influenced by a grounded theory approach, more specifically the constructivist grounded theory approach developed by Charmaz (Walker and Myrick, 2006). Inductive in nature, grounded theory uses empirical data from participants' experiences to generate an explanation (or theory) of the process that the participants have undergone (Creswell, 2007, p.63). Once the data is gathered, a procedure of analysis based on coding helps the researcher generate categories and sub-categories which will provide the foundation of the theory (Walker and Myrick, 2006). In other words, grounded theory uses information provided directly by participants, establishes patterns in the data and constructs a theory based on these findings. An adaptation of the classical approach of Glaser and Strauss, constructivist grounded theory emphasizes a diversity of world views and multiple realities, highlighting participants' values, beliefs, feelings, assumptions, and ideologies rather than a rigorous analytical method (Creswell, 2007, p.65-66).

The current study collected information from female participants regarding their wartime experiences and the challenges they faced in the early post-conflict period. Considering the exploratory nature of the study, qualitative interviews were considered an appropriate choice. The underlying assumption of the research is based on the principle that participants who have lived through a particular experience or event are best placed to inform the researcher about it. In the case of this study, participants who experienced armed conflict were deemed to be in the best position to inform social work practitioners about relevant ways of helping after such an event has taken place. Ideas and conceptions surrounding local forms of help and cooperation among women were gathered from participants to generate a set of recommendations regarding best practices in post-conflict settings. The research used a bottom-up approach which allowed participants to direct the main ideas of the argument, such as prescribed in grounded theory. Despite the strong influence of grounded theory on the research, a notable difference needs to be made explicit. The objective of the study was not to produce a "theory" regarding social work

interventions in post-conflict countries, but rather to develop recommendations for improved social work practices.

3.4 Ethical Considerations

Ethics were of utmost importance in the context of this study. In the years following the end of the war, the relationship between Western researchers and local populations in Sierra Leone had often been plagued by imbalances of power. In fact, some of the women interviewed in the course of this study expressed feeling exploited by previous North American and European research teams. Participants believed that certain researchers had conducted their studies without any consideration for their difficult situations. They felt that they had given much of themselves during the interviews without receiving anything in return. For this reason, I took additional steps to uphold ethical standards and to ensure that participants were comfortable with the process.

Firstly, the consent forms and interview guides designed for the purpose of the study were pre-approved by the University Research Ethics Board before being used. Informed consent was discussed at several points during the course of the research process, both with community leaders and with participants. During the initial introductory meetings with stakeholders, informed consent was explained and clarified by DCISL staff members in their native language. Collaborating with DCISL staff members necessarily increased support for the research due to their pre-existing working relationship within the various target communities. Through their programs in the pre-selected areas, DCISL social workers were known to local leaders and villagers alike. The relationship of trust they had acquired through their work greatly increased the research's legitimacy and facilitated the research process. Ultimately, chiefs and counsellors approved the project and felt comfortable with the researcher and DCISL staff working in their communities.

I also conducted information meetings with potential participants before the formal interview process began. These meetings were held with each woman individually and allowed me to explain the themes involved in the research, address concerns, and answer questions. During these meetings, I was particularly attentive to non-verbal cues that could

indicate any hesitation to participate. Once again, translators explained informed consent in Mende, the native language of participants.

Potential participants were asked to think about their participation and provide an answer about their involvement only upon the researcher's return to the area. This additional step was judged necessary considering the pre-existing relationship between certain Western researchers and members of the local population. Finally, on the day of interviews, the researcher read the consent form aloud, which was simultaneously translated by DCISL translators. For participants who could not sign their name, a stamp was provided with which they could print their thumb to demonstrate their consent. Participants were verbally informed that their names would not show in any of the documents submitted.

The research did involve minimal risks to participants, notably the possibility of reliving difficult past experiences through the interview process. Although the majority of interview questions related to local coping mechanisms and ways of helping, survivors were asked to provide background information regarding their wartime experiences. As can be expected, some of these events were extremely challenging to recount. For this reason, precautions were taken to ensure the well-being of participants. Firstly, questions regarding wartime experiences were asked in such a way that enabled participants to divulge only what they were comfortable with. No questions targeting specific experiences, such as sexual violence or other forms of torture, were asked. Secondly, before the interview began, each participant was reminded that she was free to skip any question that she might feel uncomfortable with. Each participant was also advised that she could stop the interview at any point if she wished. Finally, it was made clear before the interview began that DCISL social workers were available to debrief after the interviews.

3.5 Participant Recruitment

Participant recruitment was done in partnership with DCISL. To organize recruitment, meetings were arranged between myself and the managers of two regional offices of DCISL: the Northern office in Makeni and the Southern office in Bo. Together, we explored the possibility of doing research with two different types of informants: 1) women who had suffered various forms of abuse during the war and 2) women who had been

instrumental in the healing process of other women. Managers at both DCISL offices identified potential participants for both categories of informants and arranged preliminary information meetings with stakeholders in various rural communities. These local stakeholders included women leaders, village chiefs, counsellors and directors of various local organizations. Community meetings constituted an essential first step in addressing research expectations and intentions. In addition, it allowed me to assess the varying levels of commitment and availability of the different stakeholders in each region.

Finally, it was decided that the research project would be conducted in the Southern region of Sierra Leone. The conflict had originated in this area of the country, and residents had endured many years of violence. Due to intense levels of fighting, the Southern part of the country still faced many post-conflict challenges, rendering it an appropriate location for the study. Concentrating in one region also simplified technical matters, such as translation and transcription from one local language instead of several languages, as well as transportation to and from the capital city.

On a second visit to the southern town of Bo, the researcher and DCISL staff reviewed the list of potential participants which stemmed from the community meetings. A small rural village in the region, which had been attacked by rebel forces, was suggested as a location to conduct most of the interviews. In addition, a local organization, War Affected Girls and Adults (WAGA), was targeted as a second location. WAGA was originally established in 1996 to help women and girls during and after the war, and their work was well-known in the region. Both sites were to include the two types of participants required for the research.

Before conducting the interviews, the researcher and DCISL staff members held information meetings with women in each location to evaluate their interest in participating. I wanted to begin the establishment of trust between myself and the informants. Questions regarding the research were addressed, and expectations were clarified. Finally, a list of ten participants was compiled, including four female leaders who provided help to others and six female survivors of the war.

3.6 Sample

Proponents of the grounded theory method recommend targeting a sample of at least twenty participants for the approach (Creswell, 2007). However, for the purposes and scope of this study, a total of ten participants was judged sufficient. As mentioned, participants were chosen based on two distinct sets of criteria. The first group of participants, referred to as survivors[3], was chosen based on their wartime experiences. In terms of inclusion criteria, these participants had to have remained in the country during the war and overcome extreme circumstances relating to the war. With this group of women, I was interested in exploring their wartime experiences and their ideas surrounding suffering and healing. I wanted to assess what help they had received, the impact of this assistance on their lives, and explore some of their post-conflict needs which had not been met. The second group, female helpers or healers, had to have played a role in the collective healing process during the early post-conflict phase, particularly in relation to women. With this group of participants, I chose to focus the discussion on the various ways they provided assistance to others as well as explore their motivations for helping, their techniques and their challenges.

A purposeful sample was used for this study, which led to a homogenous sample in many respects. All participants were members of the same ethnic group, the Mende, and spoke the same local dialect. Almost all participants originated from the same rural area, despite some having been born in different areas of Sierra Leone. Most lived in the same village which they were born in, engaging in subsistence farming as their main economic activity. With the exception of one participant who held a university degree, all of them had very little or no formal education. The vast majority could not read or write their name. All of them were mothers, and had between two and six children each. Many of them lost children during the conflict, due to violence, disease or starvation. Through informal and formal discussions, it became clear that all of the women cared deeply for their families and

[3] For the purpose of this thesis, the term "survivor" refers to participants who received help from other women in the early post-conflict period. Despite all of the women in the study necessarily being "survivors" of the conflict, the term is used to refer to individuals in the first group of participants, distinguishing them and their experiences from the female helpers. Use of the term "survivor" in reference to the first group of participants also emphasizes women's capabilities instead of focusing on their wartime victimization.

their communities. They were relentlessly hard-working, seeking opportunities wherever they could. Despite many similarities, some differences within the sample were apparent. Participants varied greatly in age, ranging from 19 years of age to approximately 70 years of age. Their wartime experiences were also quite diverse.

3.7 Data Collection

The primary method of data collection was face-to-face interviews, which took place in August 2010. The researcher, accompanied by DCISL social workers acting as translators, met formally with each participant once, for approximately one hour. The interviews took place in the locations mentioned previously: in a village of Mattru near the town of Bo, and at WAGA, a local organization helping adult women and girls. The first location proved to be challenging as it was difficult to find a quiet place to conduct the interviews. No closed spaces were available at the time, forcing the interviews to take place in a secluded area outside. Unfortunately, privacy became an issue as other community members passed by the area from time to time. When men were around, they were kindly asked to leave the surrounding area to enable to interview to continue. Interviews held at WAGA took place in much more private setting inside the main office. Only the researcher, the participant and the translator had access to the room during the interview process.

The interviews were based on a semi-structured interview guide, which contained two main questions and a set of sub-questions. Keeping in line with the spirit of constructivist grounded theory, the questions were open-ended in nature. For the survivors, the first set of questions was designed to learn more about their wartime and early post-conflict experiences, their challenges and their feelings during that difficult time in their lives. The second set of questions related to the type of help they received in the months following the end of the conflict. For the helpers, the first set of questions was designed to understand the needs of women and girls at the end of the conflict as well as the ways in which they helped others during that time. The second set of questions sought to understand the potential impact of their help on women in the community. Overall, the interview guide allowed for a wide range of possible responses and ideas relating to the central questions, which

ultimately enabled the participants to guide the researcher towards a better understanding of a complex set of realities.

The researcher was accompanied by a DCISL social worker who ensured proper translation. At the beginning of each interview, the participant was asked which language she would prefer the interview to be conducted in. Unanimously, all participants selected Mende as their language of choice. The translation of questions and responses occurred instantaneously, facilitating the dialogue between researcher and participant. During the translation from Mende to English, the researcher took detailed notes, which would later be used during the data analysis.

Audio recording of the interviews was essential for future transcription from Mende to English. In an effort to obtain the most accurate information possible, a professional transcriber was hired to complete this task. The researcher believed it best to involve a professional transcriber unknown to DCISL and unaware of the context of the interviews, to provide an unbiased transcription of the events.

In addition to face-to-face interviews, observation was an important feature of data collection. First, observation was used to compensate for the lack of a common language between the researcher and participants. If a participant was visibly uncomfortable or disturbed during the course of the interview, I asked that the question be skipped. I also paid attention to differences between verbal and non-verbal cues and asked for clarification when I sensed a discrepancy between the two. Observation of the relationship between researcher and participant was also considered essential. The exchanges and overall dynamic between the researcher and each participant was examined and recorded for future analysis.

3.8 Cultural Considerations

Conducting research in a cross-cultural setting brings with it a series of added challenges. As discussed above, linguistic differences between researcher and participant can act as a communication barrier between the two parties. Translators needed to be chosen carefully to avoid losing crucial information. In the case of this study, a female social worker from

DCISL was chosen, not only for her linguistic abilities, but based on her interview skills and sensitivity to the issues facing participants. Unfortunately, she was unexpectedly unavailable for the first two interviews and a male counterpart was asked to step in. This replacement was discussed with both participants prior to the male social worker's arrival in the village, and both women consented to this replacement. Having had contact with this member of staff in the past, both women expressed feeling comfortable with this option.

Second, certain cultural differences between researcher and participants were essential to consider, as divergent beliefs and values systems did become apparent in the course of the interviews. For example, when addressing local forms of help, I inquired about certain healing ceremonies that might have taken place in the village. After asking one or two participants about these ceremonies, I began to detect some hesitation on their part. One participant in particular, a well-known healer in Mattru, was particularly apprehensive about answering some of the questions being asked. Inquiries surrounding cleansing rituals were answered ambiguously or not answered at all. I quickly realized that these ceremonies were closely linked to the Bondo secret society to which most local women belong. Bondo society is a female initiation process which involves a series of different ceremonies, including female circumcision (Rajkotia, 2008, p.227). Similar to a rite of passage, girls are taught about motherhood, herbalism and the traditional role of women in society. Once they become teenagers, girls are taken to the bush for a number of days, initiated, and return to the village as women (Coulter, 2005). Socially, belonging to the Bondo society holds much significance, particularly in rural areas. Girls can easily be cast out of communities for not being initiated, and will have difficulties finding a husband (Coulter, 2005). Practices associated with the Bondo society date back several generations and are still very much laden with secrecy. In fact, no one outside of the Bondo society is entitled to information relating to its activities.

Considering the secrecy surrounding the Bondo, apprehension to discuss healing ceremonies comes as no surprise. Because I was not initiated, I was not given access to information regarding these societal traditions. I simply did not hold the same social status as women who were part of the Bondo society. Therefore, the impact of our cultural

differences limited my access to specific information. This cultural distinction influenced the research by directing the data in a different direction than initially anticipated. Originally, I had expected to hear more about collective healing ceremonies and about their impact in the lives of women. However, in keeping with the methodology of grounded theory, I investigated the areas which participants were comfortable exploring. Realizing the potential for misunderstanding, I ultimately chose to redirect the questioning to less sensitive topics, such as local forms of counselling.

3.9 Hierarchies of power

Another important consideration in this research project was the vast difference in the social locations of the Western researcher and local participants. As was noted in chapter two, historical events and international political structures have created great cleavages between the standards of living of populations in the North and the South (Todaro, 2000). Here, variations in education levels, racial background, nationality, and social and economic privileges played a part in the working relationship between the two parties. While I personally entered the process feeling like I was surrounded by equals, it became apparent that many participants felt that power weighed more heavily in my hands. Responses to two particular interview questions, which will be explored below, generated a reflection on the possible hierarchies of power involved in this serie of exchanges, and in international social work research as a whole.

Nearing the end of the interviews, I asked participants if they wished to send a general message to Canadian social workers who might be interested in international work. This question was intended to provide space for participants to guide Western professionals in their work overseas. Similarly, in the final question, participants were asked if they wished to add anything relating to the general subject matter of the interviews. This question was included to allow participants to address issues that had not emerged in the discussion. Surprisingly, nine out of the ten participants chose to use this space to ask for personal assistance from Westerners instead of commenting on social work practices. Survivor # 3, for example, requested that Western social workers help her regain the financial status she had before the war. Others asked Canadian social workers to help them address more

specific needs, such as their children's school fees. I also personally became the target of requests for a diverse range of needs. Of course, all of the women who made requests were advised of my constraints and my inability to grant such assistance.

Needless to say, the participants answered these questions differently than expected. Perhaps naively, I had not anticipated that participants would formally ask for assistance during the interview process – afterwards perhaps, but not during the formal interview. When designing the questionnaire, I assumed that participants would use this space to vent about inadequacies or shortcomings, information which could ultimately help improve the practices of foreign social workers. My assumption that they would have the luxury of providing social workers with advice instead of asking for assistance reflects the grave inequalities between North and South. The women interpreted these questions as a chance to escape from poverty. They recognized and seized a rare opportunity: getting access to a Western audience that could potentially help ease some of their troubles. This speaks volumes about the pressing needs of Sierra Leonean women and their constant struggle for survival. It also suggests that opportunities are lacking for rural women to better their situation through local means.

It is also possible that these participants felt they were not in a position to counsel Western social worker about their practices. Postcolonial theorists remind us that decades of colonialism have produced a dynamic where Western knowledge continuously trumps local knowledge and traditional ways of doing (Spivak, 1988). Others have warned of the long-term effects of racist colonial messages on the collective psyche of peoples of the South (Fanon, 1961; Centre Culturel Africain, 1989). With these patterns in place, it is easy to see how participants might have been uneasy giving advice to "educated professionals" from the West. This speaks to a long standing dynamic of inequality between the colonizer and the colonized, which now bleeds into the relationships between foreigner workers and researchers and local populations.

Ultimately, the participants' requests for assistance point to an imbalance of economic and social opportunity between myself and the participants. The participants were correct in assuming that I had access to certain resources. Afterall, I did have the luxury to leave

Canada for months at a time, to travel across the globe to conduct interviews, to hire translators and transcribers to assist in my study, etc. I also have the luxury of continuing my education well into my adult years. In this sense, I did hold more "power" than the participants who were not in a position to do so. Essentially, I had access to the power that comes with choices and possibilities, something that many individuals in the South, including these women, do not have.

Ironically, the study was intended to position power in the hands of participants. Grounded theory allows for the views and experiences of participants to take centre stage in the research (Charmaz, 2006). The equalitarian relationship between researcher and participant which I sought to create was extremely difficult to achieve. Although a bottom-up methodology was used to conduct the study, it was not capable of erasing a long history of inequality. The social locations of each party were too powerful to be put aside, and thus, influenced the interview process.

3.10 Data analysis and procedure

Once the data collection process was finalized and interview transcriptions were compiled, the data analysis could commence. To facilitate this process, I followed the analysis method prescribed by grounded theory, beginning with open coding. Walker and Myrick (2006), explain open coding as a procedure where the analyst emerges his of herself in the data through line-by-line analysis, coding in as many ways as possible (p.551). Following this, the researcher writes memos regarding the conceptual ideas that emerge during the course of analysis. For this study, each interview was read carefully and important concepts, words, events and phrases in the document were highlighted. The poignant words were pulled from these passages and written verbatim in the margins of the document. For each interview, these words and phrases were then compiled and written down in a separate document. With this compilation in hand, I began a process of "memoing" the information. According to Glaser (1998), memos are the write-ups of ideas according to their substantive codes (p.163). These codes reflect the relationships and connections between different sets of data. Essentially, by using this method, I began

making connections between concepts and exploring how different ideas or events interacted and influenced each other.

I then proceeded with axial coding, which consisted of producing a visual map of the concepts which emerge from the data and the memos. According to Strauss and Corbin (1990), the purpose of axial coding is "to put the fractured data back together in new ways by making connections between a category and its subcategory" (p. 97). I analyzed the written material and compiled the most relevant and frequent ideas into categories. Subsequently, connections were made between the various categories. These connections were visually displayed, producing an illustration of the relationships between them.

From this illustration, I dissected each section and itemized the major themes present in each data category. A data selection process occurred where less frequent concepts were integrated into larger categories or discarded completely. This itemization step provided the detailed information necessary to produce a more detailed illustration, which would constitute the basis of the framework emerging from the original information. Finally, from this larger illustration and the previous data documentations, I began to conceptualize the final framework surrounding improved social work practices in post-conflict settings.

3.11 Study Limitations

Overall, the research conducted for the study went very well. The interview process was successful and allowed for the gathering of interesting data. The analysis was systematic and produced interesting results. However, certain limitations to the study need to be addressed. First, having DCISL coordinate the participant recruitment process limited the heterogeneity of the sample. Despite DCISL's screening process having been extremely efficient, not being in control of the initial selection of participants meant that I was unable to pinpoint specific participation criteria from the beginning of the process. Once I arrived in Bo, potential participants had already been briefed and pre-selected in certain areas. Therefore, I chose the final informants from a smaller pool than I would have hoped. Looking back, I believe I would have benefitted from having a more diverse sample, particularly with regards to healers, where three out of four originated from the same

village. With a more diverse sample, I could have potentially gained access to different experiences, and various types of social work techniques.

Second, the small sample size of the study also proved to be a limitation in terms of generalizability. Unfortunately, findings in this study cannot reflect the experiences of war-affected or Sierra Leonean women in a generalizable way. The production of a "theory" on improved social work practices was also impossible to achieve, due to the relatively small number of informants. Finally, another important limitation involves research time constraints. Upon reflection, I wish I had spent more time with the women in Mattru and at WAGA to gain a better understanding of their current circumstances. Although I did spend a significant amount of time in Sierra Leone, which was extremely useful in understanding the local culture, most of this was spent in the capital city. Considering the vast differences between urban and rural settings in Sierra Leoneans, it would have been beneficial to spent additional time in the area of study and learn more about the daily lives of participants.

Despite these limitations, data from the interview process yielded some interesting findings relating to the participants' experiences and local social work techniques. These findings will be presented below.

4 CHAPTER FOUR: STUDY FINDINGS

4.1 Introduction

The following chapter presents the data which emerged from the interviews with local female healers and survivors of the war. It attempts to paint a portrait of the early post-war experiences of women, as well as social work interventions among Sierra Leonean women living in rural areas. Through the responses of participants, this chapter seeks to answer the main research questions: what did the wartime experiences of women look like? In which ways did local Sierra Leonean women help one another and contribute to their healing process? What can we learn from these experiences to help improve international social work practices in post-conflict settings?

For the sake of clarity, this chapter is comprised of six substantive sections relating to the three research questions, as well as an introduction and conclusion to the chapter. The wartime experiences of women will first be explored, followed by a description of the mechanisms used by women to cope with the events of the war and its aftermath. Subsequently, the lingering consequences of the war, as expressed by participants, will be outlined. Following this, a discussion on local conceptualizations of war will be presented. Next, the various forms of local social work interventions will be displayed, with a particular emphasis on the *content* of local help. The chapter will conclude with a short comparison between the dominant Western intervention paradigm as introduced in the literature review, and the local intervention patterns presented in the interviews.

4.2 Situation of women during the conflict and in the early post conflict period

4.2.1 Experiences during the conflict

The wartime experiences of participants were diverse and complex. During the conflict, all of them endured terrible suffering, tragedy and loss. Five of the six survivors interviewed were violently abducted by rebel forces at some point during the active phase of the conflict. The youngest participant was kidnapped by the Kamajor fighters and the remaining four were taken by RUF soldiers. Some remained in the custody of their captors for ten months, while others were held for as long as five years. While in the hands of rebel forces, the women recounted having to execute a variety of tasks including cooking for the group, washing their clothes, chopping wood and farming in the fields. The women were forced to live in harsh conditions with little rest, working from early morning to late into the night. During this time, the women had no control over their personal security or the security of their children, in the rare cases where they were held captive as a family. One's survival rested largely on the will and daily decisions of the troops who were responsible for them. One participant remembered being tied to a tree without food by RUF soldiers while she waited for her fate to be decided. One soldier advocated having her killed while another argued to keep her alive. After four days, she managed to escape with the help of a fellow hostage.

4.2.2 Forms of violence

Violence was a daily occurrence for women living under the control of rebel fighters during the war. Many participants reported repeated sexual assaults at the hands of soldiers and commanders. One woman, who was held for a long period of time, reported giving birth to two children from a RUF commander who treated her as a temporary wife during the conflict. She recalls the painful experience of sexual abuse under the RUF:

> When it was evening, he used to have sexual intercourse with me for a long time even when I was on my menstrual cycle. After the sexual intercourse I used to have stomach aches and until now, I am suffering from that stomach ache. (…) I had two children for the commander. That is why I cannot be involved in any sexual intercourse at the moment. - survivor # 5

To this day, this participant is still struggling with the physical and social consequences of her sexual assaults. In addition to sexual violence, participants also recounted being subjected to other forms of physical violence during the war. Many women reported being physically beaten on multiple occasions, both by rebel soldiers and abusive husbands. Two of the survivors also recalled being forced to walk for many miles in torturous conditions, carrying packages of goods for the rebels from one base to another. Long searches for food were also commonly reported and were extremely arduous for women.

Many of the women were also forced to witness acts of extreme violence on loved ones, friends and strangers. Public killings occurred frequently, where captives were systematically lined up, and one or more individuals were selected for execution. During their time as hostages, some women were forced to witness family members being tortured and killed under the control of the rebels. The youngest participant, who was a minor at the time of the conflict, upsettingly recalled one such incident, when her mother was killed.

> When the tensions rose again, we ran to the bush. When the rebels would meet us there, they would take our food and tell us to carry their loads to the Jogoda base. At this time, they got hold of my mother who was pregnant at the time. I was with my father and he took me away, but I ran to meet my mother. The rebels caught me. They took me in front of my mother and opened her up in front of me, they took the baby out too. - survivor # 1

4.2.3 Loss and separation

Loss and separation from family during the war was a painful experience described by all the women. All of the women married at the time the conflict broke out, lost their husbands during this time. Three of the five survivors who had children lost one or more of them as a direct result of the war. Participants' children were killed, went missing or died of disease or starvation.

Circumstances surrounding separation differed greatly depending on the situation of the participant. Some experienced the loss of family members during rebel raids, while others reported losing contact with loved ones after being held captive. In some instances, families were abducted together by the RUF, but were separated during the ordeal. In many cases, husbands were taken away never to be heard of again. One survivor describes the distressing experience of waiting for her husband to come home near the end of the conflict.

> I started to ask my mates for my husband because he told us to go ahead to his sister's. They told me that they had seen him in Mattru, that he had not moved from there yet. Rebels were very aggressive, those captured were wounded and some killed. With that bad development, I became more uneasy. I could not eat at that particular moment, I was just asking people for my husband. Little did I know, my husband was among those captured and killed by the rebels. No one had the courage to tell me that the rebels had killed my husband. – survivor #2

As described by survivor # 2, abductions and shootings not only affected close family and friends, but members of the whole community. Entire villages felt the heavy burden of the war's events and were forced to share the responsibility of passing on bad or good news to others. Loss of this magnitude was inevitably shared by all.

Another experience reported by the women was the loss of property during the conflict. Houses were burned to the ground or ransacked for money and household items. Gardens and farm land were also destroyed. When returning to their native communities, villagers were confronted with a different landscape and a different reality. When discussing the loss of property, survivor # 4 articulated: "that is why even to get food to eat was difficult

because they destroyed everything", illustrating some of the logistical challenges of the early post-conflict phase.

The survivors interviewed for this study experienced the events of the war in different ways, yet their stories share many commonalities. Unequivocally, participants were unable to ensure their own safety and security during this time. Similarly, they were unable to protect their children, which caused unimaginable amounts of worry and fear. As discussed previously, most of the women interviewed were held captive by armed groups for long periods of time, unsure of what their future held. All the women undeniably experienced great loss and suffering during the conflict, yet were able to survive the horrendous circumstances in which they were placed.

Events which were described through the interviews are congruent with findings in other studies on women and girls in Sierra Leone (Amowitz et al., 2002; Denov & Maclure, 2006; McKay & Mazurana, 2004; Jackson, 2011). Combined, the body of qualitative research points to a vast range of challenges which occurred during the conflict and in the early resettlement period. Here, participants exposed a number of different events, which paints a complete portrait of their experiences. What is most striking in their accounts is not the amount of suffering during the war, but their stories of survival. Their endurance and perseverance, under such strenuous circumstances, is a testament to their strength and resilience during this trying time.

4.3 Coping mechanisms after the war

At the war's end, citizens of Sierra Leone organized to rebuild their lives and their country. As discussed earlier, the conflict added many more trials to previous precarious living conditions. Women in particular faced great challenges in readjusting to a landscape and a life that did not resemble the one they once knew. To see how women settled after the war, coping mechanisms are presented here.

Data seems to indicate that most of the coping mechanisms used by women were based on physical activities rather than counselling or explicit psychological therapy. In fact, all of the women used revenue generating activities, occupying both the mind and body, to cope

with the events of the war. The most common activities included gardening, rice farming, cutting and selling wood, and selling agricultural products at the market. In some cases, the women executed these activities by themselves, but most undertakings were collective. In many instances, family and friends were instrumental in providing opportunities to help women cope with the war. Many women cited that neighbours and extended family members provided small plots for them to farm on. In another case, one woman was enrolled in skills training shortly after the war and found this activity helpful in many facets of her recovery. She credited her father and her uncle for providing the opportunity to register for the program. She stated the following:

> When I came through this suffering, I told my father that I wanted to go live with my uncle in Bo. My father accepted. Once in Bo, it was my uncle who sent me to WAGA. Right now, I am doing tailoring and I am very dedicated at it. I know where I am coming from and I don't want to go back there again. (…) I thank God because I did not get to go to school and now I am learning to write my name. This brings me so much happiness, I am mingling with other students, and I can cut and sow. – survivor # 1

It is no surprise that revenue generating activities constituted the main coping mechanism used by women. Despite the difficult emotional circumstances, women had to find a way to feed their families. Once security was established in the area, the priority for women became, understandably, the survival and welfare of their children. The lack of information relating to "emotional coping" in the interviews suggests that emotional trauma was not a pressing concern for participants in the early post-conflict phase. In fact, "coping" was not associated directly with mental health wellness at all, but with survival. Interestingly, the open-ended questions relating to coping mechanisms were very much understood in a practical sense, connecting once more the idea of coping with the need to survive. For example, when asked what they were doing in the few months following the war, all the survivors' answers related to their subsistence. "Coping" was understood quite literally as dealing with everyday affairs. "Coping" was seen as a desire for economic stability rather than explicit psychological well-being. Participants did however, establish a connection between these two ideas, stating that economic stability could ease the burdens brought on by the war and alleviate some of the emotional troubles associated with this time in their lives. One woman explained the connection between daily survival and overall coping:

> They (other villagers) were talking to me and told me that I should be working, like gardening, so as to enable me not to be discouraged and that planting vegetables will enable me to take care of myself and my son. By doing all these little things, it will allow me to forget about what has happened. – survivor # 6

In her testimony, this survivor demonstrated that work had a compounding positive effect on her after the war. Staying active helped her deal with the immediate needs of her family while relieving some of the emotional strains of war. In her research with former girl combatants in rural Sierra Leone, Coulter also found that making a living was a priority in the early post-conflict period (Coulter, 2009, p.180). Informants in Coulter's study (2009) expressed an overwhelming preference for vocational training rather than receiving formal psychosocial counselling (p.193). The respondents in this study overcame the events of war by keeping busy and getting back to work soon after the war.

Arguably, this conceptualization of "coping mechanisms" differs from the ways in which Western social workers might perceive the same term. In their responses, the women stressed the importance of economic coping mechanisms over emotional coping mechanisms. Despite having made great strides, the women interviewed reported feeling the heavy burden of the war to this day. In this sense, their "coping" is still not over. The economic activities they were engaged in were helpful in easing some of their pains, but many of the consequences of armed conflict still remain. These lingering effects of war are the topic of the following section.

4.4 Lingering consequences of the war

Despite nearly ten years having passed since the end of the civil war, many of the negative effects of the conflict are still present to this day. During the interview process, participants mentioned the lingering impact of the war on multiple occasions. They stressed the influence it continues to exert on their lives and that of their children.

4.4.1 Physical health

Almost all the survivors interviewed reported having persistent physical health problems that originated from their experiences during the war. Four of the six survivors complained

of frequent lower abdominal pain, often associated with their menstrual cycles. Some mentioned the continuous sexual abuse during their time with the RUF as a potential source of these problems. Others reported having persistent back pain and leg pain from forced labour during the war.

Of course, these persistent health problems not only have a negative impact on the women themselves, but on their dependants as well. As mentioned previously, most of the women interviewed lost their husbands in the conflict and, therefore, struggle to provide for their children. Out of necessity, these women are forced to continue to farm, chop wood and transport heavy loads of water to ensure the survival of their family. With little or no access to medical care, they continue to suffer with chronic health conditions after a decade of symptoms.

4.4.2 Psychological issues

In addition to physical health problems, the interview data also showed evidence of psychological issues originating from the war. Although most women did not explicitly mention mental health, signs of distress were certainly present in some of the interviews. One participant describes her reaction when she thinks of her past troubles with the RUF:

> While running away, I was afraid and I started crying because I did not see my husband and for all my children who had died. I went to my relatives and always, still, I cry even after ten years because I cannot see my husband. – survivor # 6

Another woman discussed her persistent anxiety since the war:

> When I came initially (back to Mattru), my heart was paining me and my heart was pumping. There was cross firing, and most of the time, when guns are fired, I have this heart problem which is like a side effect. There are times it does affect me still. (…) Now it occurs when I hear a loud bang. – survivor # 4

Without labelling these women's symptoms, it seems evident that many continue to suffer from the stress brought on by their painful wartime experiences. Their descriptions demonstrate that many memories are quite vivid and still distressing. Despite a decade of healing, many emotions remain raw.

4.4.3 Economic instability

One of the most frequently cited consequences of the war is the economic instability brought on by the conflict. This has manifested itself in a wide variety of ways. As mentioned previously, many women returned to their villages and towns to find their houses looted and destroyed. Often times, these homes had been built generations ago and surviving family members could not afford to rebuild the houses. In many areas, observers can still see the piles of rubble where houses stood ten years prior. This situation left many villagers, including the participants of this study, to live with extended family, friends or acquaintances. As survivor # 6 mentioned: "all of our belongings were burnt and looted, so we are just moving around". This points to a situation of chronic housing instability.

Participants also discussed their economic challenges with regards to purchasing power. Because of the damage done to the agricultural system during the war, farmers had much less produce to sell in the local markets. This made local commerce extremely difficult for participants and reduced their budgets significantly. Women reported having troubles acquiring clothes for their children and for themselves. All of the mothers in this study also indicated that they had difficulties paying for their children's school fees and supplies. Evidently, the war brought added challenges to an already precarious economy, damaging the fragile economic systems in place before the conflict. One participant discussed the difference in her standard of living before the war as compared to her present situation:

> Before the war, I was doing small business, making garden and I was not suffering. I had clothes to wear and food to eat. But right now, everything is bad. You see, I don't even have good slippers to wear, my children no food for them, things are very hard now. – survivor # 3

4.4.4 Food security

All of the women interviewed expressed concerns relating to food security. As was mentioned earlier, RUF forces burned crops in many areas, which meant that the seeds from these crops were no longer available to plant the following year. The same principle applies to livestock that was destroyed. Many animals were slaughtered during the conflict, greatly slowing down the cycle of reproduction on which many Sierra Leoneans survived. Consequently, subsistence farmers and headers, which represent the overwhelming

majority in rural areas of Sierra Leone, were forced to rebuild a process that took years to build in the first place.

In the case of newly widowed women, land ownership issues also came into play during the post-conflict period. Many women did not have land in their name and could often not continue to cultivate on the land of their husband's family. In some instances, participants reported being invited to farm on the land of other villagers. However, these benevolent gestures were sometimes temporary, and women could not ensure long term food security for their families this way. In other cases, the problem of food scarcity became so grave that participants lost family members due to starvation. One woman explains her biggest heartache of the war:

> In fact, we know this place so much that as soon as we were abandoned [released from the care of the ECOMOG soldiers], we came straight to our home town. I had a four year old child who died after our arrival. Because of malnourishment during my stay when I came back to Mattru, the child passed away. – survivor # 4

4.4.5 Family and social structures

As was the case with the economic situation, the war had a ripple effect on the organizational structures of Sierra Leonean daily life. In fact, many of the ongoing effects identified by the participants stem from a fundamental social change brought on by the conflict. Participants point to the transformation of traditional family and social structures. Indeed, the conflict brought irreversible changes to the structure of Sierra Leonean society, which continues to impact the lives of women today.

a) The patriarchal system

Traditional Sierra Leonean society is based on a patriarchal system, where the husband is in charge of decision making and ensuring that the basic needs of the family are met. Women are primarily responsible for child rearing and running the household (OECD, 2011). As mentioned, all of the survivors who were married when the conflict broke, tragically lost their husbands during this time. In addition to the grief of losing a loved one, their deaths brought on added responsibilities that would typically be taken care of by a husband. With

the loss of patriarchs in large numbers, the structure of Sierra Leonean family was fundamentally altered and roles were modified. After the war, many women, including the participants, had no choice but to struggle with both gender roles and assume all of the responsibility for the family. In essence, the high death toll of the civil war, particularly the large numbers of men passing away, changed the foundation on which rural Sierra Leonean society was based (Bellows & Miguel, 2009).

Indeed, losing their husbands was cited by survivors as the single most devastating lasting effect of the war. In every interview, survivors discussed the major impact that the death of their husband continues to have on their lives. The consequences of losing *that* particular family member were devastating. Survivor # 2 said: "my children are still suffering because, since the death of my husband, they are unable to go to school." Similarly, survivor # 4 qualified the death of her husband as "a great strain" because she has children to take care of. Likewise, when asked about her resettlement process, survivor # 5 responded that she still has yet to resettle back from the war. She stated: "that is exactly it, [I am doing] nothing in particular because my husband has died and I have children to take care of." This same participant also discussed her difficulties in finding a new husband because of the many children she already has. She explained that no man would be willing to marry and provide for a woman who already has six children, two of which are from relations with an RUF commander. Despite her strong desire to regain a sense of normalcy through a traditional family structure, her wish remains unfulfilled due to her social status.

From these answers, it becomes clear that a return to a "normal" life is almost impossible for these women, because it necessarily involves having a husband by their side. Economically and socially, this change in the family structure put women in a particularly precarious situation. It created added responsibilities and a sense of social stigma. In fact, one could even make a connection between their status as widows and their participation in this study. Considering the importance of marriage and family, it is possible that the survivors were selected by community leaders to participate primarily *because* of their status as widows. When asked to identify women in Mattru who had suffered significantly through the war, these women all shared widowhood in common.

b) Systems of reciprocity

Other social relations were deeply affected by the civil war, family being the most important one. In addition to husbands, deceased parents, siblings, uncles and aunts created a void in many of the participants' lives, both emotionally and financially. Family connections being very important in Sierra Leone, relatives often rely on each other in times of need. Even when children are grown adults and no longer living together in the same household, the family functions on a system of duty that ensures that members are taken care of[4]. In fact, these ties are so strong that it is often considered an obligation to take care of relatives. Typically, when a family member is doing well economically, he or she is believed to be responsible for the livelihood of others (Oppong, 2006, p.660).

This family system of reciprocity was damaged by the heavy death toll and displacement in the country (World Bank, 2003). The civil war brought greater need for family assistance, but also implied that fewer family members were around to provide the help. In other words, the need for family reciprocity increased, but the supply of help was greatly diminished. In the case of the participants, not only did they lose their husbands, but many also lost key family members who would likely have helped them out if they had survived the war. One woman illustrated the relationship she would likely have with her parents if they were still alive:

> The war brought so much pains to me, because if I had met my mother and father here, they would have helped me, but I am moving up and down with my children and my brothers too have their own responsibilities and that is what they are bent on solving. (…) You know, in our own native setting, our mothers cherish their girl children. Even when they are married, they do assist you in as much as they are alive. – survivor # 5

With her testimony, survivor # 5 demonstrated that her reciprocal family network was transformed after the war. With her parents deceased and her brother straining to support

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[4] Social systems of reciprocity, such as are described here, were explained to the researcher through several informal discussions with host family members and Sierra Leonean friends. Informants explained that social relations are very much defined by a sense of duty towards one another. These relationships of dependency and obligation to one another are considered vital to Sierra Leonean culture. Going against one's duties within this network is considered extremely disrespectful.

his own family, she was left to cope with the effects of the conflict without the security net that family connections provided. The loss of her husband was compounded by the fact that she has no one else to assist her. If she had lost her husband suddenly in a time of peace, for example, individuals close to her would come to her aid and support her in a variety of ways. In the case of the civil war, everyone was suffering from its effects, thus reducing everyone's capacity to help others. The high mortality rate in Sierra Leone put an obvious strain on these traditional systems of mutual aid, which had compounding effect within communities.

The system of mutual aid explained above expands past the immediate family to include extended relatives, neighbours, friends and community elders. Traditionally, members of this larger social system would help individuals stuck by tragedy in the same way a family member would (Oppong, 2006). Losing a family member meant losing a community member as well, which impacted this larger social system in the same way family systems were affected. Despite the added strains placed on these relationships of reciprocity, individuals within communities were, amazingly, able to provide various types of support to each other during the early post-conflict period. These different forms of help will be the topic of a following section.

One thing that is clear when examining the data is the domino-like effect that was created by the civil war. Events which occurred during the conflict have had ripple effects on the entire society. As evidenced by the survivor's testimonies, these effects continue to be felt to this day. When asked about the long term impact of the war, all of the women unanimously highlighted economic issues rather than emotional or psychological issues. In doing so, the survivors gave the researcher a clear indication that, years after the war, their needs and priorities remain focused on the survival of their families. Furthermore, the data relating to the family and social structures seem to indicate that the cultural fabric of rural Sierra Leone is vastly different from that of the urbanized West. Therefore, in a cultural environment where collective systems of reciprocity take precedence over individual needs, Westernized individual responses might not be the most effective or appropriate, as many scholars have suggested (Ambramowitz, 2009; Bracken, 1998; Summerfield, 1999).

4.5 Conceptualizations of suffering: vocabulary used to describe wartime experiences

In addition to the actual events that occurred, the vocabulary used to describe wartime experiences is of interest to this study. An analysis of vocabulary can provide insight into the ways in which individuals and communities conceptualize and process important occurrences. This, in turn, might lead to an understanding of the impact of such events in their lives. Furthermore, language is deeply anchored in culture and the meaning of words and expressions can differ depending on the worldview of the person of interest (Fishman, 1985, p.5). Considering the vast cultural differences between the participants and the researcher, it seemed appropriate to examine these issues. This can also of interest to social workers working closely with survivors of armed conflict. Whether it be in an international context or in Canada, the ways in which people frame experiences are of importance in a cross-cultural therapeutic context (Legault & Rachédi, 2008).

4.5.1 Simplicity in lieu of complexity

In general, vocabulary used to label wartime experiences was quite simple. When first asked about their feelings during the active phase of the conflict, most women used very straightforward expressions such as “I felt bad” or “it was not good”. In fact, all of the survivors interviewed used these terms on more than one occasion to designate their feelings during the war. Of course, this could be due to a variety of factors which could include translation fallacies, cultural differences or a legitimate lack of desire to revisit painful emotions with the researcher. Nevertheless, from the perspective of a Western social worker, the description of emotions, when first probed by the researcher, did not seem to correspond with the magnitude of events which took place.

4.5.2 The heart

Interestingly, most of the women also made explicit references to their heart to describe their feelings during the war. Common expressions included “my heart was paining me”, “my heart was troubled” and “my heart is still not at rest”. Alluding to the heart as the physical location of pain is a concept that is familiar to Westerners. During the interviews,

the heart was often used in reference to feelings associated with the loss of family members or as a general description of their trials during the war.

4.5.3 Sanity

The women also referred to the idea of "sanity" when asked to describe their feelings. Participants used this term to refer to an internal struggle that, for many, still persists to this day. Survivor # 4 used the phrase "there is no sanity in my heart" as a way of illustrating the continued grief which was caused by the war. Others used the term in a different context. When asked how she felt during the war, survivor # 5 answered: "there was no sanity in my health [at the time of the conflict], my stomach was paining me". In this case, the term sanity was utilized to help conceptualize a physical affliction which stemmed from her time spent with rebel forces. In both cases, the use of the term "sanity" is interesting when contrasted it against its general meaning in North America. Participants used the term much more broadly than one would expect in North America. In a Western therapeutic context, sanity is used in reference to mental health issues only. It would rarely be used to denote physical health issues or other matters, as was the case here.

4.5.4 Life and death

In a few interviews, the desire to end one's life in the early post-conflict phase was verbally communicated to the researcher. When asked about her emotional state when hearing about her husband's passing, survivor # 2 relates: "I was feeling bad because I was sick and had too much pain, so I sometimes prayed to God to take my life also." In another instance, community members tried to support a participant and delicately discouraged her from thoughts of suicide:

> When I came to the village, the villagers were talking to me and saying that I should not take to mind anything that will lead to my death and leave my children behind. Even though they did not give me anything, they were encouraging me with words. – survivor # 5

With these two examples, it becomes clear that thoughts of death and suicide were present in the minds of participants. What is fascinating in their accounts is their openness to discuss this issue with the researcher. Although thoughts of suicide were voiced in a subtle

manner, participants explored the issue without being prompted. The information was simply volunteered by the women. Perhaps the participants took advantage of the opportunity to divulge this painful information to a stranger, without fear of further disclosure. The confidential nature of the interview could have been an opportunity for them to explore this issue privately. Certainly, their thoughts of suicide were indicative of their overwhelming malaise after the war. Ultimately, the women overcame their desperation with strength, resilience and community support. Indeed, the quote from survivor # 5 suggests that observant community members played a key role in her healing process. Fellow villagers were keenly aware of the depth of pain that women were experiencing and were monitoring their situations.

4.5.5 Similarities and contrasts

The language used by participants to describe their wartime experiences included elements that were both familiar and foreign to Western social workers. In general terms, verbalizing of feelings and events was more simplistic than might be expected from a North American participant. Concepts relating to heartache and death resembled those that would be used in a Western therapeutic context, while sanity was referred to in much broader terms by Sierra Leoneans. More interesting still are the words that were not used in the context of the interviews. For example, the words “trauma”, “tragedy”, “loss”, “grief” and “sadness” were not even once utilized by participants. The idea of post-traumatic stress was also not mentioned by participants. In contrast, these are terms frequently used by Western professionals, including social workers, to describe the negative effects of armed conflict. Of course, many reasons could explain this contrast. Translation limitations and trust issues with the researcher are possible causes for this discrepancy. Cultural differences and variations in the conceptualization of experiences could be another hypothesis explaining this divergence in vocabulary. Considering the vast cultural and linguistic differences between the researcher and participants, this would come as no surprise. Regardless of the reason, the consequences of this divergence in language are important to consider in a cross-cultural therapeutic context. These issues will be addressed in the discussion chapter.

4.6 Local social work interventions

The sections above outlined the diverse wartime experiences of women as well as the vocabulary they used to describe the meaning of these events in their lives. Local coping mechanisms were also addressed to explore the ways in which women handled such a difficult situation and strenuous environment. The lingering effects of the war were then outlined, demonstrating that much work remains to be done to achieve an acceptable standard of living for all Sierra Leoneans. Evidently, the process of recovery from the war is far from over.

Despite the many challenges they faced, Sierra Leoneans were instrumental in providing help and assistance to their fellow citizens. Community leaders and ordinary people, who were themselves straining to survive in a world that they no longer recognized, provided support to others in need. The idea that social capital was "destroyed" as a consequence of armed conflict, as suggested by the World Bank, was certainly not observed in the case of Sierra Leone (Baingana, Fannon & Thomas, 2005). The systems of reciprocity on which many Sierra Leoneans relied were damaged – but they were certainly not broken. It is from their sense of duty and their personal strength that female leaders developed their own social work interventions in the early post conflict phase. Many women asked themselves: what do my sisters need the most at this time? How can I best help them overcome this tragedy? Furthermore, who were these female community members helping other women in need? What did their help look like? What did they say and do? It is these questions relating to local forms of help that will be explored in the following sections.

4.6.1 Needs assessment

Before any intervention can begin, a needs assessment is necessary to gain insight into the main issues and concerns to be addressed. In a complex situation such as the aftermath of war, it is imperative to consult with members of the population and local leaders to acquire their perspective on the situation. Having lived through the situation, they are best placed to disclose what needs to be undertaken. In the case of the conflict in Sierra Leone, the female leaders had different ideas on the most pressing needs of women in the early pot-conflict period.

a) Sexual Abuse

Firstly, the leaders stated that women were very much in need of protection from various forms of abuse, notably from sexual abuse. One healer recalled one of her observations at the end of the war:

> I found myself in an IDP camp. The way in which women had to run from rape, abuse, torture, they didn't have what they needed to survive. They were so vulnerable. Some ran away with nothing, no change of clothes hoping to find security, but they didn't. In the camp, a man came with his little daughter. He ended up making his daughter his wife and the case was not even addressed properly. – healer # 1

Indeed, women were extremely vulnerable to sexual abuse during the conflict and in the post-conflict period. During this time, social protections which usually safeguarded against sexual abuse were eroded, leaving women much more susceptible to violence (Gansou et al, 2008, p.114). In Sierra Leone, the threat of sexual violence continued well after peace was established. Areas that were intended to keep individuals safe, such as refugee and IDP camps, became insecure places to fear.

b) Social stigma

In addition to sexual abuse, stigma was also a concern raised by female leaders. One healer stated that many women were reluctant to return to their communities for fear of being persecuted and ultimately, rejected by family and friends. In cases where women had conceived children during the war, the return to their local communities was that much more difficult. This same participant explained that many women deemed social stigma to be far worse than the abuse itself. In fact, many women did not want to be associated with any organization or service that was explicitly geared towards survivors of sexual abuse. She recounts her beginnings in trying to establish a centre for survivors of the war:

> At first, the organization was named SEGA for Sexually Exploited Girls and Adults, but a stigma quickly developed with the name. People were provoking them in the camp and they were being stigmatized. They said they preferred to die in the camp than live with the stigma of the name of the organization. So, the women got together and had a meeting. They told us that if we did not change the name of the organization, they would all leave. Once we changed the name to War-

> affected Girls and Adults (WAGA), 250 women and their children came. – healer #1

Healer # 1's experience demonstrates that many women who needed services also needed them to be kept discrete. The increase in the number of women who partook in the services of her organization, simply after changing its name, is astonishing. To many survivors of assault, the repercussions of being labelled in a certain way were far worse than not receiving any services at all.

c) Idleness

Having little or nothing to occupy oneself, referred to as "idleness" by participants, was cited as a major problem shortly after the war. Local helpers deemed it helpful for women to dive back into daily activities right after the war in order to occupy both the mind and the body. Some of the benefits of staying busy included avoiding troubling thoughts, looking towards the future and avoiding certain temptations such as stealing. In other words, healers feared that idleness would lead to bad behaviours. According to them, more revenue generating activities were needed, which would have helped both in the healing process and the economic recovery of families. One healer recounts how she counselled young women after the war:

> What I told them to do was to not sit idly by, to get busy and do things. I told them to do some gardening and food fetching to be able to get food for the day. (…) If the woman is an adult, we will counsel her not to sit idly by. We will tell her to keep busy. – healer # 4

Although the notion of idleness might not be one that Westerners easily identify with, this idea is observable in similar research in Sierra Leone. In her work with war-affected women and girls, Coulter also found idleness to be a recurring problem in the post-war period (Coulter, 2009). Women and girls in Coulter's study also expressed a desire to remain busy shortly after the war as a way of coping with the tragedy. This suggests that these findings are not unique to this study.

d) Subsistence needs and health

Other needs that were cited by healers related directly to the survival of women in the aftermath of the war. Female elders noted that many women were suffering from malnourishment and had serious difficulties in accessing food for themselves and their families. They also noted that medical care was very inaccessible to most women and children. Many of them were too ill to travel to regional emergency clinics and were left to die in their communities. Reproductive health was also brought up as an important issue in the resettlement period. After the war, many women were unable to get pregnant or suffered miscarriages. This was considered by elders as a major obstacle to the overall well-being of women in the community. Finally, female leaders discussed the need for women to perform meaningful ceremonies that would contribute to their healing process. For example, women needed to bury family members who had passed, but unfortunately, many did have the resources to do so. The elders, who would normally assist and facilitate this process, were not able to contribute to this process because of lack of resources as well.

Overall, the helpers who were interviewed painted a holistic picture of the needs of women in the early post war period. This list included security and protection, activities to occupy the mind, food, clothing, medical care, as well as spiritual needs such as the performance of healing ceremonies. Not surprisingly, the needs of the women were deemed plentiful and complex; as multifaceted as the situation they were faced with.

Interesting differences emerged between local conceptualizations of needs and Western conceptualizations of needs. For example, none of the leaders mentioned the need for intensive psychosocial counselling after the war. Certainly, they provided such counselling within their communities, but this was not cited as a principle need at the time. Just as was the case with the survivor interviews, the healers did not delineate trauma or post-traumatic stress as one of the needs or prominent problems of women. Reconciliation or restorative justice was also not considered a priority according to the female leaders who were interviewed, certainly not in the early post-conflict phase, at least. With these considerations in mind, it becomes plausible to believe that the paradigms with which local helpers and foreign helpers approach post-conflict situations differ significantly. The needs

assessment of local leaders concentrated much more heavily on basic and social needs rather than psychological concerns. Despite some variety in responses, answers remained consistent across all helpers. All four healers mentioned basic survival needs, such as food and clothing, as a main priority at the end of the war. The four helpers were also unequivocal in the need for women to occupy their bodies and minds. They also mentioned how many of the needs, particularly relating to the survival of women, were ill addressed by foreign aid workers.

Interesting divergences in the healers' answers was also observed. Some participants deemed certain elements crucial to women's recovery, while others failed to mention that same element entirely. In general, healer # 1, who had a different educational and occupational background than her three counterparts, provided the most divergent answers. Healer # 1 tended to focus on issues relating to security, human rights and human dignity. The other three concentrated on more tangible needs at a time of extreme scarcity. This difference in answers speaks to the complexity of the situation and to the diversity of worldviews within a single region. None of these answers supersede the others; in fact, they contribute to the complete picture of the state of women at the end of the war. In every country, different types of "professionals" will look at the same issue from a different angle. What remains crucial in the case of this study is the fact that these answers represent inside views on the matter. They are all informed and thoughtful perspectives from locals who have lived through the same devastating war as the survivors they were assisting.

4.6.2 Local helpers in the early post-conflict phase

The magnitude of the civil war in Sierra Leone meant that every citizen of Sierra Leone struggled to return to a sense of normalcy after the fighting subsided. Despite the difficulties in doing so, individuals were able to help one another and contribute to each other's healing. In the case of the participants, they identified a variety of key people who played a role in their recovery.

a) Family member support

Many women reported family members as significant sources of help during the post-conflict period. Relatives that were mentioned included mothers and fathers, brothers, and,

most often, aunties and uncles. This help was particularly important considering the majority of survivors had lost their husband during the conflict. One participant explains:

> I was getting food from the relatives of my husband sometimes when it was hard to try for myself. (…) Sometimes I would go to my aunty and tell her there is no food in the house for the kids. Sometimes, we were only surviving on what she was giving us. – survivor # 2

Another woman remembers how her brother helped her shortly after the war:

> One of my elder brothers encouraged me to come to his land and cut some rice. The proceeds were mine. He told me that this was his own help, other than that he could not give me money. That was the only way he could contribute to my own success. – survivor # 5

As was mentioned previously, Sierra Leoneans had less family members to count on due to the high mortality rate of the war. However, relatives that remained tried their hardest to come to the aid of family members who might have been even less fortunate.

b) Community support

Another important element in the lives of survivors was the individuals within their communities. Gestures of solidarity and compassion were common among villagers and the spirit of unity helped many of the women cope with the past and the difficult road ahead. One participant described how she was welcomed back into Mattru after being held captive by the RUF for close to a year:

> They (villagers) were looking at us, some good, some bad eyes, but those who loved you were talking to you and encouraging you. They said it happened to all of us, so put it behind you. They said you should forget about it and you should not take mind to it. That we should talk to each other. – survivor # 6

The experience of survivor # 6 was particularly interesting in relation to the vast amount of literature that describes the challenges of post-conflict community reintegration (Betancourt et al, 2010; Denov, 2006b; McKay, 2004). Research has demonstrated that many women and girls, particularly those associated with the RUF, faced rejection and stigmatization upon returning to their communities after the war (Denov, 2006b; McKay, 2004). Here,

survivor # 6 expresses how she was able to gain strength from community members who accepted her back, rather than dwell on those who were less inviting. The body of literature on the topic, combined with the experiences of participants in this study, demonstrate the complexities of post-conflict reintegration. Experiences can vary depending on the availability of support networks.

In many instances, elderly women in the community played key roles in the lives of individuals who had returned to the village. For many participants, elderly women seemed to have a reassuring presence and a calming effect in their lives. One survivor related:

> One of the people who spoke to us was an elderly woman by the name of Aunty Mamie. (…) The help she gave me was the kind of good rapport, good talk, courage. There was nothing available like giving food, but it was giving you good talk. – survivor # 4

These types of relationships demonstrate the capabilities that exist within community settings. These capabilities need to be strengthened in difficult times, such as a post-war period.

c) ECOMOG soldiers

A final, and unexpected source of help reported by participants, was the presence of ECOMOG soldiers. Nigerian-led ECOMOG forces were sent to Sierra Leone on several occasions between 1991 and 1999 to fight the rebel insurgency and are considered by many to have played a significant role in stopping the conflict (Réseau francophone de recherche sur les opérations de paix, 2000)[5]. In addition to protection, participants explained that ECOMOG troops also provided shelter and food to some displaced Sierra Leoneans at the end of the war. Half of the survivors mentioned them as being positive influences in their recovery and their return to a sense of normalcy. For many participants, ECOMOG soldiers restored their sense of security, guided them towards various resources and family

[5] It is important to note that research has also found that ECOMOG soldiers committed human rights violations during the war (Coulter, 2009; Nowrojee, 2005). Participants reported their experiences with ECOMOG soldiers, which is not necessarily representative of others' experiences.

reunification centres. In this sense, they provided a temporary organizational structure in a situation mostly defined by chaos and confusion.

Interestingly, the ECOMOG soldiers were the only non-Sierra Leonean source of help that was quoted as having been important to participants. The most significant sources of support in the lives of participants were relatives and community members, not foreigners or outside professionals. Indeed, women felt that individuals who made a lasting positive impact on their recovery from the war were those who had a longer term presence in their lives. In trying to explain this idea, the DCISL translator said the following:

> What she is saying is that, in a village setting like this, more especially when things happen to women, the next door neighbour or elderly women most times intervene single-handedly. If they realize you are too sad, then they will start to bring in other forces, other traditional healers who they think are well experienced in talking to people. That is the kind of healing process she actually went through, but that the presence of NGO's during or after the war, that was not immediate. – translator # 1 paraphrasing survivor # 5

This explanation provides insight into the system of support that existed in communities in Sierra Leone and was put into action during the post-conflict period. Evidently, rural communities had structures in place, with experienced individuals, providing various forms of support and assistance. Despite claims by Mollica (2001) and Baingana and colleagues (2005) that social capital is necessarily destroyed after war, the data suggests that it was very much alive after the conflict in Sierra Leone. Mutual aid, assistance and cooperation among Sierra Leoneans were reported by all the women in this study.

4.7 Content of local help

It has become clear with the various testimonies of survivors that many Sierra Leoneans rallied together to help each other through the early post-conflict period. Despite many obstacles and challenges in their own lives, community members rose above their own suffering to come to the aid of those who were worse off than they were. This study seeks to understand the methods and techniques used by locals to help their fellow citizens in the early post-conflict period. What did villagers say or do that made a difference in the lives of others? The data indicates that two overarching types of help were provided by local

women to fellow women in need: 1) concrete forms of help such as food assistance and financial aid, and 2) psychosocial support. The specifics relating to this help will be explored in this section.

4.7.1 Food assistance and financial aid

As mentioned, one of the most pressing needs at the end of the war was the lack of goods and services to ensure one's own survival. Both the healers and the survivors mentioned the difficulties associated with food scarcity. Despite a general shortage in the region, villagers who had some access to food and other essential goods did share with others who were less fortunate. In fact, four of the six survivors mentioned having received food assistance from fellow villagers. In the majority of cases, this food aid came from close relatives or extended family, which demonstrates that the system of reciprocity discussed earlier was still in effect.

In some cases, villagers allowed women who were particularly vulnerable to farm on their family's land. Women could plant crops to feed their families, or sell the produce if they wished. Many women did both. Healer # 2 discussed how she opened her farm to strangers who had been displaced and came to Mattru shortly after the war:

> I planted a farm and there was cassava there. (…) We were going together to the farm, cooked the cassava and ate and went to the river to fish. (…) Those people were strangers and this is where I was born. We are the ones who know the bushes. – healer # 2

In addition to food aid, some survivors also received financial assistance from fellow villagers. Survivor # 3 explained that some of her aunties gave her money when she returned to Mattru to help take care of her children. When the children were sick, her aunties would pool together to help pay for the medical bills.

Financial assistance also came in the form of revenue-generating activities. Activities to jumpstart the local economy were initiated by local leaders in the early post-conflict phase. Most of these activities revolved around skills and trades that were already familiar to locals, such as farming. Women who were less fortunate than others at the end of the war

were invited to join in community gardening or collective farming initiatives. One woman recounts being a part of such a group:

> When we came back to this town, we grouped ourselves, women as well as men, and we were making potato and cassava gardens. We sold them out and gathered the money. We bought treasury bonds with the profit and in the interim, when someone fell ill, they will use part of that to settle medical bills for you. (…) since then, everybody went their way and the association was dissolved. – survivor # 3

Although this collective farming group did eventually dissolve, its existence demonstrates one of the many creative ways in which locals assisted each other after the war. Other than the economic benefits of pooling resources together, the act of organizing into working groups was also a demonstration of solidarity among villagers. It offered a chance for people to come together and discuss issues of the day. In some cases, collective gardening was an opportunity for women to discuss their wartime experiences. In other instances, it was a welcomed distraction from thoughts of the war. In addition to providing individual assistance to those in need, the establishment of such groups during this period was a sign of local populations rebuilding their communities.

In her work with women and girls, healer # 1 was heavily involved in organizing different type of revenue-generating activities in the way of skills training courses. Shortly after the war, she realized that food and medical care were not sufficient to help women get back on their feet. She started training women in a variety of different crafts such as tailoring, catering, hairdressing and weaving. Her objective was to provide women with useful tools to become self-sufficient and independent. Healer # 1 was able to offer a wide range of services which met the women's needs.

Survivor # 1 participated in the skills training course offered at WAGA shortly after the war. She chose to enrol in the tailoring program, which, in addition to specific tailoring skills, also teaches students how to read and write. Here, she explains the impact of this type of help in her life:

> "If I could, I would get my own materials and people would come to me and I would tailor for them. I would be self-supportive and self-reliant. I was in darkness

> and now I feel fine. There is development in my heart. People would admire me for how far I have come." – survivor # 1

Participating in revenue generating activities meant that Sierra Leoneans were gradually regaining a sense of normalcy after the war. In the case of survivor #1, this training also seems to have had a positive impact on her self-esteem. Farming and other economic opportunities, such as the educational ones offered at WAGA, acted as catalysts of hope for many of the participants.

In many cases, food aid and financial assistance provided by local women in the early post-conflict period has continued to this day. This contrasts sharply against the numerous Western programs that have decreased funding or terminated their activities in Sierra Leone completely (Smillie, 2009). Living conditions in rural Sierra Leone have not significantly improved over the last decade, with the country still placing well below the regional average for human development (United Nations Development Program, 2010). Most families are still struggling to make ends meet and many women still rely on the strong sense of solidarity in the community to help them get by. Indeed, it is important to specify that the individuals who provided financial assistance to the participants after the war were by no means rich. They too, struggled to survive and provide for their families, it is their sense of duty and reciprocity that drove them and continues to drive them to share the little that they have with others.

4.7.2 Psychosocial support

Emotional support was a major component of help offered to women and girls in the early post-conflict period. Family members, neighbours, local leaders and villagers were all encouraging one another in different ways to heal from the wounds of war. As survivor # 4 uttered: "we were all displaced, we had nothing to give each other except sweet words". Indeed, data demonstrates that emotional support was not given exclusively by the community leaders and healers, but by virtually everyone. The bulk of emotional support for women, however, was dispensed by female elders and leaders similar to the ones interviewed for this study.

In the vast majority of cases, community members who provided counselling had no formal training in social work or psychology, as was the case for three of the four healers interviewed. Despite this lack of formal training, they were able to encourage other women and accompany them in their healing process in a way which resembled social work practice. Local helpers utilized different skill sets, focused heavily on principles of solidarity and spirituality rather than clinical diagnostics and psychology. In talking with survivors, traditional healers and with DCISL social workers, it became apparent that helpers in Sierra Leone did in fact interact very differently with women than would Western social workers. These local methods, and their Western counterparts, will be explored in this section.

a) Advice

Although emotional support in Sierra Leone and in North America share certain similarities, the main tenets of psychosocial support differ significantly in each context. In a Western style of counselling, the professional guides the client through the issues at hand and explores options and choices with them (Seden, 2005). In a Sierra Leonean style of counselling, the social worker tends to be more personally involved in the decision-making process. In this case, the professional does not hesitate to dispense advice and give his or her opinion, whether is it explicitly solicited or not[6]. During the resettlement period, female leaders regularly made suggestions to other women about what to do in certain situations. From the recipient's perspective, the advice was well-received and not considered to be intrusive. One survivor explained how she felt after being counselled by female elders:

> They were talking to me concerning the pains I went through during the war. They were advising me and I was listening to it because people advise you, but when you listen to it, it will benefit you in the future and I was really taking them seriously with all my heart. – survivor # 6

[6] These counselling techniques were shared during informal discussions between DCISL social workers and the researcher and through working partnerships between these two parties.

By her testimony, it becomes apparent that survivor # 6 was very receptive to the ideas and suggestions of her female counterparts. She saw value in their words and drew courage from their experiences. This positive attitude towards advice-giving was common among participants. Advice was always respected, particularly when dispensed by someone valued in the community. Survivors were very much inclined to listen to words of advice and, moreover, follow the instructions that they had been given by these elder women.

The healers echoed the sentiments of the survivors on the benefits of giving advice. In the early post-war period, they dispensed advice to younger women on a regular basis in order to provide guidance and encouragement during this trying time. Female counsellors tended to be held in high regard in their communities, based partly on their old age, on their accomplishments or on the knowledge awarded to them through their lineage. Their words were cherished and taken into consideration because if these traits.

This style of counselling differs significantly from the general Western social work paradigm. In Canadian social work practice, advice is not simply followed because a social worker deems it might be beneficial to the client. Similarly, advice is not followed based on principles of gerontocracy, where the counsellor is considered to be "correct" because he or she is older or more experienced. Instead, options are carefully weighed and, ultimately, choices are made by the client. In examining the Code of Ethics put forth by the Canadian Association of Social Workers (CASW), it stipulates that social workers should: "strive for impartiality in their professional practice, and refrain from imposing their personal values, views and preferences on clients" (CASW, 2005, p.9). This professional value seems in direct contradiction with the practices of female leaders in the early post-conflict phase in Sierra Leone. In fact, their post-war practices might have been condemned by foreign social workers if they had witnessed them.

b) Professional Boundaries

Another striking difference between Canadian and Sierra Leonean intervention styles is the concept of personal and professional boundaries. Contrary to clinical social work practices in the West, Sierra Leonean helpers willingly disclosed information about themselves to the people they were counselling. In a number of instances, healers used examples from their

own past to demonstrate to the women that a better future was possible. Healer # 2 explained her strategy to comfort women affected by the war:

> They were crying day and night and we called them and I said to them, look at me, I lost my child when I was in form four. They killed him but people talked to me and asked me to let it go. If this is what has happened to you, let us sit down. This is how we started attending church services relentlessly in the morning and in the evening and up until now, that is what I am doing. – healer # 2

In this particular example, healer # 2 did not hesitate to use the loss of her own son to demonstrate that the pain can subside with time. She told the women that church had therapeutic value in her case, and she encouraged these women to follow the same steps towards recovery as she had. Similarly, healer # 1 also used her past struggles when meeting new girls and women who came to WAGA:

> When the women come in, I listen to them and get their stories and I explain my own situation and what I have been through. I tell them that as long as you have life, you have hope. If you make use of that hope, you will make it. – healer # 1

Here, healer # 1 used her own story as a source of inspiration for girls arriving at the skills training centre for the first time. Essentially, she used herself as a role model and inspired hope in those who wondered if the skills training would be fruitful in the long run.

Using examples from one's own life in a professional capacity is certainly unconventional to social workers functioning in a Western setting. In fact, the issue of self-disclosure is under constant debate in the social work profession. The CASW puts forth principles of "professional relationships" and "professional boundaries" without explicitly referring to the limitations and restrictions that these concepts imply (CASW, 2005, p.9). However controversial the issue might be in Canada, survivors in Sierra Leone referred back to these examples as sources of inspiration. Once more, a seemingly controversial practice in a Western context resonated strongly with women in the post-conflict context of rural Sierra Leone. Considering how resilient, creative and strong the healers are, it is not surprising that self-disclosure had a positive impact on women in the early post-conflict phase. Presumably, the success stories of such women as healer #1 and healer #2 provided hope, encouragement and motivation to women who did not have much hope in the future.

c) Religious references

Data demonstrated that religion or religious principles were frequently integrated into local counselling in the early post-conflict period. All of the healers made reference to their spiritual beliefs during the course of the interviews and cited how they used these beliefs when advising women who were distraught after the war. Faith in God was integrated into discussions regarding the healing process, prospects for a brighter future, the women's talents and their overall potential. In other words, the idea of God was continuously weaved into the many messages that helpers were sending to women. One healer stated that she used "value stories" when counselling young women after the war. When asked to describe such stories, she answered:

> One value story that I transmit is fear in God. You need to put God first, my stories always surround God. I tell them that God knows what he is doing, you have to trust in Him and he will put your troubles aside. – healer # 4

By their testimonies, it is evident that helpers encouraged women to turn to their religious beliefs as a source of inspiration and motivation. In turn, survivors reacted positively to the inclusion of a spiritual component to counselling. In all of the survivor interviews, trust in God was a fundamental coping mechanism used by the women who had suffered immensurable loss. Survivors recalled taking comfort in frequent prayers, attending church or mosque more regularly, performing faith-based ceremonies or speaking to God and asking for favours.

Bearing in mind the important role religion plays in Sierra Leonean society, it is not surprising that spirituality was integrated into counselling messages shortly after the war. In this context, it would likely be considered odd to *not* consider such an important element in a discussion surrounding healing. Indeed, the inclusion of religious references when providing counselling to "clients" might very well constitute the greatest professional clash between Sierra Leonean healers and Western social workers. This is most likely due to divergent collective values between both societies, and a different perspective on the place of religion in society. In their recent histories, Canada and other Western nations have taken calculated steps to secularize major segments of society. On the other hand, every

aspect of Sierra Leonean culture is embedded with religious connotations, whether it be Christian, Muslim or indigenous beliefs.

As was demonstrated through the literature review, most large scale psychosocial support programs offered in post-conflict Sierra Leone did not include spiritual beliefs as an integral part of their services. With the exception of certain faith-based organizations, religious references have been eliminated from therapeutic settings in Western social work practices. The CASW Code of Ethics clearly stipulates its position regarding personal beliefs: they are not to be imposed on the client in any fashion (CASW, 2005, p.9). A practitioner should never suggest a religious figure as a source of comfort without the client's prior mention of it, such as was the case with healer # 4. Furthermore, instilling the fear of God would certainly not be acceptable in the minds of many Canadian social workers, including members professional disciplinary review boards.

d) Forgetting

One last key concept used by local counsellors in the early post-conflict period was the idea of "forgetting" about the events that occurred during the war. In fact, this notion emerged as the most frequently cited piece of advice and was prominently mentioned in all of the interviews conducted. One woman referred to this idea when discussing her return to the village after being held by the rebels for five years:

> The people said that we should go back to our villages and settle down. So, we came back, my aunt and my relatives started talking to me to forget about my missing kids and my husband. May they one day come back and if they do not come, I should forget about them because it has happened. – survivor # 3

The notion of forgetting is strongly linked to the idea of idleness discussed earlier. The healers fervently believed that an idle mind would lead a person to dwell on the events that occurred, and ultimately, this would be detrimental to their healing process. Unanimously, the healers advocated for women to resume their pre-war activities and avoid lengthy discussion surrounding the events of the war. Of course, discussions amongst women during the initial resettlement period were common, but most participants agreed that the therapeutic benefits of prolonged discussions were limited. According to the practices of

local leaders and healers, the best way to recover from such traumatic experiences was to, literally and figuratively, move on.

From the point of view of survivors of the war, forgetting was also seen in a positive light. When asked what impact the counsel of others had had on her recovery, one participant stated that:

> It is significant because it is helping me to forget, though I had pains during the war but it has helped me to forget all what has happened. Though the pain is still there, they were encouraging me…..like now I am fine. It is only your companions that will encourage you to forget about things, nobody will come from to the bush and talk to you. – survivor # 6

It becomes clear that "forgetting" is something that survivors identified with, rendering it a relevant therapeutic concept between healer and survivor. Indeed, all of the women interviewed aspired to "forget". They considered it as a positive way of dealing with immeasurable heartache and suffering. In her research regarding the Truth and Reconciliation Commission in Sierra Leone, Shaw (2005) also found that "social forgetting" was a preferred strategy for collective healing. She states: "Forgetting is not a panacea but a practice that enables and sustains ongoing processes of healing and recovery." (Shaw, 2005, p.9). For many survivors, forgetting was synonymous with closure and peace of mind.

The idea of suggesting that women should simply forget about what has happened to them is certainly counter-intuitive to Western social work practitioners. Conventional Western therapeutic settings are based on the assumption that issues need to be worked out, analyzed and dealt with. Therapy to recover from difficult life events can take years. Western practice would surely condemn social workers from suggesting that important individuals in one's life should be forgotten, such as was the case with survivor # 3. Once again, an examination of the ethical guidelines provided by the CASW demonstrates opposition to such a position (CASW, 2005). In fact, professionals might be likely to debate that forgetting is not only unhealthy, but unfeasible. Even the popular saying: "you can forgive

but you can't forget", points to the sentiment that not remembering traumatic experiences is nearly impossible.

Yet again, deep cleavages emerge between the techniques of Western professionals and counsellors in Sierra Leone. These helping paradigms collide primarily because of the vastly different worldviews and collective values on which they are based. Comparing and contrasting them, as was the case here, is not done with the intent of judging the value of one system over the other. It is less a matter of choosing sides then acknowledging that different cultures have different ways of dealing with tragedy. Evidently, the social work tools used by women in Sierra Leone differ from the tools used in the West. Interview participants stated that these counselling techniques resonated with them in the early post-conflict period, and helped them cope with the aftermath of war. The impact of local help on survivors will be explored in the following section.

4.7.3 Impact of local help on survivors

The essential point in highlighting these counselling techniques is not to determine if they are professionally viable, but rather, to ascertain the impact they had on the lives on war affected women. With regards to their healing process, the data suggests that women considered local psychosocial support to be beneficial to them. Ten years after the war, the survivors interviewed had many more constructive comments to make with regards to local healers than the foreign professionals who came to the area to deliver aid. In fact, none of the survivors mentioned a foreign social worker or an international aid worker as having had a significant impact in their healing process. Women felt most supported by relatives, community members and elderly women. In many instances, these very people are still providing the participants with help to this day. Interviews with healers echoed these sentiments. Many female leaders still have active relationships with young women that they assisted a decade earlier, which is most likely not the case for international aid workers.

Another important element when considering the impact of local forms of help is the cultural meaning certain gestures or words likely hold. The practices that emerged from the data might hold a different cultural significance to local populations, far more complex than

can be perceived by outsiders. In other words, Westerners' interpretations of what is happening could very well be flawed. For example, in Mende "forgetting" may refer to the idea of moving on rather than eradicating something from one's mind. All in all, the data seems to support the position of scholars who advocate for the recognition of indigenous forms of helping in post-conflict settings (Honwana, 1997; Stark, 2006). Ultimately, it is not about who is right or wrong, rather, it is about what works in a given context with a given population. It is essential for Western professional working in cross-cultural settings to comprehend that they might not fully understand many of the concepts and local practices where they are working. Culture is complex and multi-faceted. Without a complete picture, it becomes extremely detrimental to make professional judgements on the merits and impact of local practices.

5 CHAPTER FIVE: DISCUSSION AND CONCLUSION

The findings of this research project reveal the complex ways in which women conceptualize their wartime experiences, demonstrate the many ways women provided assistance to each other, and provide information to improve current post-conflict social work practices. This final chapter will try to make sense of the data collected and establish connections with the field of international social work. The chapter will begin with a discussion regarding the most pertinent research findings. Following this, the data will be examined in reference to the three main research questions upon which the study is based. Essentially, I will attempt to answer the three questions systematically. Then, the set of recommendations for improved social work practices will be provided, which act as a summary of the lessons learned from this research. Finally, a discussion on the findings' implications for social work practice and research will be presented, followed by some concluding remarks.

5.1 Main findings

Interview data provides insight into the experiences and helping patterns of Sierra Leonean women after the war. Taken together, this data points to a deep-seated problem in the field of post-conflict social work: conflicting professional paradigms. Foreign social workers

who intervene in post-conflict areas enter into therapeutic relationships with war-affected individuals using their own professional templates. In the case of rural Sierra Leone, the data collected for this study suggests that many cultural elements within these paradigms conflict with local understandings and ways of doing. In terms of policy making and program development, similar patterns emerge. Commenting on a UNDP post-conflict program in Sierra Leone, an experienced aid worker expressed this idea in simple terms: "people making the decisions hardly identify with the people they are making the decisions for" (Keen, 2005, p.313). Key themes which emerged from the data provide further insight into this professional paradox.

First, post-war mental health programs, which have become popular in recent years, do not fully concord with the coping mechanisms used by the women in this study. As noted in the findings chapter, participants chose to focus primarily on economic recovery rather than psychological healing. In contrast, many international organizations seem to be moving away from the distribution of essential goods in favour of psychologically based programs (Abramowitz, 2009). Evidently, the incongruity lies in the fact that aid agencies are evolving *away* from the post-conflict needs expressed by women in this study. Many agencies are choosing to respond primarily to issues that war-affected women might consider secondary, at best. Summerfield (1999) speaks to this idea, where he warns of a possible distortion in post-conflict service provision. In his work, he demonstrates that many war-affected individuals seek psychological treatment only to get access to the basic goods that are attached to psychosocial programs, such as medical attention and food supplies (p.1455). Evidently, there is a clear disconnect between the coping mechanisms expressed by participants and the current trend in international aid relief.

Second, a similar disconnect can be found between the post-war needs of women and the programs and services offered by international organizations. Unfortunately, the living conditions of Sierra Leoneans have not changed significantly since the end of the war. Participants still find themselves in the same position as they were during the early post-conflict phase. Women have very little food security and little or no income generating opportunities to ensure that the needs of their families are met. Ten years after the war,

most of the women interviewed could still not afford to send their children to school. These findings point to a troubling reality: international aid programs had little or no impact on the lives of participants. Similarly, participants reported that many non-economic consequences of the war were ill-addressed in the early post-conflict period. For example, many women still suffer from physical ailments associated with prolonged sexual abuse. Of course, distribution of post-war services is extremely complex, with several external factors coming into play, such as state corruption and patrimonialism (Fanthrope, 2003). However, considering the number of organizations and resources on the ground, one would expect the impact of international programs to be more significant. The findings suggest the need to revisit current strategies for the distribution of post-conflict aid.

Third, the data points to problems relating to external perceptions of war-affected communities. Unfortunately, much of the literature on post-conflict mental health paints a disempowering picture of women affected by war. Many authors focus on issues of victimization or increased vulnerability to certain acts of violence (Jefferson, 2004; Last, 2000). Others emphasize women's propensity to develop post-conflict mental health illnesses (Ai et al., 1997; Ekblad et al., 2002; Mollica et al., 1987). Although important, the vast number of articles on these issues contributes to the perpetuation of women being viewed as weak and helpless in post-conflict settings. The interview data paints a very different portrait of Sierra Leonean women. Data points to the various helping behaviours of participants rather than their experiences of wartime violence. Overall, their resilience and agency emerges from the interviews instead of their unfair treatment during the war. Therefore, a more balanced perception of war-affected women needs to emerge from the post-conflict literature, which emphasizes women's capabilities as community leaders.

Fourth, the data shows the many layers of complexities involved in the interactions between foreign aid workers and populations affected by conflict. In an urgent context such as the early post-war period, international workers do not have the time to reflect upon the intricacies involved in cross-cultural interactions and the unintended consequences that interventions can bring. When dealing with cultural and symbolic issues such as healing, grief and trauma, the complexities grow further. The paradox of efficient emergency relief

lies in the fact that most timely interventions are difficult to plan. Once the emergency hits, the intervention can no longer be planned in a thoughtful and reflective manner. There is little or no time to delve into cultural differences, which make an immense difference, as was demonstrated through this research.

5.2 Research findings and the research questions

The findings reveal a wealth of information relating to the research questions. Once again, the three central questions of this study are:

1) How do women conceptualize their wartime experiences?
2) What were the most important forms of local help among women during the early post-conflict period?
3) How can local interventions in post-conflict Sierra Leone inform our social work practices?

Here, the research questions will be addressed systematically in relation to the data.

5.2.1 Question 1: women's conceptualizations of war

The data reveals some interesting patterns in the way Sierra Leonean women conceptualize their wartime experiences. When first asked to describe their experiences, participants referred to key events which are still very painful today. Some women discussed their time in RUF captivity, while others chose to emphasize the loss of key family members. Interestingly, participants used the past tense to describe their experiences, but often referred to the present tense to describe their feelings. This subtlety in their language suggests that feelings of suffering associated with the war are still present. Despite a diverse range of experiences, participants used similar analogies to describe that these experiences felt like. The use of simple language was a common feature in the interviews, pointing to the possibility that women were not comfortable discussing certain feelings. Alternately, they could have felt it unnecessary or irrelevant to explore deep-seated emotions associated with the war. Other patterns in the interviews, such as the women's focus on practical elements of their recovery instead of the emotion components, lend support to the second hypothesis.

In relation to this, an interesting feature of the participants' description of wartime experiences was the overall "utilitarian feel" of their responses. Throughout most of the questioning, participants did not stress emotional or psychological issues, but rather, focused on concrete concerns such as feeding their families, finding shelter and reuniting with loved ones. Their answers overwhelmingly indicate that their main post-conflict concerns were in fact, very tangible. Similarly, their healing patterns and general coping strategies revolved around findings solutions to these problems.

Specific words used to refer to wartime experiences and emotions demonstrate the ways in which culture plays an important role in healing. For example, the word "sanity" referred to ideas that social workers might not encounter in a Western therapeutic context. The term was used rather loosely by participants, denoting elements of their physical health and psychological health simultaneously. However, "the heart" was used in a similar fashion as would be used in the West, referring to the sorrow that many felt after the war.

An interesting discrepancy between Western and Sierra Leonean healing was the participants' strong desire to "forget" their experiences. Traditionally, survivors of violence in the West are encouraged to talk about the events thoroughly in the hopes that discussions about the violence will ease some of the suffering (Resnick & Schnicke, 1992). In the context of Sierra Leone, data suggests that many women did the opposite and refrained from discussing their experiences at length. Participants found non-verbal ways to move past the pain, notably by keeping themselves busy with other occupations and not dwelling on the events of the war. Congruently, local helpers strongly encouraged survivors to rely on these coping strategies. Here again, the data indicates a stark difference in the ways in which Sierra Leonean women dealt with the aftermath of war and the strategies prescribed by Western psychology and social work.

Finally, and perhaps most remarkably, was the participants' complete lack of the use of key Western concepts such as "trauma", "anxiety", "stress" or "post-traumatic stress". Although there was evidence of continued post-conflict suffering, participants did not use clinical terminology to describe the consequences of war or their feelings associated with the conflict. Here, the data seems to support the argument put forth by Summerfield,

Bracken, Abramowitz and others which contends that these ideas are rooted in Western culture, and hence, not universal. Evidently, great contrasts emerge between the ways participants described their emotional pain and the ways in which Western professionals categorize suffering. All things considered, it seems that women in post-conflict Sierra Leone conceptualize their wartime experiences differently than do professionals from the West. The implications of these contrasting conceptions will be discussed later in the section.

5.2.2 Question 2: Assistance provided to women

Without question, female leaders were instrumental in the healing process of others in rural post-conflict Sierra Leone. That data helps gain insight into their helping strategies and counselling techniques. Overall, an interesting intervention model, based on a combined concern for the practical needs of women and their emotional suffering, emerged from the interviews.

Contrary to international workers, local female leaders found themselves in similar situations as the women they were assisting. Consequently, they were able to quickly recognize pressing post-conflict needs. Encouragingly, there was noticeable overlap between the needs assessments conducted by local women and the program priorities of many internationally-funded projects. As discussed in the introduction, many organizations responded to the basic needs of women and families in the early phase of peace in Sierra Leone. International organizations provided staples such as food, medical attention and shelter for survivors of the war. However, the data also points to significant discrepancies in the ways local healers described emotional suffering and healing versus international workers. As mentioned, many international agencies are increasingly making post-traumatic stress and trauma healing a priority in their post-conflict programs (Baingana, Fannon & Thomas, 2005). Healers made no mention of psychological needs being a significant priority. First and foremost, they deemed it important to address the subsistence needs of women. They stipulated that meeting these needs would necessarily have a positive impact on post-war emotional healing.

In terms of counselling, a shared cultural background between helpers and survivors facilitated a therapeutic relationship between the two parties. Certain components of local counselling were similar to Western practices, while others were specific to the local context and culture. Local and international helpers both provided active listening, encouragement and what participants described as "sweet words" to survivors of the conflict. However, a major divergence emerged with regard to the amount of counselling deemed necessary. Healers believed it more important to "move on" for the war, and suggested that discussing the conflict at length could be harmful for survivors. Here, a major difference between international and local methods is exposed, where many international post-conflict programs revolve around the externalization of feelings, and local helpers advocated for the opposite.

Similarly, the data reveals differences with regard to the giving of personal advice. Sierra Leonean helpers were far more inclined to reveal information about their wartime experiences to help other women cope with the aftermath of the war. Survivors reported feeling comforted by the self-disclosure of other women, stating that it helped normalize some of their experiences. Likewise, local helpers were much more prone to use religious references when counselling women in the early post-war period than their foreign counterparts. Considering the importance of religion in the country, it is not surprising that survivors also responded positively to this technique.

Together, information concerning local ways of helping reveals more differences than similarities between local and international professional paradigms. Although international psychosocial programs responded to some of the needs identified by participants, the two parties differed on certain key social work principles. In general, local helpers were more closely engaged than international workers, and seemingly more personally invested in the healing of others. Local interventions were also more frequently rooted in belief systems, religion and spirituality. Finally, locally-driven psychosocial interventions also tended to be much longer in length then international programs. Considering the proximity of local helpers to their peers, and the relatively low cost of local initiatives, this finding is not unexpected.

The data also revealed interesting information on the sources of motivation for female leaders. Cultural systems of reciprocity, where extended family and neighbours are obliged to help those less fortunate, contributed to the creation of a complex system of mutual aid in rural settings. Helpers were by no means well-off, but capitalized on their sense of duty to assist other women in need. Finally, evidence also reveals that post-conflict assistance to women came from a variety of sources. Most significantly, this help came from family members and community members. Unanimously, participants noted that local help was more significant than any source of international help received, with the possible exception of ECOMOG soldiers.

5.2.3 Question 3: Improved social work practices

Thus far, interview data has revealed that significant differences exist between international and local practices with regard to the conceptualization of wartime experiences and post-conflict social work interventions. What do these differences mean for our post-conflict practices? What can we learn from the practices of local female helpers?

A few key lessons can be drawn from the information provided by participants. First, the data speaks to the competence and abilities of local female leaders despite their lack of formal training. Survivors reported that local forms of help had a positive impact on their recovery and healing process. With this in mind, international social workers can be confident that the psychosocial needs of war-affected women are met by local capacities. Social workers must learn to respect and encourage local leadership, even in instances when it conflicts with core assumptions within the profession. Contrary to foreign social workers, the professional paradigm used by local helpers necessarily encompasses the belief systems and cultural understandings of the women who are seeking help. In Sierra Leone, helpers and survivors shared common ground, which greatly facilitated the development of therapeutic relationships.

Second, the study adds to the growing body of literature which suggests that Western ideas of suffering are not universal. As noted, major differences emerged in the ways wartime suffering is described in Western literature and the ways participants defined their experiences. The data sends a humbling message to Westerners: our own cultural ideas and

scientific assessments don't resonate with everyone. Here, participants demonstrated that the subjective meaning of their wartime experiences played a significant part in their healing process. Social workers operating in post-conflict settings must question the relevance of medically-based conceptions of suffering in their interventions. If these terms to not make sense to clients, social workers must reflect on the reasons why they continue to be used.

With these factors in mind, it becomes essential for international social workers not only to increase the involvement of local helpers, but to let these helpers take the lead in terms of social work interventions. In practice, Western social workers must let clients and community leaders make decisions for what is best for them and their families. Considering the many discrepancies between ways of doing in the global North and in the global South, it is not surprising to predict that many pre-packaged post-conflict programs could be bound for failure. In this sense, the contribution of international workers might be optimal if it remains limited in scope. Perhaps, the most important lesson to take away from this study is one of humility, where Western social workers begin to question their place within the dominant post-conflict intervention paradigm and assess their actual contribution to the healing process of war-affected women.

5.3 Recommendations

Based on an analysis of the data, a set of key recommendations for post-conflict social work is presented below.

1. Conduct local needs assessments with various community members, such as elders, community chiefs, women, youth and children, in the early post-conflict period. International programming needs to be based on the results of these assessments.

2. Reinforce local helping capacities. The data demonstrates the need to strengthen the numerous mechanisms of support that exist in rural communities. Local helping mechanisms have been shown to have a longer, more positive impact on communities than international aid. Therefore, social workers need to support local helping initiatives in lieu of providing pre-packages therapeutic assistance.

3. Allow local helpers to conduct the majority of counselling. Data points to the stark differences which exist between Western conceptualizations of wartime suffering and indigenous perceptions of suffering. Considering the importance of culture in healing, it seems essential for Western social workers to allow for their local counterparts to dispense the majority of counselling. This remains true even when professional conflicts arise between the two parties.

4. Enable these local leaders and counsellors to provide assistance to others adequately and efficiently. In other words, allocate resources and funding opportunities to local initiatives rather than international ones.

5. If necessary, develop programs which reflect local conceptualizations of violence, suffering, cooperation and mutual aid. Post-war programs need to reflect the cultural understandings of each conflict area, otherwise the interventions will hold little relevance for the populations affected by the conflict.

6. As a foreign social worker, always question the added value of your contribution.

5.4 Implications for social work practice and research

The findings of this study have implications for social work practice and research directions, particularly for international workers operating in post-conflict settings. First, the research data challenges a fundamental assumption of the medical intervention model: that external intervention is absolutely necessary for the mental health recovery of war-affected groups (De Jong & Kleber, 2007). As exhibited in the study, the most important figures in healing process of survivors were unquestionably local community members. In the eyes of participants, the help provided by foreign agencies paled in comparison to the support of family members, elderly women and other traditional healers. In rural settings, the majority of women who provided psychosocial assistance to others had no formal training, yet their impact was reported as being extremely significant. Paradoxically, local capacities are often pushed aside to give way to “professional” interventions in post-conflict settings. It seems easier for international agencies to rely on existing patterns and trained

personnel than to adjust to local settings. However easy it may seem, the current research shows that international help does not always have the long term positive impact that local forms of help do. These findings points to a need for social workers to advocate for the inclusion of local helpers in internationally-funded programs. Knowing that local psychosocial interventions are effective, it becomes our duty as social workers to support local capacities, which will not only benefit war-affected individuals, but will help rebuild the social capital networks that might have been damaged from the conflict.

Second, social workers need to recognize that the subjective meaning of important events is rooted in cultural understandings. In other words, experiences can be interpreted differently from one person to another based on certain cultural factors. Social workers operating in post-conflict settings must appreciate this feature of cross-cultural interventions and be conscious of certain assumptions that could contribute to misunderstandings. In the case of Sierra Leone, the participants' non-use of specific words, such as trauma and PTSD, is indicative of a divide between Western post-conflict social work policies and local concepts of suffering. The Western idea of "truth-telling", where one derives benefit from expressing emotions verbally, also did not necessarily concord with local ways of healing (Shaw, 2005). Essentially, basic principles within the discipline of social work should not be taken for granted when working in post-conflict and cross-cultural settings. Neglecting these differences could be extremely harmful in the establishment of an authentic therapeutic relationship.

Finally, my experience as a researcher has implications for international social work practices. As mentioned in the methodology chapter, imbalances of power between myself and the participants, namely economic and educational opportunities, influenced the research in a number of ways. International social workers operating in post-conflict settings might find themselves battling similar hierarchies of power and dealing with the consequences of divergent social locations. Well-intentioned working relationships between foreign social workers and war-affected clients will likely be imbedded with assumptions which stem from a history of colonization. The very nature of this relationship needs to be examined critically, and consolidated efforts need to be made to break from these

imbalances of power. Social workers must enter into post-conflict settings with the knowledge that hierarchies of power can influence partnerships and working relationships with war-affected individuals and communities.

In relation to future research directions, the study speaks to the need for more attention to be placed on local ways of doing. Very little research is devoted to the exploration of indigenous forms of social work and alternate ways of doing across cultures and across conflicts. Post-conflict service delivery is ridden with challenges and complexities. This fact is well-known by agencies and policy makers alike. However, decision-makers rarely think to include the voices of affected populations in the search for solutions to these problems. Program strategies are decided upon in North American and European offices, far removed from the conflict-affected areas. Social work research needs to include a wider range of studies that explore community-based helping mechanisms and local leadership in times of crisis. Social work research needs to support the inclusion of the voices of war-affected peoples in a systematic and meaningful way.

More research is also needed to assess the impact of international programs designed to alleviate post-conflict suffering. Large sums of money are poured into post-war psychosocial programs, but very few of these programs are systematically reviewed and evaluated. Academics and policy makers keep defending programs without any knowledge of its success rate. Systematic program evaluations need to be conducted in post-conflict areas across the globe. Furthermore, survivors of conflict need to be engaged in the evaluative processes and be made to feel comfortable to report any problems without fear of reprisal.

5.5 Concluding Remarks

In recent years, the body of literature on post-conflict mental health shows a clear shift towards a clinical perception of suffering. Evidence also points to various organizations implementing trauma-based programs with increasing frequency in post-conflict settings. This trend within the discipline is based on the surge in popularity of post-traumatic stress disorder as a framework to understand the impact of war on individuals and communities. Despite a growing critique of the medical model of intervention which warns of its misuse,

both academics and practitioners continue to endorse it as the optimal framework for addressing post-conflict suffering. Interestingly, the data collected for this study paints a different picture and illustrates the disconnect that exists between Western paradigms and local ways of understanding in Sierra Leone.

With the use of a grounded theory approach, ten qualitative interviews were conducted to ascertain the ways in which women conceptualized their wartime experiences. Information on local ways of helping during the early post-conflict period was also solicited. Combined, answers point to important cleavages between international and local ways of doing. None of the participants used concepts associated with the medical model to describe their experiences. Indeed, ideas relating to trauma or post-traumatic stress were completely absent from discussions with healers and survivors. Some similarities emerged between international and local interventions, but the majority of the data showed dissimilarities between the techniques used by local and foreign helpers.

The processes involved in dispensing international post-conflict mental health programs shares far too many similarities with the processes of "civilizing missions" undertaken during colonization. Unfortunately, Western ways of doing are still considered to hold more value than indigenous ways of doing. While individuals from the global South represent the vast majority of war-affected populations, their opinions and ideas are largely neglected in the field. One must ask the question why. Why are social workers not listening to the voices of their war-affected clients? Are institutional constraints too limiting? As individuals, do we choose to promote our own knowledge over the knowledge of others? Paradoxically, social workers are trained to guide clients towards their own decision-making capabilities. Here, evidence points to a top-down approach in which many social workers participate.

Discrepancies between international and local perspectives, combined with certain ethical issues highlighted through postcolonial theory, lend support to the study's argument: local women should be at the forefront of post-conflict psychosocial interventions instead of foreign social workers. I have argued that emotional healing is rooted in local cultural understandings. When social workers and clients don't share the same cultural

understandings, therapeutic relationships can become more challenging. Linguistic differences and divergent social locations only exacerbate these difficulties. Considering all these elements, it would be wiser to facilitate local helping capacities in war-affected areas instead of insisting on using Western methods.

Through this study, local female leaders have demonstrated their capabilities and resourcefulness in relation to post-war healing. Their implicit understanding of local resources, of social networks and other cultural components of healing renders them to be the perfect candidates to provide listening and counselling to other women. Survivors echoed this belief by stating that local leaders were the most influential in their healing process. Yet, in spite of growing evidence in support of indigenous post-war healing methods, many research groups and agencies continue to medicalize post-conflict issues. To assume that professionally trained Western social workers are more qualified to intervene than locals is not only imperialistic, but wrong. As international social workers, we must learn to gradually step aside and provide local women with the resources and opportunities to help other war-affected women.

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APPENDIX A: LETTER OF INFORMATION

Letter of Information
"Local social work interventions in post-conflict Sierra Leone: exploring the impact of women helping other women and girls"

A. PURPOSE

The present research project is exploring the impact of local interventions on the well-being and mental health of women in Sierra Leone in the aftermath of the war. A key goal of the project is to create a set of recommendations for international aid organizations on policies and culturally relevant services can better meet the needs of women and girls affected by war.

B. PROCEDURES

Participants will be asked to participate in one or two interviews. Two different types of participants will be interviewed:

1) local social workers or leaders who worked with women and girls in the early post-conflict period and 2) young women survivors of the war who participated in traditional forms of healing as adults or as girls. Local social workers will be asked to share thoughts on the ways they provided help to women and girls, on traditional forms of healing and on their perceived impact of these traditional interventions in the lives of women and girls. Young women (over 18) will be asked to share information regarding their feelings after the war, the major problems they faced and about traditional forms of healing they participated in.

Participation in this research project is completely voluntary, and participants can withdraw at any point without penalty or consequences. All costs related to the process will be covered by the researcher. With the participants' permission, the interviews will be audio recorded and these tapes will be destroyed five years upon completion of the project. Transcripts and other written materials related to this research project will be kept in a locked cabinet in the researcher's home for the duration of time as required by McGill University.

C. RISKS AND BENEFITS

There are many benefits to participating in this research. Very little research has been conducted on the impact of traditional forms of healing in post-conflict Sierra Leone. This research will help to fill the substantial research void that surrounds these practices. Moreover, the research is likely to contribute to discussions about culturally relevant interventions that could be incorporated into future post-conflict programs, services and policies.

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APPENDIX B: CONSENT FORM 1

McGill

Consent Form 1:
Participation in "Local social work interventions in post-conflict Sierra Leone: exploring the impact of women helping other women and girls"

A. PURPOSE

This interview component of the research is exploring the impact of local interventions in Sierra in the aftermath of the war. I understand that one of the goals of the research is to create a set of recommendations for the improvement of international psychosocial programs in post-conflict settings.

B. PROCEDURES

You will be asked to participate in one or two interviews. During the interviews, you will be asked to discuss your feelings after the war, problems you encountered in the early post-conflict period and describe various forms of help you received from local leaders or local organizations. There will be a female translator present during each interview. These interviews will take place at the offices of Defence for Children International Sierra Leone.

Your participation in this research project is completely voluntary, and you can withdraw at any point without penalty or consequences. All costs related to the research will be covered by the researcher. All interviews will be audio recorded, with your permission, and will be used solely for transcription purposes. These tapes will be destroyed five years upon completion of the project. Transcripts and other written materials related to this research project will be kept in a locked cabinet for a duration of time as required by McGill University.

C. RISKS AND BENEFITS

The results of this research will be used to complete the researcher's thesis component of the Master of Social Work program. Things that you say during the interviews may be used in future published articles, but no personal identifying information will be shared. At the end of the study, a summary report will be available to you upon request.

During the course of the research and after its completion, we ask that you respect the right of all participants to maintain their privacy and confidentiality. This means that you not share any personal stories or information revealed about other research participants to anyone else. Participation in this project may bring up sensitive and personal areas of your life, and so you may choose to ask for a private meeting with the researcher to discuss anything concerns that may arise during the interviews or stop your participation at any point during the process.

D. CONDITIONS OF PARTICIPATION

- The interviews that are part of this research project may be used in future presentations, workshops or written publications related to this research project.
- I am free to withdraw my consent and discontinue my participation at any time without penalty or consequences.

- I agree to having all interviews for this research project audio recorded

YES __ NO __

♦ ♦ ♦

I hereby certify that I am signing this form of my own free will, with no pressure from others to do so, and that I do so after been given all the facts I need to make this choice. In witness thereof, I have signed this form on this the _____ day of _____, 2010.

Please sign below if you agree to participate in this study

_____ _____
Participant Name (or initials) Signature

_____ _____
Researcher Name Signature

Please keep one signed copy of this form for your records.

Denise Doucet, Master of Social Work student, McGill University, School of Social Work
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If you have any questions or concerns about your rights as a research participant in this study, please contact the Research Ethics Office at ***+1 514-398-6831****.*

APPENDIX C: CONSENT FORM 2

Consent Form 2:
Participation in "Local social work interventions in post-conflict Sierra Leone: exploring the impact of women helping other women and girls"

A. PURPOSE

This interview component of the research is exploring the impact of local interventions in Sierra Leone in the aftermath of the war. One of the goals of the research is to create a set of recommendations for the improvement of international psychosocial programs in post-conflict settings.

B. PROCEDURES

You will be asked to participate in one or two interviews. During the interviews, you will be asked to discuss your thoughts on ways you provided help to women and girls in the post-conflict period and on different healing traditions. The researcher will be accompanied by a female translator for each interview. These interviews will take place at the offices of Defence for Children International Sierra Leone.

Your participation in this research project is completely voluntary, and you can withdraw at any point without penalty or consequences. All costs related to the research will be covered by the researcher. All interviews will be audio recorded, with your permission, and will be used solely for transcription purposes. These tapes will be destroyed five years upon completion of the project. Transcripts and other written materials related to this research project will be kept in a locked cabinet for a duration of time as required by McGill University.

C. RISKS AND BENEFITS

The results of this research will be used to complete the researcher's thesis component of the Master of Social Work program. Things that you say during the interviews may be used in future published articles, but no personal identifying information will be shared. At the end of the study, a summary report will be available to you upon request.

During the course of the research and after its completion, we ask that you respect the right of all participants to maintain their privacy and confidentiality. This means that you not share any personal stories or information revealed about other research participants to anyone else. Participation in this project may bring up sensitive and personal areas of your life, and so you may choose to ask for a private meeting with the researcher to discuss anything concerns that may arise during the interviews or stop your participation at any point during the process.

D. CONDITIONS OF PARTICIPATION

- The interviews that are part of this research project may be used in future presentations, workshops or written publications related to this research project.
- I am free to withdraw my consent and discontinue my participation at any time without penalty or consequences.

- I agree to having all interviews for this research project audio recorded

YES __ NO __

♦ ♦ ♦

I hereby certify that I am signing this form of my own free will, with no pressure from others to do so, and that I do so after been given all the facts I need to make this choice. In witness thereof, I have signed this form on this the _____ day of _____, 2010.

Please sign below if you agree to participate in this study

_____ _____
Participant Name (or initials) Signature

_____ _____
Researcher Name Signature

Please keep one signed copy of this form for your records.

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APPENDIX D: INTERVIEW GUIDE 1

Interview Guide 1
"Local social work interventions in post-conflict Sierra Leone: exploring the impact of women helping other women and girls"

Theme 1:
Social situation and feelings during the conflict and the early post-conflict period

Main Questions:

Could you tell me a bit about your experience during the war

In general, how did you feel during this time?

Could you describe what you were doing in the first few months after the war ended?

What impact/effects do you feel the war had on you?

Sub-questions:

What was your family situation after the war?

What was your employment situation after the war?

In the few months following the war, what were the biggest problems you faced?

Theme 2:
Help received in the early post-conflict period

Main Questions:

Could you describe which local individuals, groups or organizations helped you in the first few months following the war?

Can you describe what actions/programs or ceremonies helped you the most in your healing process after the war?

How did you first make contact with them?

What positive or negative effects did the help have on your life?

Do you still frequent these individuals/groups/organizations?

Do you feel like the help they gave you is still significant to you now?

Final Question:

Are there any things about your experiences after the war or the help you received from local individuals/groups/organizations that I have not asked you about and you would like to mention?

APPENDIX E: INTERVIEW GUIDE 2

Interview Guide 2
"Local social work interventions in post-conflict Sierra Leone: exploring the impact of women helping other women and girls"

Theme 1:
Description of the local way or ways of helping

Main Questions:

Could you describe the type of help you provided to women and girls in the months following the end of the war?

Sub-questions:

In your opinion, what kinds of problems were women and girls facing in the early post-war period?

What did women and girls need the most at the time?

What were the major achievements or successes of your interventions with women and girls during this time?

What were the main challenges you faced while trying to help them?

Did you have an underlying philosophy or certain values with which you helped other women and girls? If so, could you describe this philosophy or these values?

Are there similarities between different individuals or groups in the ways they help? If so, what are these similarities?

If you could change anything about how you helped women and girls in the post-conflict phase, what would it be?

Theme 2:
Perceived impact of interventions on the life of women and girls

Main question:

How do you feel your interventions have helped women and girls?

Sub-questions that can be asked to probe:

How do you feel women and girls have benefited from the help you provided?

Did you see a change in the women you helped?
If so, could you describe that change?

If they had not gone to you (or your group) for help, would they have gone anywhere else for help?
If so, where do you think they would have gotten services?

Have you kept contact with some of the women or girls you have helped?
If so, what is your relationship with them now?

Final Question:

Are there any things about your work with women and girls in the early post-conflict phase that I might not have mentioned that you would like to add?