

# **Child witchcraft confessions as an idiom of distress in Sierra Leone; results of a rapid qualitative inquiry and recommendations for mental health interventions.**

**Authors:** Hélène N.C. Yoder, Joop T.V.M. de Jong, Wietse A. Tol, Joshua A. Duncan, Amjata Bayoh, Ria Reis

**Corresponding Author:** Hélène N.C. Yoder

## **1 ABSTRACT**

### **2 Background**

3 Reports about child witchcraft are not uncommon in sub-Saharan Africa. In this study we  
4 approach child witchcraft as an idiom of distress. In an environment that may prohibit children  
5 from openly expressing distress, belief in witchcraft can provide a shared language to  
6 communicate about psychosocial suffering. We used an ecological approach to study how some  
7 children in distressing circumstances come to a witchcraft confession, with the aim to set out  
8 pathways for mental health interventions.

### **9 Methods**

10 We employed rapid qualitative inquiry methodology, with an inductive and iterative approach,  
11 combining emic and etic perspectives. We conducted 37 interviews and 12 focus group  
12 discussions with a total of 127 respondents in Freetown, Sierra Leone. Inductive analysis was  
13 used to identify risk and protective factors related to witchcraft accusations and confessions.

### **14 Results**

We identified risk and protective factors related to the individual child, the family, peer relations, teachers and other professionals in a child's life, traditional healers, pastors and the wider society. We found that in the context of a macrosystem that supports witchcraft, suspicions of witchcraft are formed at the mesosystem level, where actors from the microsystem interact with each other and the child. The involvement of a traditional healer or pastor often forms a tipping point that leads to a confession of witchcraft.

## **Conclusions**

Child witchcraft is an idiom of distress, not so much owned by the individual child as well as by the systems around the child. Mental health interventions should be systemic and multi-sectoral, to prevent accusations and confessions, and address the suffering of both the child and the systems surrounding the child. Interventions should be contextually relevant and service providers should be helped to address conscious and subconscious fears related to witchcraft. Beyond mental health interventions, advocacy, peacebuilding and legislation is needed to address the deeper systemic issues of poverty, conflict and abuse.

## **KEYWORDS**

Child Witchcraft, Child Idiom of Distress, Child and Adolescent Mental Health, Rapid Qualitative Inquiry, Sierra Leone.

## BACKGROUND

Reports of child witchcraft accusations and confessions are not uncommon in Sierra Leone (e.g. 1, 2, 3), a country of almost eight million people on the west coast of Africa.<sup>1</sup> Traditional witch finders or “ariogbos” frequently perform in neighborhoods around the capital Freetown, identifying children who are held responsible for misfortunes in the community. Pastors, sometimes visiting from Ghana or Nigeria, can be seen filling the national stadium, with captivated audiences watching children confessing to have caused accidents, sickness, and deaths (e.g. 4). The issue attracted the interest of the authors when doing research on child and adolescent mental health in the country (5). We found that local explanatory models for child and adolescent mental health problems are mostly spiritual and may include involvement in witchcraft (5). The relation between child witchcraft and child mental health has earlier been examined by Reis (6), who first described child witchcraft as an idiom of distress (IOD) (cf. 7). In line with earlier conceptualizations (8, 9), De Jong and Reis (10) define an IOD as “*an embodied symbolic language for psychosocial suffering that derives its legitimacy from its shared metaphors, meaning and understanding in a group.*” (10, p 302) An IOD allows individuals “*to express and communicate suffering caused by different types of stressors that cannot otherwise be expressed in the local social–cultural–political context, due to the inherent threat such expression would constitute to culturally dominant values and structures.*” (10, p. 302)

Children in Sierra Leone experience distress in many different forms. The country is still affected by the long-term, intergenerational mental health effects of the war that ended in 2002 (11, 12). The Ebola Virus Disease outbreak of 2014/2015 not only claimed lives but also caused

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<sup>1</sup> For a historical and cultural background on Sierra Leone in the context of mental health, see Yoder-van den Brink (38).

emotional turmoil in adults and children alike (13). Many people are currently reliving their fears as they face the COVID-19 pandemic. In a study by Thulin et al. (14) adults and children in Sierra Leone listed multiple challenges that contribute to distress, including insufficient parental care, poverty, hunger, child labor, and a lack of access to health care. Children stated severe discipline or beating as their highest concern. A study by Zuilkowski et al. (15) confirmed that physical discipline is widely accepted and common in Sierra Leone.

With regard to skills to face adversities, an important notion in Sierra Leone is the ability to “bear” with difficult circumstances (cf. 16), or in the local Krio language “*bia*”, which the dictionary describes as “*endure, suffer patiently or resignedly, bear with*” (17). The admonition to bear is commonly given to people who are sick, have lost loved ones, or experience other struggles in their lives. In addition, children hold a low status in Sierra Leone society (18) and are expected to be compliant and respectful of their elders (15). These values and circumstances may well prohibit children from openly expressing their feelings related to distressing situations. However, children who grow up in an environment where belief in witchcraft is common may learn an alternative language (19) that enables them to express their distress in terms of the supernatural. Adults with these same ingrained values will likely accept a witchcraft narrative, especially when it offers an explanation for their own hardships as well. In this way child witchcraft confessions become an IOD.

To better understand the context in which children confess to being witches it is important to note that belief in witchcraft is widespread across the world, including on the African continent (20). Anthropologists have long abandoned the question whether witchcraft actually exists, and concluded that “*witchcraft exists as a social and cultural reality*” (21, p. 6). Witchcraft is a complex phenomenon with a broad variety of beliefs and practices across cultures (21), which

81 continue to change over time (22, 23). Currently, a fairly common notion of witchcraft shared  
82 across sub-Saharan Africa involves the belief in a mystical power known only to witches, which  
83 allows them to separate their souls from their physical bodies and enter into a spirit world from  
84 where they inflict harm on others (21, 24). Whereas in the past it was assumed that belief in  
85 witchcraft would disappear under the influence of modernization and the growing influence of  
86 Christianity and Islam (21), contemporary social sciences emphasize that belief in witchcraft  
87 may well be part of a modernity and faith that are unique for Africa (22, 25). The attraction of  
88 witchcraft is that it provides insight from the invisible world into the “why” of unfortunate  
89 events in the visible world (21), often furnishing answers that are lacking in modern science.  
90 Historically, children have not been commonly associated with witchcraft in Africa (26). The  
91 first two accounts of child witches in Africa came from Robert Brain in 1970 and Peter  
92 Geschiere in 1980, who described the phenomenon in Cameroon (27). However, recent years  
93 have seen an apparent dramatic increase in reports of children who suffer from abuse resulting  
94 from witchcraft accusations, to the extent that it has caught the attention of various UN agencies  
95 and international NGOs (21, 22, 28, 29). Reports of child witches are coming from both post-  
96 conflict and politically stable societies (6). The question why children may have increasingly  
97 become accused of witchcraft remains largely unanswered (26). Speaking about children in the  
98 Democratic Republic of Congo, De Boeck (23) describes the increased and prominent visibility  
99 of children in the urban landscape in a time of social and spiritual insecurity. With their potential  
100 for military and economic power and their defiance of traditional authority they are often  
101 considered a threat by older generations. While this may lead to witchcraft accusations, De  
102 Boeck suggests that “*the idiom of witchcraft [...] also offers a possibility for children to*  
103 *challenge parents, public authority and the established order.*” (23, p.143). The significant role

104 of the African revivalist churches in the identification and treatment of child witches is  
105 frequently mentioned (22, 23, 26, 27, 29-31). Another important role is given to the media (26,  
106 32), most notably Nigerian movies such as “End of the Wicked” (33), written by the influential  
107 Nigerian pastor Helen Ukpabio. Accusations of child witchcraft frequently lead to abandonment,  
108 lasting stigma and outright abuse (22, 32, 34).

109 Several authors have described common characteristics of child witches and witchcraft. The  
110 children often have distinguishing personal qualities such as a below or above average  
111 intelligence (6, 29, 34), or a chronic or life-threatening illness or disability (22, 24, 34). They  
112 may have distinctive physical features (29), or display unusual behavior such as bedwetting,  
113 hyperactivity (30), precociousness, loquaciousness, speaking or acting like an adult and verbal or  
114 behavioral boldness towards adults (31). Frequently these children are orphans or step children  
115 (22). There are no accurate data related to gender (22) but accusations affect both boys and girls.  
116 With accusations also targeting infants and unborn children (31), age appears to be no limiting  
117 factor. Witchcraft can be passed on through lineage or through food that is offered to a child.  
118 Dreams play a significant role in the initiation (22, 24, 29). Child witchcraft is more often seen in  
119 the context of poverty, but it is not the only contributing factor (23). The witchcraft narratives  
120 told by child witches across countries show many similarities, and are often related to power-  
121 reversal, e.g.: children travel into the underworld<sup>2</sup> where they can be adults, feast on human flesh  
122 and blood, own houses and cars, cause sickness and accidents and make businesses fail. They  
123 commonly use ritual artefacts such as brooms and witch pots, and can change into dogs, cats or  
124 snakes (22, 29, 31).

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<sup>2</sup> In Sierra Leone, the term “underworld” is used to describe the realm of spirits and witches.

These depictions however are limited. Not all child witches have deviating features. They often have only a lowly status in their family (26). Many so-called characteristics of child witches are part of a child's normal development (19). Similarly, the distressing circumstances child witches may find themselves in are not necessarily different from other children who don't confess to be witches. This suggests that others factors are involved and that there is a need for an in-depth study of the process that ultimately leads a child to a witchcraft confession. In listening to our respondents we got the impression that while accusations can be questioned, a confession often seems to be considered the mark of truth. This confirmed Cimpric's observation in an anthropological study done for Unicef on contemporary witchcraft practice in Africa: *"Confession is still considered to be the most significant evidence in cases of witchcraft."* (22, p. 39). While respecting people's belief in witchcraft, there is therefore a need to analyze the process that leads a child to confession. Rather than concentrating solely on individual child characteristics, we take in this paper the perspective of Bronfenbrenners ecological systems theory (35), especially with regards to the concept of nested environments, and use Szapocznick's approach of interpersonal and contextual risk and protective factors (36) to study how some children in distressing circumstances come to a witchcraft confession. When we approach child witchcraft as an IOD, we can provide alternative explanations for the "evidence" of confessions and set out pathways for mental health interventions that prevent accusations and confessions and address the suffering that is expressed in the IOD.

## **METHODS**

This research project is embedded in a wider investigation of child and adolescent mental health perceptions and systems of care in Sierra Leone (5, 37, 38), and an international research project

on Child IODs (6). We employed rapid qualitative inquiry methodology, a time and cost-effective qualitative technique to gain information about a topic in a swift and concise way (39). The approach was inductive and iterative, with initial data analysis taking place during the data gathering, and emerging themes guiding the process of selecting new informants and interview topics. Emic perspectives (such as those of children who confess to be witches, their family or teachers) were combined with etic perspectives (such as those of teachers, social workers or religious leaders who were not related to a specific witchcraft case). Scientific rigor and validity of data was reached through triangulation (e.g. interviewing different respondents related to one child or comparing general data obtained from different respondents). The fieldwork took place over a period of ten days in March 2014. The research team included two expatriate investigators, one of whom is a child mental health expert who at that time had lived in Sierra Leone for eleven years and who speaks the local language. They were complemented by a team of six research assistants from the area, who received a 12-hour training before the RA commenced, covering basic interview techniques and skills to deal with possible distress in participants. Bearing in mind the sensitivity of the research topic, ethical aspects of the research were reviewed using the Ethical Research Involving Children Compendium (40) and discussed in detail in a meeting with the Research Subcommittee of the Mental Health Coalition of Sierra Leone.<sup>3</sup> Subsequently, the research proposal was approved by the Sierra Leone Ethics and Scientific Review Committee.

The sample included key informants (people with supposed knowledge about child witchcraft confessions in Sierra Leone) and purposively selected respondents (people with direct or indirect experience with child witchcraft confessions). They were identified through network sampling,

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<sup>3</sup> This meeting took place on Friday November 22, 2013 and was attended by 8 members of the subcommittee and coalition.

whereby participants and research team members who were well-embedded in the local community were asked to suggest respondents (41). The sampling results were regularly discussed and evaluated in the RA team. Table 1 gives an overview of the sample group (n=127). In total we performed 15 child interviews, 10 interviews with caregivers, pastors or teachers related to these children, 12 key informant interviews and 15 focus group discussions. One child interview had to be excluded due to poor recording quality.

**Table 1 Research sample**

<b>CHILD PARTICIPANTS</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Age Range (years)</b>	<b>Average Age (years)</b>
Individuals	7	7	14	7 to 18	13.2
Focus Group Discussions	28	29	57	4 to 17	11.8
<b>Subtotal Children</b>	<b>35</b>	<b>36</b>	<b>71</b>		
<b>ADULT PARTICIPANTS</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>		
Individuals*	6	3	9		
Focus Group Discussions	12	23	35		
Key Informants	11	1	12		
<b>Subtotal Adults</b>	<b>29</b>	<b>27</b>	<b>56</b>		
<b>TOTAL RESPONDENTS**</b>	<b>64</b>	<b>63</b>	<b>127</b>		
* Caregivers, pastors and teachers, interviewed in relation to specific children, plus a child who in the interview revealed he was actually 25 years old.					
** A few individuals/key informants were also participants in the focus group discussions					

While studying the phenomenon of child witchcraft we came across various other spiritual problems affecting children, most commonly “having the eye” (the ability to see in the spiritual realm), seeing devils, and marriages to “night husbands or wives” (spirits or demons). While these conditions are of concern, our respondents made it clear that they are distinctly different from child witchcraft. In this paper we therefore limit ourselves to children confessing to

witchcraft. This reduced our number of individual case studies from fourteen to nine children who were accused of practicing witchcraft, of which five children also confessed.

Data gathering took place through semi-structured (using a topic list or vignette) or unstructured individual interviews and focus group discussions (FGDs). Except for a few key informant interviews with individuals who spoke English, all conversations took place in Krio, the lingua franca of Sierra Leone. Verbal informed consent was retrieved prior to the interview or FGD.

The research took place in Freetown, the capital of Sierra Leone, with a centrally located, impoverished slum community as its point of entrance, while subsequent sampling led the team to various other areas, including shelters for vulnerable children, and a church-run school in a suburban area bordering Freetown. All interviews and FGDs were recorded. Since English and Krio are closely related, the majority of interviews were translated during transcription by the first author who speaks Krio, with the exception of relevant idioms, which were first transcribed in Krio and then translated into English. The FGDs were transcribed in Krio and translated into English through hired services.

Inductive analysis was used to identify factors leading to witchcraft confessions. The first author read through all the materials and extracted relevant data in an Excel spreadsheet that allowed analysis on different levels of Bronfenbrenner's socio-ecological system, e.g. information related to the family, peers and school that are part of a child's microsystem; information on religious leaders that are commonly part of a child's exosystem, and societal beliefs that form part of the macrosystem. The first and last author developed a coding system to identify data related to (1) stressors, (2) child emotions, (3) child behavior, (4) child perceptions and cognitions related to witchcraft, (5) adult perceptions and cognitions related to witchcraft, (6) confessions, and (7) risk and protective factors for witchcraft accusations or confessions. Individual case studies were

compared with the general data. The results were then discussed with all authors for further analysis. The various professional (psychiatry, psychology, public mental health, clinical child & family studies, medical anthropology and sociology) and cultural (Sierra Leonean and Dutch) backgrounds of the authors provided multi-disciplinary and intercultural perspectives.

## **RESULTS**

We start this section with a case study that relates the story of “Tamba”, one of the children we interviewed. This case study illustrates how a child in interaction with the widening systems of family, school and community, navigates conflicts, fears, fascinations, beliefs and power differences with age-appropriate responses and behavior and finally comes to the conclusion that he must be a witch.

### ***Case study: “Tamba”***

*When Tamba was 20 months old, his father – who lives abroad – gave him to his older sister to raise. Tamba is now nine years old and still living with his paternal aunt (hereafter referred to as his foster mom), who has recently entered menopause and is grieving the finality of her barrenness. He says he is treated well by her family. It is not unusual for children in Sierra Leone to be raised by their relatives, and as is common in these situations, Tamba got to spend a recent vacation with his birth mother who lives about ten miles down the road. While there, he sustains an injury to his hand which leads to prolonged and costly treatment. During the same vacation, Aminata, a stepsister of his mother (sharing the same father but not the same mother) gives Tamba a meal containing meat. Shortly after this, Tamba has a disturbing dream. He cannot remember the details, but when he tells his mother about it, she concludes that Aminata –*

230 *whom she believes to be a witch – is about to initiate Tamba into witchcraft. Tamba’s mother*  
231 *takes him to the traditional healer to obtain protection from being initiated. However, Aminata*  
232 *begins to appear to him in his dreams. She orders him to destroy his father, mother and extended*  
233 *family, but Tamba refuses. Consequently, he falls sick. In the following weeks and months he*  
234 *experiences stomach aches, vomiting, dizziness and malaria. His parents spend a lot of money on*  
235 *treatments from healers; a reason for Tamba to continue to refuse Aminata’s orders for their*  
236 *destruction in continuing dreams.*

237 *After the Christmas holidays Tamba returns to his foster mom. There he tells one of his cousins,*  
238 *a girl who is also his classmate, that he is a witch. He tells her to keep it a secret. “He was*  
239 *bluffing”, she later tells us. His foster mom notices that since his return he is more “stubborn”*  
240 *in his behavior. Others observe that Tamba starts spending more time away from home, and that*  
241 *he does not seem to be afraid of anybody. Back in school, two young teachers with little teaching*  
242 *experience are taking care of Tamba’s class. One of them describes Tamba as a troublesome boy*  
243 *who mocks him behind his back. The teacher reprimands Tamba, but does not seem to be free*  
244 *from fear. He tells Tamba: “My friend, the way you are behaving, it’s like you are a witch. (...)*  
245 *Let me tell you, if you are demon-possessed, you won’t be able to do anything to harm me.” On*  
246 *another occasion Tamba and some of his friends get in trouble over some video games that are*  
247 *brought to school. Unacceptable behavior in Tamba’s classroom is met with various forms of*  
248 *discipline, most frequently flogging.*

249 *One day, as Tamba shares some juice with his friends during lunch time, the teacher asks him*  
250 *where he got the juice. After Tamba refuses to answer, the teacher stretches him on a table and*  
251 *flogs him 24 times. The chronology is not completely clear here but around this time a pastor*  
252 *(who believes he is called by God to deliver children from evil) comes to the school and invites*

253 any student involved in witchcraft to come forward. He warns that anyone who does not respond  
254 will die within a week. Tamba is one of eight children, four boys and four girls, who respond to  
255 the call. The four boys are the same boys who got in conflict with the teacher about the video  
256 games. In the lengthy confessions the different roles of the children in the witch realm are  
257 explored, and Tamba is identified as the one who initiated all the other students. This theory  
258 seems to be accepted by all involved, even though Tamba tells us later he had no idea that the  
259 other children who went forward were witches. In fact, up till then, he himself had not believed  
260 that he was a witch. The students confess that they are weary of the teachers' discipline and  
261 frequently report the teachers to the "Mamie Queen", their leader in the witchcraft realm, in  
262 hope that she will take revenge. At one point during confession Tamba attracts attention when  
263 he shows off his supernatural skills by "stealing" money out of a teacher's pocket. While nobody  
264 denies that the money never physically left the teacher's pocket, all believe that Tamba  
265 supernaturally took it and, after being ordered to do so, placed it back.

266 Tamba's mother, grandmother and foster mom are invited to the school where they receive the  
267 news that Tamba has wrought havoc on the family. When we speak to his foster mom, she tells us  
268 about the sacrifices she made to provide for Tamba, only to learn that he caused her recent  
269 accident and took both her and his mother's money to the underworld by having them spend it on  
270 hospital bills for him and another child.

271 Tamba impressed us as a shy boy, who sometimes seems hesitant to talk but repeats multiple  
272 times that his aunt initiated him. Although he usually feels happy, he feels sad and ashamed that  
273 people believe he practices witchcraft.

274

We will return to this case study in the Discussion. In the following paragraphs we will describe findings across participants with regard to common stressors in the lives of children, emotional and behavioral responses to these stressors, witchcraft beliefs, and individual and contextual risk and protective factors for witchcraft accusations and confessions. A witchcraft accusation is a significant predictor for confession and can take place within different ecological systems. We dedicate a separate paragraph to this and conclude with a section on witchcraft confessions.

## **Stressors**

Both children and adults mentioned multiple stressors in the lives of children in Sierra Leone. The majority of these can be roughly categorized into two groups: stressors related to poverty and stressors related to tensions in relationships. Poverty affects children's housing, nutrition, education, basic resources such as clothing, and access to healthcare.

*"We are hungry when we come to school. (...). And our teachers find it difficult to teach us. They teach us, but they don't pay them. (Primary School Student who is aware that many teachers go without salaries).*

The effects of poverty are exacerbated by natural phenomena such as the heavy rains that affect the country every year during the rainy season and that cause an increase in deaths from malaria and other diseases.<sup>4</sup> Respondents from one community mentioned the problem of flooding. The decreased life expectancy and high child mortality rate that often accompany poverty were reflected in the frequent mentioning of early deaths of parents and siblings. It is important to note that all these stressors affect not just the children, but the systems around them as well. As illustrated in the quote above, teachers in Sierra Leone may receive minimal or no wages. A

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<sup>4</sup> Traditional healers in one community attributed the increase in deaths during the rainy season to an increase in witchcraft activities, since the heavy rains interrupt the usual witch finding operations.

297 healer described how mothers can be gone from their homes all day to earn an amount barely  
298 enough to feed their family. One key informant with multiple wives had lost seven of his twenty  
299 children.

300 Relational stressors that were mentioned included complicated relationships with stepparents and  
301 the wider family, conflicts within the family, severe physical discipline, abuse and neglect.

302 Relationships with teachers can become a source of distress when children are forced to pay  
303 teachers in order to pass their tests, or when physical discipline is severe.

304

### 305 **Emotional and behavioral responses to stressors**

306 When asked about feelings children can have in relation to stressors, children mentioned sadness,  
307 anger, fear, loneliness, and disappointment. In one of the FGDs children explicitly denied anger  
308 as an emotion in response to injustice. Adults responded that in distressing circumstances  
309 children may experience sadness, envy of others, a lack of peace in their heart, hatred, inner  
310 conflict, etc. In a discussion around a vignette some children acknowledged negative feelings but  
311 also immediately stressed the need to bear with an abusive situation in hopes that things will get  
312 better.

313 Both children and adults understood the causal connection between the feelings of a child and  
314 his/her behavior. Former homeless children frequently mentioned that negative feelings would  
315 make them go out to the street, sometimes accompanied by stealing. Others mentioned cursing,  
316 being stubborn, disobedient and wayward, but also withdrawn or absent-minded (thinking about  
317 other things). One respondent observed:

318 “... if you are staying in a place where you do not want to live, the tendency is there to do some  
319 bad things that will make them associate you with witchcraft.”

320

321 **Witchcraft beliefs**

322 Children grow up with witchcraft beliefs around them. Witchcraft confessions are public; they  
323 take place in the community or in public places such as the Chief's compound or a church. It was  
324 obvious in the FGDs that children are very familiar with witchcraft narratives. With minimal  
325 prompting they told multiple stories of child witches in their homes, schools and communities.  
326 Children learn from Nigerian witchcraft movies too and may not always interpret these movies  
327 as purely fictional. Adult respondents generally freely shared their beliefs, opinions and  
328 experiences. The data found in this regard correspond with findings from research in other  
329 settings in sub-Saharan Africa, as summarized in the Introduction. For this reason we will not  
330 describe them in detail.

331 Despite the respondents' vast knowledge of witchcraft beliefs and narratives, and their confident  
332 descriptions of child witch characteristics, adults frequently emphasized that they would not be  
333 able to determine whether a child is a witch or not. Some of the children had learned to show a  
334 similar reluctance. Only traditional healers or pastors have the skills and authority to give a  
335 verdict on a witchcraft accusation. While people may express suspicions, any other person who  
336 takes authority in this regard is suspected to have supernatural powers or even be a witch  
337 themselves.

338 Some traditional healers we spoke to believed child witchcraft is increasing in Sierra Leone, and  
339 attributed it to the high population growth and intergenerational tensions:

340 “... as the number of children they give birth to is increasing, so the witchcraft increases (...) the  
341 system they grow up with, compared to the one we grew up with, is very different. (...) at that  
342 time, we feared our mothers, we feared our fathers. But now, there is no fear.”<sup>5</sup>

343

## 344 **Risk & protective factors for witchcraft accusations and confessions**

### 345 *Individual*

346 Given the wide variety of child witch characteristics, it is almost impossible to identify specific  
347 individual characteristics that put a child at risk of being accused of and/or confessing to  
348 witchcraft. Our impression is rather that accusations and confessions take place in the context of  
349 life events (especially the occurrence of misfortunes) and interactions with or within the  
350 surrounding systems (e.g., a child’s disobedience; a pastor hinting at witchcraft as a cause for  
351 structural tensions in polygamous or blended families).

352 “He [the child accused of witchcraft] won’t confess. Except if something happens with the  
353 parents or the guardian, something extraordinary happens in the house, for example there is  
354 hardship in the house.” (White Garment Church leader)

355 That being said, characteristics that most frequently were named as typical features of a child  
356 witch were being bold, outspoken, stubborn, not afraid of anything, and especially not afraid of  
357 adults. Other suspicious behaviors may be stealing, lying, frequently breaking things, being very  
358 quiet and withdrawn, or not fulfilling social expectations such as not crying when a relative or  
359 close acquaintance dies. Some respondents described girls behaving like women, or children who  
360 are frequently sick. Some of the physical characteristics seem to indicate poverty or neglect:  
361 children who are skinny, dirty, or wear clothes that don’t fit. An important characteristic

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<sup>5</sup> The word “fear” in Krio has a connotation of both fear and reverence or respect.

362 witnessed in school is that the child cannot concentrate and does not perform well academically.  
363 Dreams play a significant role in the identification of child witches, especially dreams in which  
364 the child consumes food. In an environment where food is often scarce, these dreams are likely  
365 common, but in combination with other factors they may lead a child to believe that they have  
366 been initiated into witchcraft.

367 *A child dreams that a friend offers him food. In church the next Sunday, the pastor identifies him*  
368 *as a witch. The boy does not believe him, but since he had the dream, he accepts the allegation,*  
369 *as does his family.*

370 Children are aware that dreams will frequently be interpreted in terms of witchcraft. Some may  
371 therefore choose not to share their dreams. This discernment could potentially be considered a  
372 protective factor.

373

#### 374 ***Family***

375 Although respondents said that witchcraft accusations can be made by biological parents, we did  
376 not see much evidence of this. Rather, respondents frequently mentioned an increased risk of  
377 witchcraft accusations for children who do not live with their biological parents, especially  
378 children who come from the provinces where witchcraft is believed to be rampant. Of the nine  
379 children we spoke to who were accused of witchcraft, only two were accused and/or confessed  
380 while they lived with one of their biological parents.

381 Some mothers we spoke to differentiated between witch accusations and name-calling, a rather  
382 commonly used method to stop undesired behavior. While in the view of the parent this may be  
383 effective, we do not know if children are always able to make the distinction between serious  
384 accusations or name-calling in relationships with people of authority.

385 Families can play a protective role when people outside the family accuse a child of being a  
386 witch. A mother advised her son not to respond to others calling him witch:  
387 *“But my mother told me not to say anything. God for sure knows that I am not a witch. So she*  
388 *says that I should just let them talk.” (Former homeless child)*  
389 When children are believed to be falsely accused of witchcraft, families will usually defend  
390 them. They may take the accusation to the local Chief to vindicate the child. One father  
391 successfully stood up for his son who was called a witch and subsequently expelled from school.  
392 When the suspicion or accusation is raised within the biological family or the family raising the  
393 child, the caregivers usually seek counsel with a traditional healer or pastor. As we will see  
394 below, this may increase the risk of an accusation or confession.

395

#### 396 ***Peer relations***

397 Children talk among themselves about witches. In the case study we see how Tamba boasts  
398 about being a witch, even though he apparently does not (yet) really believe he is one. Children  
399 may put themselves at risk with this behavior.  
400 *A child tells her friends she wants to kill her teachers. Shortly after this she “changes into a*  
401 *snake” [the description suggests she may have had a seizure]. This prompts the other students to*  
402 *tell the teachers what the girl has said. The head mistress expels the child from school.*  
403 Accusations may lead to bullying, and the child’s response may only confirm the suspicion.  
404 *A young boy in a village is accused of being a witch. Back in school the other students start*  
405 *provoking him. The boy pushes one of them over, who consequently breaks his arm. This makes*  
406 *the teachers conclude he must be a witch. The boy is expelled from school.*

407 As we saw in the case study, sharing food with friends – a very common and appreciated habit in  
408 Sierra Leone – can become a reason for suspicion. Teachers told us that even sharing pens,  
409 pencils or erasers could be a way of initiating others.

410

#### 411 *Teachers and other professionals*

412 Our sample included two groups of people who relate to children professionally: teachers and  
413 social workers. A teacher of Tamba’s school (see case study) told us: “... *there are other pupils*  
414 *in this school that are demon-possessed. In fact, most of them are children of the night.*” As we  
415 saw in the case study, the suggestion of being a witch was first made by Tamba’s teacher.

416 Teachers of another school seemed to have a different mindset. They did not deny the existence  
417 of child witchcraft but said they had never encountered it in their school. They also considered  
418 other explanations for deviant behavior.

419 “... *as a teacher you will look at the psychological behavior of that child. (...) if a child comes*  
420 *into the class, if they come up with a snake movie, then we can normally ask: ‘Why?’ (...) In our*  
421 *own world, you observe maybe their mother, it is domestic harassment or it is hunger that is*  
422 *affecting them.*”

423 One key informant who doubled as a pastor and teacher told us how he had handled a situation in  
424 his classroom with both a traditional, spiritual and psychological approach. Nobody was blamed  
425 and peace returned to the classroom. Contrarily, at another school a girl dreamt that someone  
426 was trying to offer her food. Her father made a complaint to the teacher, a pastor was consulted  
427 and a child was identified and forced to confess. Knowledge about child development and mental  
428 health in professionals interacting with children can be a protective factor. A lack of training can  
429 be a risk, but so can be the fear that affects professionals. A social worker was only willing to

430 relate to a child accused of witchcraft after he promised not to harm her. Despite her willingness  
431 to help, she corroborated the witchcraft allegation.

432

### 433 ***Healers***

434 Traditional healers play a significant role in the lives of children accused of witchcraft. Healers  
435 may perform with their devil mask (“ariogbo”) in local communities and actively find witches.

436 They are also consulted by families or caregivers who suspect a child of witchcraft. When a chief  
437 is asked to rule in a witchcraft case, he may invite traditional healers to give a verdict on the  
438 witchcraft accusation. The relationship with traditional healers is complicated and ambivalent.

439 Children expressed extreme fear of them:

440 *“I panic, I tremble everywhere when I am close to them.” (Teenage boy, former homeless child)*

441 Children can easily be intimidated by the fearful looking costumes and ceremonies. They may  
442 not understand what is going on and answer questions just to show their submission to the adult:

443 *“He may not even [know] what the implication is; he just says, ‘Yes, Sir.’” (Social Worker)*

444 Adults also report discomfort with traditional healers and their role in the community. They are  
445 considered both powerful and manipulative. People depend on healers to cure diseases, offer  
446 protection from witchcraft, predict misfortune and prescribe ways to prevent it. However, both  
447 adults and children acknowledge that the healers have a strong economic interest in their witch  
448 finding activities. Traditional healers are believed to have power to make people say or do things  
449 against their will and in some cases even kill people with their ceremonies. Once a traditional  
450 healer becomes involved and even more if he expresses the verdict of witchcraft, it becomes  
451 almost impossible for a child to withstand the accusation.

452     *“So there is no way out again because they say, ‘anything that a “Mɔ̃reman” [Muslim diviner or*  
453     *healer] says, is final.’ So I just have to accept, because they say I am a witch. I just have to bear*  
454     *the punishment.” (Former homeless child in FGD)*

455     One social worker observed that children who confessed during public witch finding ceremonies  
456     often had nothing to say anymore once the witch finders had left. There were a few stories where  
457     accusations of children were not confirmed by healers. However, we do not know enough about  
458     the dynamics around these cases to know what the interests of the healer could have been. In one  
459     situation, a healer diagnosed an alternative spiritual condition that was less stigmatizing but still  
460     would require money to be healed. In another situation, a boy was vindicated of a witchcraft  
461     accusation but instead a girl of the same household was accused and made to confess. Healers  
462     often live in the community they are serving. They may be familiar with structural and temporary  
463     tensions in the family and the community, and thus seek to manipulate the dynamics of the  
464     context around a child. We did not see evidence of healers ever questioning the witchcraft  
465     narrative. Their strong financial interest in the outcome of the process is a risk factor for  
466     accusations.

467

#### 468     ***Pastors***

469     With the growth of Pentecostal churches in Sierra Leone, pastors have increasingly become  
470     important actors in witchcraft allegations. Vulnerable or sensitive children attending emotionally  
471     charged worship services with charismatic pastors may feel a need to come forward when claims  
472     are made about the presence of child witches.

473     *“Even this last one, that Apostle Suleiman from Nigeria came into Sierra Leone, so many little,*  
474     *little, little children came out (...) running, ‘I am a witch, I am a witch’.” (Teacher)*

475 As illustrated in the case study, the invitation to confess may be accompanied by threats against  
476 those who do not confess. Some churches have a stronger emphasis on beliefs in witchcraft than  
477 others, but those who do seem to be gaining more popularity. Families may no longer always feel  
478 comfortable with traditional healers but still want help for their child.

479 *“... they [the churches] bring temporal respite (...) if not for the victims, but for their families.*  
480 *(...) our children, no more we do believe in this traditional approach, but our children need*  
481 *some attention. And there is a religious entity that is willing to give us this attention; we are*  
482 *willing to take them there.” (Sociologist)*

483 Some families consult both traditional healers and pastors and depending on their belief system  
484 or the desired outcome, ascribe more authority to one or the other. Pastors who strongly believe  
485 in witchcraft may not question the witchcraft narrative that a family presents to them. Physical  
486 behavior of a child during deliverance may be used to interpret the nature of their witchcraft  
487 problem, e.g. a child may behave like a snake. Older children are often made to fast; one pastor  
488 told us they may be required to go for up to three days without food or water. The same pastor  
489 spoke of his fear in dealing with adolescent girls who can seduce him in his dreams.

490 Compared to traditional healers, respondents spoke less of possible financial gain for pastors,  
491 although one respondent implied it by condemning religion as a pathway to making money. It  
492 seemed however that the status acquired by delivering witches is just as important. Similar to  
493 traditional healers, the involvement of a pastor can become a risk factor for a child suspected of  
494 witchcraft. The story of the pastor/teacher who dealt successfully with a witchcraft allegation in  
495 his classroom shows that this does not always have to be the case. His knowledge of child  
496 development and mental health in addition to his theological training may have made the  
497 difference here.

498

499 *Society*

500 Although children do not interact directly and intentionally with society at large, they grow up in  
501 the context of history, culture and belief systems. In Sierra Leone this means that children grow  
502 up in a society where witchcraft narratives are widely accepted. None of our respondents seemed  
503 to deny the presence of witchcraft in society and the involvement of children in it. These beliefs  
504 are strong. After working together for ten days, meeting frequently to discuss our findings and  
505 possible alternative interpretations for witchcraft confessions of children, one of our research  
506 team members announced their final conclusion: *"They are all witches."*

507 Because of their position in society, children are vulnerable and an easy target for witch finders.

508 *"... how many children will be given the permission to defend themselves? And even if they*  
509 *defend themselves, what is the place of children in our society that people could believe them?"*

510 *(Sociologist)*

511 Children themselves realize that they are often being taken advantage of:

512 *"... because they have power over us, the little ones, that makes that they always abuse us."*

513 *(Primary School Student, FGD)*

514 At the community level, it is probably the chiefs who can make a difference in the protection of  
515 children, as they are the ones who traditionally rule in witchcraft cases. We did not find much  
516 information on this, but the fact that they can play a protective role was illustrated in a story  
517 where a chief ordered traditional healers to release a child held captive on accusation of  
518 witchcraft.

519

520 **Witchcraft accusations**

521 Witchcraft accusations set in motion social and psychological processes that are challenging to  
522 reverse. Respondents made it clear that there are virtually no confessions without an accusation.  
523 Once an accusation is made, the pressure on a child is immense. Wanting to avoid the impression  
524 of being able to determine whether someone is a witch or not (and thus being an accomplice in  
525 witchcraft), it is likely that nobody will stand up for the child. In response to a vignette, a social  
526 worker described how a child will feel after an accusation:

527 *“He is always absent minded. He is always thinking about himself. How would he be able to*  
528 *protect himself? Because he already has it at the back of his mind that there is no security for*  
529 *him here: ‘There is nobody who will provide security for me.’ So he always has that thinking.”*

530 The distress and consequent behavior of the child may subsequently intensify the suspicion of  
531 witchcraft.

532 *A child was suspected of killing her foster mother. When she was questioned about it, she started*  
533 *stammering. This made the accusers call the traditional healer who confirmed she was the witch.*

534

### 535 **Confessions**

536 Children who confess to be witches may do this for different reasons. Many respondents  
537 believed that the threatening and intimidating circumstances in which the accusation is made,  
538 make children confess. One child told us he only confessed to protect his aunt (it was not clear  
539 from what, but possibly it was a fine). Another child said he confessed to avoid further abuse by  
540 his mother and stepfather. Two children were called witches by their peers and decided to agree  
541 in an effort to stop the bullying. The seven children confessing alongside Tamba may have  
542 responded to the threat that children who did not confess would die within a week. Some

children genuinely believe they are witches. One of them was a 10-year-old boy who impressed us as so depressed and traumatized that we had to avoid probing and keep our interview short.

Children who confess are commonly questioned about who initiated them, who they may have initiated and who else they have met in the witchcraft realm. By identifying other children, grandmothers, aunts or neighbors, their confessions create turmoil in families and communities and perpetuate the omnipresent belief in witchcraft practices.

Although we did not formally investigate what happens after a confession is made, we were told multiple stories of lasting stigma, school dropouts and of children being returned to their families in the provinces.

## **DISCUSSION**

### ***General observations***

As Friedman & Howie observed in their study of the Salem Witch Trials of 1692/1693 (42) and Roper in his study of the Augsburg Witch Craze of 1723 (43), we found that very few people in Sierra Leone question the witchcraft narratives, since the stories of the children are generally in line with common beliefs about witchcraft. The absence of clear boundaries between the physical and supernatural world (44) makes children's experiences in the witch realm fully plausible (cf. 45). While the Western research team members were searching for psychological or material benefits that could explain why children would be attracted to witchcraft, respondents were not disturbed by the fact that the perceived benefits were all in the supernatural realm. Because these children are believed to have real power and benefits, they are also not looked upon as children to be pitied but as children to be feared (cf. 22, 23). However, it is important to

note that any assumed power and benefits seem to exist only in the perceptions of people around the child. Being a “witch” is ultimately not an empowering experience for children, who rather respond with bewilderment at the thought of practicing witchcraft.

From a mental health perspective, the recently published study by Thulin et al (14) on cultural concepts of distress among children in Sierra Leone sheds an interesting light on our findings. Many of the indicators of distress described in this study are similar to the child witch characteristics listed by our respondents.<sup>6</sup> Providing a contextually relevant vocabulary for mental health symptoms in children through the definition of cultural concepts of distress may be a first step in de-mystifying the behavior of children who are thought to be witches. When approached from a Western perspective, a witchcraft confession may in some children be a symptom of a major depressive disorder (46, 47), with excessive or inappropriate and possibly delusional feelings of guilt translating into a self-accusation of witchcraft. If this is the case, the family and wider systems of a child should be made to understand that the confession is a psychiatric symptom that will disappear with appropriate treatment.

### *Child witchcraft as an idiom of distress*

Our findings suggest that child witchcraft as an IOD, in the systemically oriented definition of Reis and De Jong cited above, is not so much owned by the individual child as well as by the systems around the child. In many cases, the child could be considered the “Identified Patient” whose behavior is a manifestation of problems or stressors in the surrounding systems (6, 48). The shared language of witchcraft makes it possible for the child and its environment to

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<sup>6</sup> This applies especially to indicators related to the cultural concepts of “gbos gbos”, “pwel at”, “diskorej” and “wondri”. Although not studied in-depth, the indicators for “fred fred” seem similar to the spiritual condition of “having the eye”.

communicate about the psychosocial suffering they are experiencing in an environment where open expression is often prohibited by cultural values. In this interaction, children may outwardly accept the allegation of being a witch, and inwardly either accept or discard the notion. Their confessions seem to be made mostly for pragmatic reasons such as avoidance of trouble and abuse or protection of relatives. As for the systems around the child, De Boeck already mentioned the importance of acknowledging the genuine fear that adults have of child witches and the undeniable risk of being named as a witch by a child who confesses (23). Our results also point to the perception of cultural decline: adults believing that the current generation of children does not show respect for their parents anymore. Apart from these fears and perceptions, our study shows that it is just as important to acknowledge the actual suffering in the systems around the child: parents struggling with financial constraints, conflicts and losses, peers struggling with poverty and oppressive systems, teachers struggling with minimal resources, etc.

### *The process leading to confessions*

To understand the process leading to confessions we will first consider the Case Study presented above. Figure 1 illustrates how Tamba's life is embedded in the systems around him. As a 9-year-old child, his microsystem includes his foster family, his family of origin, his peers and his school. The adults and children in Tamba's microsystem experience multiple stressors, such as financial constraints, conflicts, health-related problems, severe discipline, etc. Tamba also experiences distress on a personal level: he is separated from his biological parents, he injures his hand, has distressing dreams and frequently is unwell. At the mesosystem level, various actors in the microsystem interact and potentially influence the developmental pathway of a child (36). In

this case, we see how the mesosystem reinforces the witchcraft narrative, e.g. the worries of Tamba's mother and the suspicion of the teacher are confirmed by the pastor; the cousin who considered Tamba a friend and did not seem concerned about his witchcraft stories now learns in school that he is a witch. Usually there is no direct contact between the child and its exosystem, and for Tamba this is probably the case with his extended family and the church that runs the school. Important aspects at this level are the apparent tensions in his mother's family and the fact that the church running the school is an indigenous church with a strong emphasis on supernatural healing and deliverance from evil forces. All Tamba's systems are embedded in a society (macrosystem) where witchcraft is a common explanatory model and where the ability to bear with distress is considered an important value.

#### **Figure 1. Bronfenbrenner's ecological systems applied to case study**

In Text Box 1 a description is given of the process leading to Tamba's confession, setting out the accumulating events, beliefs and suspicions within the various systems that ultimately lead to confession. The tipping point (49) in this process seems to be the pastor's challenge and threat directed at the children, but his teacher also plays a pivotal role as he expresses suspicions and severely disciplines Tamba not long before his confession. We see how Tamba's confession brings relief and/or affirmation to the systems around him: Tamba's mother is justified in her belief that her stepsister is a witch, Tamba's stepmother has an explanation for the misfortunes of her family, Tamba's peers are excused for their troublesome behavior as they were unknowingly initiated by him into the underworld, and Tamba's teacher has a reason for his inability to maintain order in the classroom. Even the pastor is confirmed in his identity of being called by

633 God to bring deliverance to children affected by evil forces. While there were brief moments  
634 when Tamba and his friends seemed to be empowered by the witchcraft narrative and used it  
635 against their teachers, in the end we are left with a sad and ashamed 9-year-old boy. As Reis  
636 observed earlier: *“whereas witchcraft idioms may offer a healing resource at the group level by*  
637 *scapegoating and exorcising evil, this destroys the accused child.”* (6, p.635)

**Text Box 1: Process leading to Tamba’s Confession**

1. Stressors accumulate in Tamba’s life and surrounding systems.
2. Tamba’s mother suspects her step-sister of attempting to initiate Tamba’s brother into witchcraft (pointing towards tension or conflict between the two women), but the situation is resolved by a religious intervention.
3. Tamba has a dream which his mother interprets as another attempt of her stepsister to initiate one of her children into witchcraft.
4. A visit to the traditional healer is made to obtain protection for Tamba.
5. Tamba’s dreams continue.
6. Tamba returns to his foster family. During his stay with his mother he seems to have made a developmental leap towards more independence: he now stands up for himself and spends more time with his peers. Probably intrigued by his experiences surrounding his dream, he seems to play with the idea of being a witch and secretly boasts to his cousin about witchcraft powers.
7. Tamba runs into conflict with his teacher who does not know how to handle the behavior of his students and expresses his suspicion (and fear) of witchcraft.
8. Tamba shares juice with his friends – behavior which can be interpreted as an attempt to initiate his peers into witchcraft, thus confirming the suspicions of his teacher.
9. Tamba is severely disciplined by his teacher.
10. A pastor speaks at the school and invites those who are practicing witchcraft to come forward. Failure to do so may result in death.
11. Tamba and his friends come forward.
12. Tamba is identified as the main witch and confesses.

638  
639 The process leading to Tamba’s confession is not unique. While individual stories will vary, in  
640 each situation there will be risk and protective factors that influence the process, and a tipping  
641 point that turns the course of events towards a confession or away from it. In the results we have  
642 mentioned some of these risk factors but also the protective roles that families and teachers can  
643 play when they have a better understanding of child development, age-appropriate behavior, and  
644 common responses to distress. We see that the tipping point often is related to the involvement of  
645 a religious authority figure who rarely questions the narrative and has a vested interest in the  
646 outcome. In the few cases where witchcraft is denied by the religious leader, it is not uncommon

to see people from the surrounding systems continue their search for help until their suspicion is confirmed or an alternative solution is offered.

### ***Recommendations for interventions***

In this section we highlight some recommendations to consider in the development of mental health interventions that prevent child witchcraft accusations and confessions, and address the distress that is expressed in child witchcraft as an IOD.

1. Since the tipping point for an accusation or confession is often related to the moment a traditional healer or pastor gets involved, it could be proposed that interventions should be primarily aimed at attitudinal and behavioral change of the religious leaders. This may not be an easy task as they are the same people who propagate belief in child witchcraft. Some people have argued that it is not the belief in witchcraft that is harmful but the actions based on that belief (22, 24). However, as Briggs and Whittaker argue, this “*position is problematic as, in affording toleration of beliefs, the causal connection between the application of beliefs and child abuse is avoided.*” (50, p.2163) A focus on “changing the way child witches are treated” perpetuates the belief in child witchcraft with all its consequences. Challenging the belief system is an important religious effort that needs to come from within local societies to prevent it from being dismissed as another “neo-colonial” imposition (32). Efforts towards this have been made by Christian organizations in other parts of Africa who question the theological validity of local concepts of witchcraft (51-53).
2. Since our findings suggest that the decision that a child is a witch is usually made at the mesosystem level (where actors of the microsystem level interact), mental health

interventions should be systemic (including the family) and inter-sectoral (e.g. targeting the community and school), a recommendation which is supported by general guidelines for child and adolescent mental health care (47). Despite the reservations we just expressed, religious leaders can be considered (non-professional) community-based practitioners of mental health care (38) and therefore should be included in these interventions. Education on child development and mental health, and an understanding of the connection between psychosocial suffering and witchcraft narratives may create alternative understandings of witchcraft confessions and prevent witchcraft accusations. Training of teachers should also include classroom and behavioral management, while parenting skills training may reduce abusive parenting practices and help prevent escalations at the family level (54). Since living with people other than the biological parents seems to be a risk factor for child witchcraft accusations, the common practice of sending children away to live with others should be challenged and underlying causes addressed.

3. Education on child development and mental health should be contextually and culturally relevant. More research is needed for a deeper understanding of cultural concepts of distress, especially related to children.
4. Interventions will need to go beyond the needs of the individual child and address the very real distress in the systems around the child. Safe and appropriate alternatives to cope with distress need to be offered. Before “Western” coping strategies are promoted, local helpful and acceptable means of resilience will need to be explored and developed into meaningful interventions (55).
5. Capacity building should be an important component of the dissemination of any intervention (38, 56). Service providers need to be supported to acknowledge their fears of

witchcraft and learn how these affect their interactions with accused or professing child witches. Trainers from a Western background need to be willing to scrutinize their own worldview and accept a worldview that accepts witchcraft as a reality (57). Approaching the children's witchcraft narratives as childhood fantasies (cf. 43) may be an interesting and possibly relevant academic perspective but will at this point most likely not be effective in a society where witchcraft is accepted across social strata.

6. Beyond mental health interventions, advocacy, peacebuilding and legislation is needed to address the deeper systemic issues of poverty, conflict and abuse.

### ***Limitations***

Our study was limited by the fact that the majority of the interviewers had minimal experience in qualitative research. The topic resonated with conscious and subconscious beliefs and fears, and fascination with the witchcraft narrative sometimes affected objective data gathering. Access to children identifying as witches was complicated by the hesitation of respondents to point them out. However, we believe that the use of triangulation, in-depth interviews and a multidisciplinary approach, in the context of the wider research in which this study is embedded, has increased the validity of our findings.

### **CONCLUSIONS**

In this paper we describe child witchcraft confessions as an IOD primarily owned by the systems around the child. The ecological approach made it possible to tease apart the different parts of the process leading from distress on multiple levels to a child witchcraft confession. This study confirms the need to challenge harmful beliefs and practices related to child witchcraft, but also

highlights the importance of interventions that address the very real suffering of not only the child but also the systems around it.

## **LIST OF ABBREVIATIONS**

FGD Focus Group Discussion

IOD Idiom of Distress

## **DECLARATIONS**

### **Ethics approval and consent to participate**

The ethical aspects of the study were reviewed using guidelines of the Ethical Research Involving Children Compendium and discussed in detail with the Research Subcommittee of the Mental Health Coalition of Sierra Leone. The research proposal was approved by the Sierra Leone Ethics and Scientific Review Committee.

### **Availability of data and materials**

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

### **Competing interests**

The authors declare that they have no competing interests.

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### **Authors' contributions**

RR, JJ and HY designed the study. HY, JJ, JD and AB participated in the Rapid Qualitative Inquiry, HY and RR analyzed the data, all authors contributed to the interpretation of the data. HY was the main author of the manuscript. All authors read and approved the final manuscript.

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