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Report

CAPTURING THE SOCIOECONOMIC AND CULTURAL

Drivers of Sexual and Gender-based Violence
in Sierra Leone

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Foreword

Sexual and Gender and Based Violence is a thorny issue in Sierra Leone which has necessitated a number of actions from normative to operational measures. It ranges from the enactment of strong laws, adoption of sound policies, development of strategies and protocols for the protection and response to sexual and gender-based violence.

Conducting a study that enhances increased understanding of the prevalence, trends, patterns, and drivers of SGBV in the country is a key priority to the Ministry of Gender and Children's Affairs. Data storage and Management is a pillar in the Ministry's National Gender Strategy and is also reflected in other strategies that have been developed by the Ministry. We are vigorously pursuing the capacity building of actors for the rollout implementation of the GBVIMS and CPIMS to ensure case management and data harmonization in responding to SGBV issues across the country.

This study gives current trends and patterns of Sexual and Gender-Based Violence in Sierra Leone. It also provides a detail analysis of the impact of SGBV on the individual, community, and the country as whole. The data drawn from this study gives a better understanding of the correlation between Sexual and Gender-Based Violence and health, education, development, and other key sectors which reinforces the need for better inter-ministerial collaboration in ensuring an integrated multi-sectoral planning for addressing Sexual and Gender-Based Violence in Sierra Leone.

As a Ministry, we believe that this data will serve as a basis for assessing progress that the country has made in addressing Sexual and Gender-Based Violence incidents and inform the Ministry on the various policy and regulatory frameworks that are to be developed, enhanced and how best the Government of Sierra Leone and its partners can better strategies to adequately prevent and respond to Sexual and Gender-Based Violence.

The Ministry will like to thank UNDP, UN AIDS and for supporting such a laudable venture. We believe that this study will contribute to adequate planning and implementation of programs, policies, and legislative frameworks in addressing SGBV in the country.


Hon. Manty B. Tarawalli
Minister of Gender and Children's Affairs

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The quantitative studies and analysis provided by Statistics Sierra Leone deepened our understanding of the factors contributing to Sexual and Gender Based Violence in Sierra Leone. Professor Osman Sankoh (Statistician General), Sonia Jabbi (Director Demographics Studies) and Hassan Sankoh (Principal Statistician) played a critical role in collecting and analysing data related to the trends, patterns, and drivers of SGBV, which was instrumental in the development of this report.

UNDP's Resident Representative, Pa Lamin Beyai, was instrumental in providing leadership to ensure quality reporting. The UNDP Gender Analyst, Kadiatu Bachalle Taylor, in collaboration with the Ministry of Gender and Children's Affairs, Statistics Sierra Leone, UNCT Gender Thematic Group in Sierra Leone, Rainbo Initiative, Ministry of Gender and Children's Affairs and other International Non-Governmental Organisations working on GBV provided the technical leadership in developing the scope and framework of this study.

Lastly, and most importantly, this study would not have been possible without funding from UN Aids Unified Budget, Results and Accountability Framework (UBRAF).

The results of this study will be used to enhance programmatic outcomes for GBV prevention and response in Sierra Leone.

Abbreviations and Acronyms

CID	Criminal Investigation Department	MoYA	Ministry of Youth Affairs
CSO	Civil society organisation	NGO	Non-governmental organisation
DHS	Demographic and Health Survey	PTSD	Post-traumatic stress disorder
EVD	Ebola virus disease	SGBV	Sexual and gender-based violence
FGM	Female genital mutilation	Stats SL	Statistics Sierra Leone
FSU	Family Support Units	SRH	Sexual and reproductive health
GEWE	Gender Equality and Women’s Empowerment	SRGBV	School-related gender-based violence
GoSL	Government of Sierra Leone	STIs	Sexually transmitted infections
GBV	Gender-based violence	TRC	Truth and Reconciliation Commission
GDP	Gross domestic product	UN	United Nations
HDI	Human Development Index	UNCT	United Nations Country Team
HIV	Human immunodeficiency virus	UNDP	United Nations Development Programme
IPV	Intimate partner violence		
LGBT	Lesbian, gay, bisexual, and transgender		
MAF	Ministry of Agriculture and Forestry		
MBSSE	Ministry of Basic and Senior Secondary Education		
MoF	Ministry of Finance		
MoGCA	Ministry of Gender and Children’s Affairs		
MoHS	Ministry of Health and Sanitation		
MIC	Ministry of Information and Communications		
MoJ	Ministry of Justice		
MLGRD	Ministry of Local Government and Rural Development		
MLSS	Ministry of Labour and Social Services		
MoPED	Ministry of Planning and Economic Development		
MoPPA	Ministry of Politics and Public Affairs		
MTHE	Ministry of Technical and Higher Education		
MTI	Ministry of Trade and Industry		
MoTA	Ministry of Transport and Aviation		

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Executive Summary

Introduction

The following report aims to identify the root causes and consequences of sexual and gender-based violence (SGBV) in Sierra Leone, and provide evidence that will form the basis for targeted policy recommendations to respond to and prevent this phenomenon. The study adopted a mixed methods convergent parallel design, combining qualitative and quantitative methods to identify and analyse the trends and patterns behind the cultural and socioeconomic drivers of SGBV in the country. With regards to qualitative methods, the authors used and adapted the ecological framework to first map and review over 50 pieces of literature, and second to categorise the identified drivers in the literature into 5 different levels of analysis: individual, relational, community, institutional and shock-related. To validate and complement the findings from the review of the literature, focus group discussions with members of civil society and governmental actors were conducted, as well as key informant interviews with survivors of SGBV in Sierra Leone. The interviews were led by the non-governmental organisation Rainbo Initiative, with the support and assistance of the United Nations Development Programme (UNDP). With regards to quantitative methods, the authors mapped, accessed, and analysed different national and international data sources in order to inform which drivers mapped in the literature might have a higher influence on the prevalence of SGBV in Sierra Leone from a statistical point of view. Specifically, the main objective of the quantitative study was to understand which drivers might increase the likelihood of a woman suffering SGBV. For this purpose, the quantitative study was divided into three distinct stages, each with a specific objective and methodology. The first stage consisted of a descriptive analysis of key statistics and indicators to map the current state of SGBV in Sierra Leone and understand which indicators might be correlated with a higher prevalence of this type of violence. It is important to note SGBV was studied and represented in the quantitative analysis (specifically, in stages 2 and 3) through three outcome variables: prevalence of physical and sexual violence; help-seeking; and female genital mutilation. The second and third stages consisted of creating and employing a classification model to assess the impact of each indicator (e.g., level of education, marital status, occupation, etc.)

on the three outcome variables —and therefore filtering only the most relevant indicators and their relationship to SGBV—, followed by a series of logistic regressions to measure the likelihood of a woman suffering SGBV, given those indicators selected by the classification model.

Legal and Institutional Landmark

The Ministry of Gender and Children’s Affairs (MoGCA) is mandated with leading the “development, implementation and monitoring of the policy and legal framework for issues relating to Women and Children below age 18”. The main policies enacted by the Government of Sierra Leone which focus on gender equality are: the Medium-Term National Development Plan for 2019-2023; the National Action Plan on Gender-Based Violence (SiLNAP) in 2012-2018; National Policy on Gender Mainstreaming; the National Policy on the Advancement of Women; and the Gender Equality and Women’s Empowerment Policy. The MoGCA has also established partnerships with key state institutions to protect and support SGBV survivors, such as the Family Support Units (FSUs). The FSUs are mandated to investigate all cases of sexual and domestic violence, child abuse, and violence against children. There are also other ministry-specific policies from the Ministry of Health and Sanitation (MoHS) and the Ministry of Basic and Senior Secondary Education (MBSSE), which provide specific guidelines to prevent and address the risks of SGBV in their areas of concern.

Key Findings

I. Individual Drivers

The economic hardships faced by a large portion of the population have created tensions and strains on families increasing the risk of SGBV, particularly for young girls and women. Economic dependency on the husband, partner, or an unrelated male plays a major role in limiting women’s ability to leave abusive relationships and the necessity to engage in transactional sex. The conflict was also a strong catalyst for many of the other factors that increase the chances a woman will experience SGBV, as it placed women in vulnerable economic positions, limited their access to education, exposed young girls to violence, and reinforced relational and community beliefs that hinder

women's empowerment and right to a life free of violence.

II. Relational Drivers

Orphaned children and women with limited decision-making power within the family are at higher risk of experiencing SGBV. Controlling behaviours —which can take the form of financial abuse or economic deprivation, social isolation, monitoring whereabouts, possessiveness, etc.— often precede emotional violence, which in turn is both a driver and a form of SGBV. In Sierra Leone, there is a relationship between the increased number of controlling behaviours exhibited by the male partner and the likelihood that the female partner experienced various types of violence: emotional, physical, and sexual.

III. Community Drivers

In Sierra Leone as in many other areas of the globe, patriarchal practices and specific belief systems and behaviours constrain and negatively influence women's lives through various dimensions. The normalisation of women and girls' subjection, as well as the acceptance of violent conflict resolution techniques, obstructs the recognition and defence of women's human rights, particularly their right to a life free from violence. Nevertheless, Sierra Leonean society demonstrates flexibility towards changes in belief systems, which should certainly be nurtured and encouraged by NGOs and governmental entities.

IV. Institutional Drivers

There are strong institutional factors affecting the prevalence of SGBV in Sierra Leone related to the actions taken —or not— by the State to address the issue and the population's perceptions on the effectiveness of these institutional actions and mechanisms. Impunity for perpetrators and lack of trust in State institutions are key challenges when addressing SGBV in Sierra Leone, as lack of justice after the conflict and historical corruption have raised doubts about the functioning of mechanisms to prevent and eradicate SGBV. These factors coexist within an institutional framework that lacks the necessary capabilities and financial resources to be implemented effectively, especially in terms of the prosecution of perpetrators and the support for victims.

V. Shock-Related (Health Emergencies)

Following the global trend, emergency periods in Sierra Leone have deepened existing inequalities and disproportionately impacted women's access to healthcare, jobs and education, resulting in an increased vulnerability to SGBV. Although both the Ebola Virus Disease (EVD) epidemic and COVID-19 pandemic impacted women's access to basic services, COVID-19 did not have as large of an impact on rural areas of the country where the most vulnerable women live as EVD. Previously developed reporting and support mechanisms for survivors during the Ebola crisis (such as hotlines and Family Support Units) were also used during COVID-19. There is a need to address stigma and discrimination against people infected by sexually transmitted infections (STIs), especially HIV, as a lack of knowledge and community dialogue surrounding STIs leads to a heightened risk of infections through low diagnosis-seeking and violence against women and girls in search of a cure. FGM was also reported as a risk to the incidence of infectious disease transmissions in the country amongst young women, serving as an example of the feedback loops between SGBV and other health emergencies.

Recommendations

To address the issues identified in each of the categories of the ecological model, the report provides specific recommendations to guide government action and policy planning in order to prevent and respond to SGBV in Sierra Leone. For each recommendation, the authors first identified the specific problem that needed to be addressed, and subsequently provided a plausible action-oriented solution, as well as the main actors that are involved in the solution. Finally, an estimation of the expected results (should the action be implemented) was offered.



Introduction

Purpose of the Assessment

Sexual and gender-based violence (SGBV) is a global public health problem and human rights violation, with a high prevalence in Sub-Saharan Africa. The experience of SGBV threatens the lives of individuals, especially women and girls, as it limits their autonomy and can lead to mental health issues, suicide, gynaecological complications, unwanted pregnancy, and an increased risk of HIV and other sexually transmitted infections (STIs).¹ SGBV also results in significant social and economic costs, thus impeding the wellbeing and development of individuals, communities, and society as a whole.²

In Sierra Leone, several stakeholders in the public and civil society sectors reported having observed an increasing trend in SGBV in the past years.³ The Family Support Units (FSU), Sierra Leone's State entities in charge of carrying out investigations into all forms of child abuse and sexual and domestic violence, and the Rainbo Initiative, a non-governmental organisation (NGO) dedicated to ending SGBV in the country (by providing free medical treatment, psychosocial services, and age appropriate treatments for survivors), have reported a growing number of rape and sexual penetration cases between 2016 and 2020.⁴ In addition, results from the 2021 Gender-Based Violence Survey for the Republic of Sierra Leone, conducted by Statistics Sierra Leone (Stats SL) and the United Nations Development Programme (UNDP), indicate a higher prevalence of this type of violence, with between 30 and 39 percent of women reporting having experienced at least one form of SGBV throughout their lives. It is important to note that female genital mutilation (FGM) is a ubiquitous practice in Sierra Leone, and while the country's legal framework does not explicitly prohibit FGM, policies implemented by the Government have recognized it as a form of SGBV (see Chapter 1, 1.2.2 Institutional Landmarks). According to data from 2019, 83 percent of women aged 15-49 have undergone FGM, and most at a very young age, with 71 percent circumcised before the age of 15.⁵

SGBV usually takes place in the private sphere, with family members or the spouse being common perpetrators, yet these harmful violations also occur in the context of socio-economic shocks, especially in conflict and health-related crises. During the Ebola epidemic (2013-2016), over 18,000 girls between 10 and 19 years old became impregnated despite social campaigns calling on the population to maintain social distance.⁶ Moreover, sexual

aggressions were rampant during the country's civil war (1991-2002) and, unfortunately, have continued in the post-conflict era, despite legislative changes that have sought to prevent the problem, protect women and girls, and punish perpetrators.⁷

Against this background, UNDP Sierra Leone and the UNCT Gender Thematic Group have identified the need to conduct a national study to understand the trends, patterns, drivers and key impacts of SGBV in the country.⁸ Data-Pop Alliance was contracted to carry out the analysis due to their expertise in conducting gender and GBV-oriented assessments. The goal of this study is to provide evidence that will form the basis for targeted policy recommendations to prevent and respond to this phenomenon through a unified national response.

The study adopted a mixed-methods approach (combining qualitative and quantitative methods) to confirm and complement the information provided by hard data with the lived experiences of people directly working on SGBV issues, as well as with survivors. Focus Group Discussions (FGDs) were thereby carried out with civil society and government actors, while Key Informant Interviews (KIIs) were conducted with SGBV survivors. The data sources analysed included: 1) the Gender-Based Violence Survey for the Republic of Sierra Leone carried out in 2021 by Statistics Sierra Leone with UNDP serving as an implementing partner; 2) the 2019 Sierra Leone Demographic and Health (DHS) Survey;⁹ 3) the Economic, Social, Environmental, Health, Education, Development and Energy indicators from The World Bank Data, compiled by the Humanitarian Data Exchange platform (OCHA); 4) the Afrobarometer Data (round 5, 6 and 7); and 5) the Global Corruption Barometer, created Transparency International.



Chapter 1

Sexual and Gender-Based Violence
in Sierra Leone: Prevalence and
Institutional Framework

1.1. The State of Sexual and Gender-Based Violence in Sierra Leone

In 1961, Sierra Leone became independent from Great Britain, and the outlook for the country’s future seemed promising, considering that Sierra Leone served as a role model for others in West Africa in paving the way for the peaceful coexistence of various ethnic groups, as well as its exemplary educational resources (the only country in the region to host a widely recognized university) and a promising natural resource-based economy (which included cocoa, gold, iron ore, coffee, and diamonds).¹⁰ However, like other West African countries, Sierra Leone quickly fell into mismanagement and political instability, which culminated in one of the region’s most “barbarous and evil-like” civil wars in 1991.¹¹

The main causes behind the Sierra Leonean civil war are controversial. While some authors have argued that the war was triggered by economic and political grievances, others have focused on the fight for control of natural resources (particularly the political economy of diamond mining), or even irreconcilable differences between ethnic groups.¹² Furthermore, the involvement of the neighbouring country of Liberia deserves special mention, as Charles Taylor—the president of Liberia at that time and a violent figure and extremely harmful to Liberia itself—helped the rebels from the Revolutionary United Front (RUF) to cross the eastern borders from Liberia to Sierra Leone and launch the attacks in that area, propelling the country into the decade-long war.¹³

The aforementioned factors did not only play a role in sparking the conflict, but also contributed to prolonging the war and exacerbating preexisting social problems of the conflict, most prominently SGBV. During the conflict, both rebel and government forces were accused of committing human trafficking and sexual exploitation—several civilians were used as human shields or held captive to be used as sex slaves by the combatants.¹⁴ Furthermore, divisions within the rebel groups triggered hostage-taking and the capture of UN military observers, aid workers, journalists, and human rights activists, also subjected to repeated acts of sexual violence.¹⁵

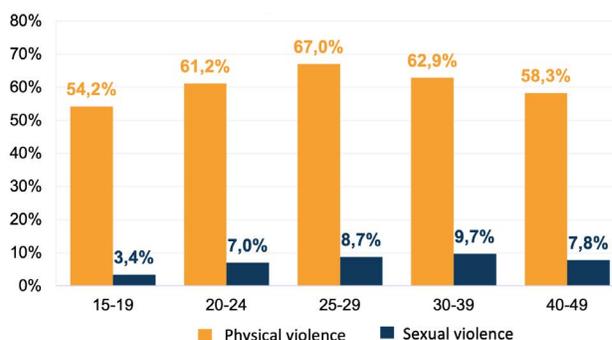
To this day, SGBV continues to be one of the most pervasive forms of human rights abuse in Sierra Leone. In February 2019, the President Julius Maada Bio had declared rape

and sexual violence a “national emergency” following a series of cases involving underaged girls in the country.¹⁶ Although all genders are at risk of becoming victims of SGBV, women and children are the most victimized groups, at risk of suffering the worst forms of mistreatment and consequences.¹⁷ In addition to tallying the highest number of victims of SGBV during the war, women have historically been offered limited social assistance (including health, psychosocial and economic support) to deal with the consequences of these traumatic experiences, although availability of help-seeking services has increased in recent years. However, even in the aftermath of the war women continue to face many different types of discrimination, including stigmatization for the experience of sexual violence, and marginalization.¹⁸

Physical and Sexual Violence

According to the latest data released by the Sierra Leone DHS in 2019, experiences of physical and sexual violence continue to be prevalent in the country—61 percent of women aged 15-49 have experienced physical violence by anyone since the age 15; and this trend increased by 8 percent from 2013. Furthermore, when breaking down the age category specifically for women between the ages of 25 and 29, this percentage increases to 67 percent (see **Graph 1**). Experiences of physical violence include pushing, shaking, and throwing objects; slapping, twisting the arm or pulling the hair; punching with the fist or with something that could hurt; kicking, dragging or beating up; trying to choke or burn on purpose; threatening or attacking with a knife, gun or other weapons.¹⁹

Graph 1. Percentage of Women Who Have Experienced Physical Violence Since Age 15¹ or Have Ever Experienced Sexual² Violence, by Age Group



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

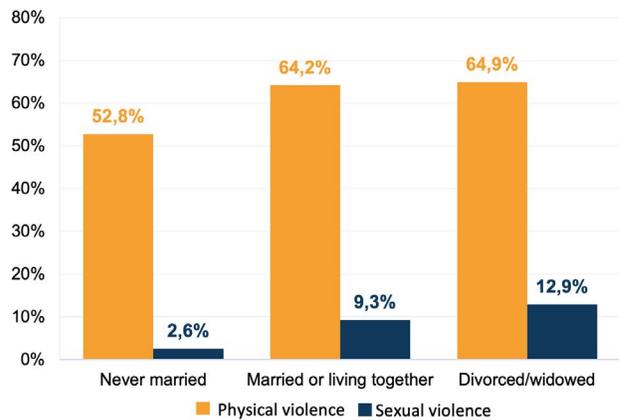
Notes: ¹Physical violence includes violence in the past 12 months. For women who were married before age 15 and reported physical violence only by their husband/partner, the violence could have occurred before age 15. ² Sexual violence includes violence in the past 12 months.

Despite the knowledge on the part of public authorities that sexual violence became a humanitarian and health emergency in Sierra Leone, when compared to the physical violence data, sexual violence data is less prominent —7 percent of women aged 15-49 have experienced sexual violence (committed by a husband or another person), and the proportion of women who have ever experienced sexual violence declined by 4 percent from 2013 to 2019 (from 11 percent in 2013 to 7 percent in 2019).²⁰ However, when breaking down the age category specifically for women between the ages of 30 and 39, this percentage increases to 9.7 percent (see **Graph 1**). Experiences of sexual violence include physically forcing a woman to have sexual intercourse with the male perpetrator when she did not want to; physically forcing her to perform any other sexual acts she did not want to; and forcing her with threats or in any other way to perform sexual acts she did not want to.

Although there are several hypotheses that could explain this type of trend, it is conceivable that one of the main factors influencing this tendency is precisely underreporting. Evidence emerging from literature indicates that crimes of sexual violence during and after the war were generally characterized by extreme brutality, and particularly during the conflict sexual violence was used as a military and political tactic —that is, given the predominant patriarchal and conservative mores of the Sierra Leonean society, rape and sexual abuse were inflicted in order to cause humiliation, pain, and degrade not only the victim but her community.²¹ In this sense, the underreporting is a reflection of “the internal shame that survivors suffer and their fear of rejection by family and communities”.²² Furthermore, it is important to mention that the DHS is a national large-scale survey that collects data by employing face-to-face interviews. Due to the large number of interviewers needed to collect this data on a national scale, several may lack the correct preparation to collect GBV data and, specifically, sexual violence data. In this sense, it is very unlikely that all interviewers will be skilled at building trust and rapport, which in turn results in higher rates of underreporting.²³

Another important data point to note is the prevalence of physical and sexual violence according to marital status. In terms of physical violence, never-married women are less likely (52.8 percent) than ever-married women (64-65 percent) to have experienced physical violence since the age of 15 (see **Graph 2**). In terms of sexual violence, divorced or widowed women (12.9 percent) are more likely to have ever experienced sexual violence than currently married women (9.3 percent) and never-married women (2.6 percent) (see **Graph 2**). Although the prevalence of both types of violence exist across all marital statuses, being married is the most important catalyst for physical violence (+11.4 pp) while being separated/widowed seems to be more trivial (+0.7 pp). However, in the case of sexual violence, both being married (+6.7 pp) and being separated/widowed (+.2.7 pp) seem to have an impact on the risk of experiencing such violence. In other words, sexual violence is mediated by being in a relationship (that is, being a separated woman or widow may increase the risk of experiencing sexual violence), whereas physical violence is widespread also for never married. This is consistent with information previously raised in the literature, particularly with regard to the greater vulnerability of divorced women and widows due to discriminatory inheritance practices and their greater economic vulnerability.²⁴ In Sierra Leone, discriminatory property and inheritance laws have been posed as major obstacles to the emancipation of women in the country, mainly increasing their vulnerability to poverty and consequently sexual violence since they are denied access to their land or property due to their status as single women.²⁵

Graph 2. Percentage of Women Who Have Experienced Physical¹ Violence Since Age 15 or Have Ever Experienced Sexual² Violence, by Marital Status

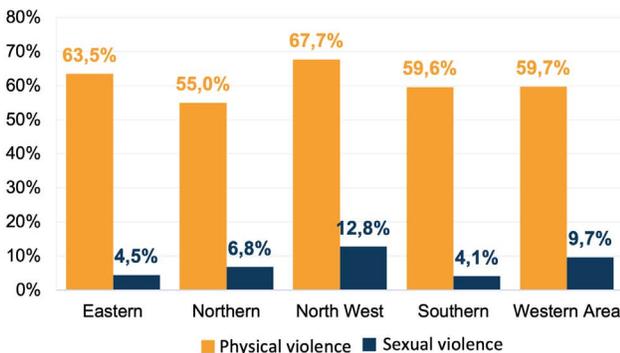


Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Notes: ¹Physical violence includes violence in the past 12 months. For women who were married before age 15 and reported physical violence only by their husband/partner, the violence could have occurred before age 15. ² Sexual violence includes violence in the past 12 months.

Finally, in terms of geographic location, it is also important to highlight that there are differences in the prevalence of both physical and sexual violence according to the province in which SGBV survivors reside: Eastern, Northern, North West, Southern and Western areas. For example, women are more likely to have experienced physical violence since the age of 15 if they are from the North West province in comparison to women from the Northern province (67.7 percent against 55 percent, respectively). For sexual violence, the North West province also holds the highest rate amongst all provinces, with 12.8 percent of women aged 15-49 have experienced sexual violence at some point in their lives (see **Graph 3**).

Graph 3. Percentage of Women Who Have Experienced Physical¹ Violence Since Age 15 or Have Ever Experienced Sexual² Violence, by Province



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

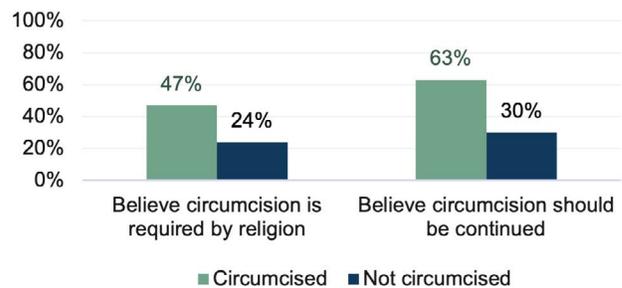
Notes: ¹Physical violence includes violence in the past 12 months. For women who were married before age 15 and reported physical violence only by their husband/partner, the violence could have occurred before age 15. ² Sexual violence includes violence in the past 12 months.

Female Genital Mutilation

As mentioned previously, emphasis has been put on FGM and its consequences for women and girls in Sierra Leone, and more recently in recognizing it as an act of SGBV and

taking measures aimed at its eradication. According to the Sierra Leone DHS 2019, the percentage of women who were circumcised decreased by 7 percentage points from 2013 to 2019 (from 90 percent in 2013 to 83 percent in 2019).²⁶ The work of civil society organisations has increased over the last decade to stop and prevent this practice in West African countries through awareness campaigns and activism, which may have an influence on this falling trend. However, besides the rate remaining very high to date, there are other important characteristics with respect to this practice that need to be taken into consideration. For example, 63 percent of women aged 15-49 who have undergone genital cutting believe the practice should continue (see **Graph 4**). The prevalence of FGM is also higher in the North West province (about 93 percent, as in comparison to 74.1 percent in the Southern province), a region that, as seen previously, also presents the highest rates of physical and sexual violence in Sierra Leone. In terms of religion, FGM is practiced across the major religious groups, although Christian women (69 percent) are less likely to be circumcised than Muslim women (87 percent). Furthermore, education and wealth seems to play a role when it comes to FGM, particularly if the practice is related to and required by religion. Data shows that the more educated women are (women with more than a secondary education) as well as those in the highest wealth quintile are least likely to believe that circumcision is required by their religion.

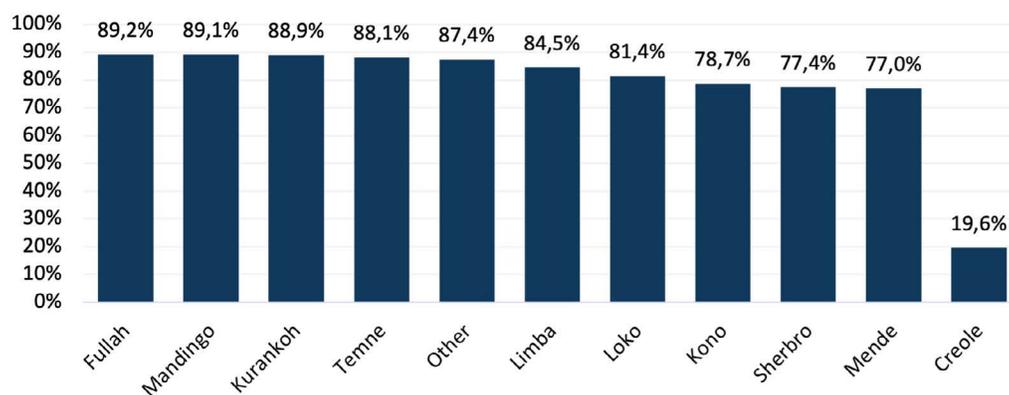
Graph 4. Opinion of Women Aged 15-49 Who Have Heard of Female Circumcision, by Circumcision Status



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

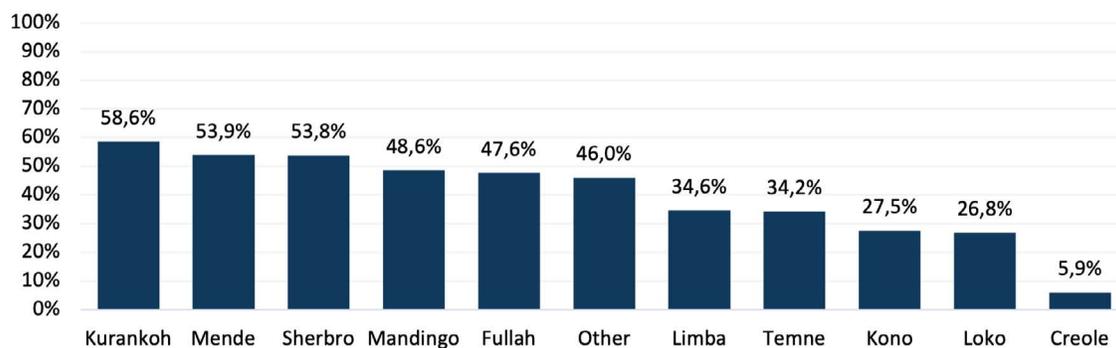
Notes: Women whose circumcision status is unknown were not included.

Graph 5. Prevalence of Female Circumcision, by Ethnic Group
(Percentage of Women Aged 15-49 Who Have Been Circumcised)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 6. Opinions of Women About Whether Circumcision Is Required by Religion, by Ethnic Group
(Percentage of Women Aged 15-49 Who Believe Religion Requires Female Circumcision)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Finally, another interesting aspect worth mentioning of FGM is related to ethnicity. According to data from the DHS, only 19.6 percent of Krio women reported to have been circumcised, as in comparison to 89.2 of Fullah women (see **Graph 5**). Additionally, only 5.9 percent of Krio women believe that circumcision is required by religion, as in comparison to 58.6 percent of Kurankoh women (see **Graph 6**). This may indicate that women belonging to the Creole ethnic group are better informed about the harms and dangers caused by FGM, and that this practice is not and could not be associated with other belief systems, such as religion.

Help-seeking

The availability and accessibility of support services for survivors and victims of SGBV are of the utmost significance,

as it is one of the most crucial pillars of the reporting and healing process. These services are broad and include medical, financial, legal, shelter, and emergency aid, among others.²⁷ The availability of counselling services is crucial to offer women and girls the resources for self-preservation and solidarity nets that enable them to tackle various challenges, such as stigmatisation. The many sources of help available for victims and survivors of SGBV include both micro and macro levels, from the close or inner circle —family, friends and/or partner— to community authority figures such as chiefs, non-governmental organisations and services from civil society, and state authorities (see Figure 1).

Figure 1. Sources of help in help-seeking processes



Source: Elaborated by the authors based on Denney & Ibrahim (2012).

Help alternatives to victims and survivors of SGBV often begin with close personal circles, such as family and friends, where there is a high level of comfort, trust, and confidentiality. Nevertheless, research in Sierra Leone has shown that, in cases of domestic violence, close circles are highly likely to recommend survivors stay with their partners due to the community’s high value for the family unit.²⁸ In other instances, if the victim’s family is well-respected in the community, the survivor and her partner are brought by the family to authority figures such as the community chief, the police, or non-governmental groups to debate the appropriate line of action.²⁹

A second source of support for victims and survivors of SGBV are community authority figures such as local chiefs. Figures such as mammy queens, who are heads of trade groups or tribal chiefs, are preferred by the female population of Sierra Leone, and they serve as mediators in the disagreement and give assistance for conflict resolution. However, the outcomes may aim at maintaining the relationship between the partners, prioritising the interests of the family and the partner above those of the women and girls who are victims of abuse.³⁰ Currently, community leaders in Sierra Leone are responsible for notifying state authorities of sexual abuse cases, but other concerns such as domestic violence and physical violence can be resolved without an obligation to report.²³¹ The third source in the quest for help is non-governmental

organisations, whose choice relies on their availability in different regions, indicating that NGOs today wield a tremendous amount of power and are used efficiently by the female population. A considerable proportion of the female population chooses to report to these groups, and they have more trust in human rights organisations than in government institutions.³² The current landscape of resources for the provision of help-seeking services includes NGOs such as Rainbo initiative, as well as Hope for Youths Sierra Leone, Enough Abuse Sierra Leone, Timap for Justice, BRAC, Health Poverty Action, and LAWYERS, among others.³³ The contribution of UNFPA and other NGOs in ensuring survivors have access to free clinical and counselling treatments is significant. For instance, the Social Welfare Secretariat and UNFPA prepared a Psychological First Aid Manual for the COVID-19 environment during the epidemic, UNICEF and NGO personnel were trained, and Rainbo facilities served 1,426 survivors of gender-based abuse in 2020, out of which twelve were people with disabilities.³⁴

State authorities are the last source in the chain of help-seeking, and the vast majority of reported occurrences involve sexual violence cases, while other forms of violence are dealt with at previous stages, such as with community leaders.³⁵ In 2020, President Dr. Julius Maada Bio announced the establishment of the One-Stop Centres initiative to handle SGBV cases, which would comprise six pilot centres offering multisectoral response services to survivors. These centres attempt to maintain confidentiality while providing psychosocial counselling, free medical evaluation and treatment, legal aid, access to safe places, and referrals to other services.³⁶ In addition to establishing the hotline 116 during the COVID-19 pandemic with UNICEF and UNFPA, the Ministry of Gender and Children’s Affairs (MoGCA) extended its information platform to include links to social welfare and case management services. Additionally, the Minister promoted the hotline via radio programmes, information, education, communication materials, social media, and other channels.³⁷

Support services in Sierra Leone from all sectors have been significantly strengthened in recent years, and it is crucial that these efforts be maintained, strengthened, and spread nationwide, particularly in regions with the highest levels of marginalisation. This is a challenging task that must be tackled on all fronts: families, communities, NGOs, authorities, and society in general.

1.2. Legal and Institutional Landmark for Sexual Gender-based Violence in Sierra Leone

This section presents the legal and institutional frameworks adopted in Sierra Leone to address SGBV, focusing on the key landmarks that have shaped the efforts to prevent and eradicate SGBV in the country.

1.2.1. Legal Landmark for Sexual and Gender-Based Violence

International Legal Landmarks

The applicable international legal framework related to SGBV is strong in Sierra Leone, as the country has ratified numerous treaties recognizing the specific obligations of the country in terms of addressing SGBV, gender inequalities, and non-discrimination; and it has also taken steps in domesticating a number of instruments that guide the State in fulfilling its obligations.

Sierra Leone has ratified the Geneva Conventions and the Rome Statutes, recognizing the main obligations of the law in armed conflicts and the jurisdiction of the individual responsibility of perpetrators of crimes of war, genocide, and crimes against humanity —amongst which sexual violence is considered a specific crime. The country has also ratified the core human rights treaties of the UN system and the African regional system, adopting the obligations to guarantee civil and political rights, economic, social and cultural rights, and to bring special protection to groups such as women, racialized persons, children, and persons with disabilities; in all of these obligations, the human right to life, bodily integrity, and the prohibition of torture are all linked to the prevention of SGBV, especially of groups in situations of vulnerability (see Table 1). However, Sierra Leone has not ratified the African Youth Charter or the optional protocols for some core human rights treaties, which can hinder the implementation of these instruments and the access of citizens to international accountability mechanisms.

Table 1. International treaties related to SGBV and the ratification by Sierra Leone

Treaty	Adoption of Treaty	Signature	Ratification / Accession / Succession
Geneva Conventions	1949	-	1965
Statutes of the International Criminal Court	1998	1998	2000
United Nations			
Convention on the Prevention and Punishment of the Crime of Genocide	1948	-	-
International Covenant on Civil and Political Rights (CCPR)	1966	-	1996
International Covenant on Economic, Social and Cultural Rights (CESCR)	1966	-	1996
International Convention on the Elimination of All Forms of Racial Discrimination (CERD)	1966	1966	1967
The Convention on the Elimination of all forms of Violence against Women (CEDAW)	1979	1988	1988
Optional Protocol to the Convention on the Elimination of All forms of Discrimination against Women (CEDAW-OP)	1999	2000	-
Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT)	1984	1985	2001
Optional Protocol of the Convention against Torture (CAT-OP)	2002	2003	-
Convention on the Rights of the Child (CRC)	1989	1990	1990
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC-OP-AC)	2000	2000	2002

Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography (CRC-OP-SC)	2000	2000	2001
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW)	1990	2000	-
Convention on the Rights of Persons with Disabilities (CRPD)	2007	2007	2010
African Union			
African Charter on Human and People's Rights	1981	1981	1983
Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa	2003	2003	2015
African Charter on the Rights and Welfare of the Child	1990	1992	2002
African Youth Charter	2006	2008	-

Source: Elaborated by the authors with data from OHCHR (n.d.); and African Union (n.d.).

Despite this general international framework for the protection of the rights of women, the most robust protection in terms of SGBV can be found in the Beijing Declaration and Platform for Action (PoA), and the Women, Peace and Security Agenda (through the UN Security Council Resolutions), instruments to which Sierra Leone has committed and has included in its national agenda. The report on the Beijing PoA in 2014 brought an emphasis on the institutional and societal challenges that need to be addressed to effectively eradicate SGBV in the country and highlighted that there is a strong framework for the protection of women and girls against violence.³⁸

National Legal Landmarks

The legal framework for gender equality in Sierra Leone is set in a complex judicial system in which statutory, Islamic and customary law and practices coexist and interact; and where SGBV is addressed differently between these systems.

Within the general legal system in Sierra Leone, one can find both statutory law —a legacy of the colonisation of Great Britain— and customary law, which is an umbrella term for alternative mechanisms of justice that vary depending on the community's religion, ethnic background, and geographical, social, and economic context. In the case of Sierra Leone, customary law “plays a central role in ... society, and for many women and children, it is more accessible than formal justice institutions”; and the focus is often put on the reconciliation of disputes and maintaining community cohesion, which can hinder the

process of eradicating SGBV in the country.³⁹ Efforts in the harmonisation and coherence of both judicial systems for the effective protection of individuals against SGBV are still in progress.

The statutory legal system, however, has seen a progressive evolution in the approach of SGBV, and while a comprehensive framework of laws that strengthen the protection of persons against SGBV has been adopted, the actual implementation of these laws —reporting, investigation and prosecution— has faced a number of challenges.

The current Constitution dates to 1991, and it establishes a framework based on equality and non-discrimination in all aspects of society, with a special focus on the protection of vulnerable groups such as women in the labour, educational and health sectors.⁴⁰ After the conflict in Sierra Leone, efforts were made to establish a more comprehensive legal protection against different issues linked to SGBV, and thus the Anti-Human Trafficking Law (2005) and the Child Rights Act (2007) were passed. Both texts identify “the elimination of forced marriages for girls, female genital mutilation, sexual abuse and economic exploitation of children” as key challenges, and establish the obligation of all members of a community in the prevention and eradication of these acts of violence, while also establishing institutional mechanisms for their investigation and sanction.⁴¹ The same year as the Child Rights Act, the Gender Justice Acts (2007) were passed; the grouping of the Domestic Violence Act, the Devolution of Estates Act, and the Registration of Customary Marriages

and Divorces Act —the latter was then amended in 2009— all provide protection against violence in a domestic setting, protection for women in terms of land and estate inheritance, and provide a framework for registering customary marriages and divorces, with further economic and legal protection for women.⁴² Currently, the Gender Empowerment Bill is waiting for approval in Congress, after being presented in 2021 by the GoSL with the aim of increasing the empowerment of women in the country.⁴³ Specifically, the bill seeks to establish gender quotas in political representation and employment, to improve women’s access to finance, and to mainstream the promotion of gender equality.⁴⁴

The strongest protection against SGBV in Sierra Leone comes from the Sexual Offences Act of 2012, which was recently amended in 2019. A thorough judicial text that not only covers sexual violence acts such as rape, abuse, harassment, and offences against children, the law also states that consent has to be freely given, that marriage is not a substitute for consent, and that children (under-18) are not able to consent.⁴⁵ The amendment in 2019 was established after a number of high profile cases that highlighted the shortcomings of the law passed in 2012, specifically regarding the access to justice, the lack of thorough handling of the cases once reported, and the difficulties in sanctioning perpetrators.⁴⁶ This was after President Julius Maada Bio declared rape and sexual violence a national emergency and called for “life imprisonment for anyone found guilty of rape of a minor... and a dedicated division in the courts to investigate these crimes” to strengthen the response against SGBV.⁴⁷ The Amended Sexual Offences Act of 2019 incorporated some of the measures presented by the President and had input from women’s organisations. However, whether this will bridge the gaps that currently prevent an effective response to SGBV is yet to be seen.⁴⁸ The availability of resources to implement the legal and policy changes is a key factor in their success and a historical challenge for Sierra Leone (see section 2.2.4 Institutional Drivers), yet no information is publicly available regarding the budget destined for these reforms.

Box 1. The 1861 Offences Against the Person Act

Despite the strong legal framework in Sierra Leone to address SGBV and gender issues, the existence of the 1861 Offences Against the Person Act (“1861 Act”) remains a key obstacle, as the legal norm —established when the country

was a colony of Great Britain— puts at risk the health and well-being of women and LGBT people.

The 1861 Act hinders progress towards advancing sexual and reproductive health (SRH) rights of women and girls in Sierra Leone as it criminalises abortion, with a restrictive wording that only allows a possible exception in cases where the mother’s life is at risk.⁴⁹ This leads many women and girls to unsafe abortion, facing life-threatening health risks in a context that is often accompanied by poor access to health, education, poverty and marginalization.⁵⁰ Unsafe abortions are a major contributing factor to the deaths of women and girls, as the maternal mortality rate of Sierra Leone has historically been one of the highest in the world, and although recent years have seen a slight decrease, latest data shows an estimated 717 deaths per 100,000 live births.⁵¹ The impact of unsafe abortion in the country is not unknown to the state, as it is an issue that has been approached by the Ministry of Health and Sanitation through various studies, but pressure by CSOs to pass new legislation has not been successful.⁵² Despite the passing of a Safe Abortion Act in 2015 by the Sierra Leonean parliament, then-president Koroma refused to sign it in the midst of high opposition from religious groups, hindering possible advancements for women and girls’ SRH.⁵³

The 1861 Act also criminalises homosexuality, punishing sexual conduct between consenting same-sex adults with a maximum of life imprisonment, and while it is no longer enforced, it has not been repealed by the State and has hindered the protection of the rights of the LGBT community.⁵⁴ The Human Rights Commission of Sierra Leone has explicitly claimed that it lacks the authority to protect or promote non-discrimination on the basis of sexual orientation and gender identity, despite the fact that the Constitution of Sierra Leone guarantees equality in the enjoyment of fundamental human rights and freedoms.⁵⁵

1.2.2 Institutional Landmark for Sexual and Gender-Based Violence

The Ministry of Gender and Children’s Affairs (MoGCA, previously the Ministry of Social Welfare, Gender and Children’s Affairs) is the mandated body in charge of leading the “development, implementation and monitoring of the policy and legal framework for issues relating to Women and Children below age 18”, coordinating the efforts of the 27 ministries that compose the Presidential Cabinet.⁵⁶

In terms of general policies that focus on gender, the Medium-Term National Development Plan for 2019-2023 presents a clear path of development based on “inclusive growth that is sustainable and leaves no one behind”, and it recognizes the key role of gender in society through dedicating one of the eight policy clusters to the “Empowering Women, Children, and Persons with Disability” (Cluster 5).⁵⁷ As one of the eight strategic realms of action for the Government of Sierra Leone (GoSL), the document recognized the challenges in “domestic and sexual violence; discrimination; weak systems/institutions to address gender issues; and poor collaboration amongst the agencies responsible for addressing women’s issues”, and established strategic goals to address these gaps.⁵⁸

The MoGCA, as the governmental body mandated to address these issues, has aimed to bridge these gaps through a number of public policies (see Table 2) Most aim to give a thorough and holistic approach to the situation of women in Sierra Leone, and often include SGBV in topics such as health and sanitation, education, political empowerment, conflict resolution, and economic empowerment; and there are other policies that are specifically focused on SGBV.

Table 2. Policies of the MoGCA

National Policies
National Policy on Gender Mainstreaming
National Policy on the Advancement of Women
Gender Equality and Women's Empowerment Policy
National Action Plan on Gender-Based Violence
National Action Plan for the Full Implementation of UNSCR 1325 and 1820 II
National Male Involvement Strategy for the Prevention of SGBV in Sierra Leone

Source: Elaborated by the authors with data from MoGCA (2021).

Key policies on the promotion of gender equality and the protection of women’s rights in Sierra Leones were established in 2000, specifically the National Policy on Gender Mainstreaming and the National Policy on the Advancement of Women.⁵⁹ The first policy aimed to mainstream gender considerations in the development of the country, and the second policy aimed to improve women’s status and participation in Sierra Leone by providing integrated guidelines for key stakeholders.⁶⁰ These policies have been complemented and expanded

by the Gender Equality and Women’s Empowerment Policy (GEWE), which aims to “ensure that gender equality is mainstreamed and promoted as a pertinent element to sustainable economic development”, focusing on 13 priority issues, out of which the third is GBV.⁶¹ Importantly, the GEWE Policy includes FGC as an act of GBV and recognizes that it is “a contributing factor to the subordination of women and girls by men.” However, it also states that “enforcement is impeded by the noninclusion of FGC in the definition of harmful traditional practices” in the Child Rights Act, which prohibits cultural practices that dehumanize or injure children.⁶² The inclusion of FGM as an act of GBV and the identification of the challenges faced in the eradication of harmful cultural practices is a key step in addressing this issue.

Focusing on the policies that specifically aim to address SGBV, Sierra Leone established its first National Action Plan on Gender-Based Violence in 2012 for a five-year period, aiming to implement a holistic and strategic approach to i) build a strong cooperative network amongst institutions and relevant sectors working on GBV related issues; ii) enacting and enforcing laws against GBV; iii) creating a coordinated public awareness programme; and iv) institutionalising the provision of preventative, curative and rehabilitative measures.⁶³ Despite the years that have passed since its establishment, no evaluation or subsequent phase of the SiLNAP on GBV is available.

Another key national policy that focuses on SGBV, specifically in conflict and post-conflict processes, is the National Action Plan for the Full Implementation of UNSCR 1325 and 1820, which was established for the first time in 2010 for a four-year period.⁶⁴ However, its implementation was severely hindered by the Ebola outbreak, and after a thorough evaluation process, the SiLNAP II was launched for the 2019-2023 period.⁶⁵ This second phase has identified six pillars of action, which include: i) the prevention of conflict in communities; ii) protection and support of SGBV survivors and vulnerable persons; iii) the prosecution and punishment of perpetrators of SGBV; iv) the promotion of participation and representation of women at all levels of decision-making processes; v) the promotion of peace culture and the empowerment of communities; and vi) the promotion of effective implementation, monitoring, evaluation, coordination, and reporting of the SiLNAP II.⁶⁶ Recently, the MoGCA also developed the National Male Involvement Strategy for the Prevention of SGBV in Sierra Leone, focusing on the participation of men and boys as

agents of change in their communities, on their role as “allies in changing power relations and systems in society that sustain gender inequality and violence”, as well as victims of SGBV along with women and girls.⁶⁷

The MoGCA has also established partnerships with key State institutions in the protection and support given to SGBV survivors, such as the FSUs, which are mandated to investigate all cases of sexual and domestic violence, child abuse, and violence against children.⁶⁸ These units were established in 2002 as part of the Criminal Investigation Department (CID) of the Sierra Leone Police. In 2007 the FSUs became independent from the CID and became specialized units.⁶⁹ Individuals can report cases of SGBV in one of FSU’s offices in place at 77 police stations across Sierra Leone, where the FSU will carry out the investigation and support services will be made available for victims, which are provided through the MoGCA since 2004.⁷⁰

While all the policies and strategies mentioned above are part of the coordinated effort by the GoSL to tackle SGBV under the coordination and implementation of the MoGCA, there are also other ministry-specific policies that address SGBV that point toward the main areas in which the GoSL has emphasised the prevention of SGBV (see Table 3).

Table 3. Ministerial policies related to SGBV in Sierra Leone

Ministry of Health and Sanitation
National Health and Sanitation Policy
Sexual Exploitation and Abuse and Sexual Harassment Action Plan
Ministry of Basic and Senior Secondary Education
National Curriculum Framework and Guidelines for Basic Education
Guide for Reducing Violence in Schools

Source: Elaborated by the authors with data from MoHS (2021a; 2021b) and MBSSE (2020; n.d.).

The Ministry of Health and Sanitation (MoHS) has included a focus on promoting safe and responsible sexual behaviours in the “Disease Prevention and Health Promotion” pillar of its National Health and Sanitation Policy. This policy states that the GoSL shall work towards i) empowering the population to make informed decisions; ii) providing high-quality services of family planning; iii) supporting the implementation of comprehensive sexuality education (CSE) in the school curriculum; and iv) enforcing the provisions of existing legislation on sexual abuse and preventative measures, as well as the treatment

and rehabilitation of victims.⁷¹ Additionally, the MoHS has established specific guidelines to prevent and address the risks of SGBV through the Sexual Exploitation and Abuse and Sexual Harassment Action Plan (SSESHAP) for the Sierra Leone Quality Essential Health Services and Systems Support Project (QEHSSSP), a project which aims to “increase utilization and improve quality of reproductive, maternal, child and adolescent health and nutrition services”.⁷²

The Ministry of Basic and Senior Secondary Education (MBSSE) has also implemented policies that include or specifically address gender issues and SGBV. While in the history of Sierra Leone there have been policies that have tackled gender issues from a punitive perspective and have restricted the rights of girls to access education (see Box 4), new directives have shown a shift to a more inclusive mainstreaming of gender issues to address inequalities and SGBV. The National Curriculum Framework & Guidelines for Basic Education is based on a rights-based ideology that recognizes the fact that gender and sexuality issues, especially SGBV, are cross-cutting issues that must be mainstreamed into the curriculum and must be taught in a variety of subjects and through multiple resources.⁷³ To this end, CSE is part of the core subjects prescribed for the upper primary level (Class 4-6) and junior secondary school (Class 1-3); being identified as a core area of learning for subjects such as Social Studies, Physical Health and Education, Religious and Morality Education, and Home Economics, among others.⁷⁴ It is also established that a condition for quality learning is the existence of child-friendly schools and learning environments, highlighting the importance of preventing and eradicating all types of violence and abuse in schools.⁷⁵ To guide schools and learning environments in the establishment of safe spaces, the MBSSE has established a Guide for Reducing Violence in Schools with a specific focus on school-related gender-based violence (SRGBV).⁷⁶ This guide is to be read and utilized by all education professionals and school employees, and it covers subjects such as how to set up a school safety system to prevent and respond to SRGBV; strategies to reduce physical, psychological and sexual violence; how students should report SRGBV; and how schools and School Safety Committees should report and respond to SRGBV.⁷⁷

Endnotes

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Chapter 2

**Capturing the Socioeconomic and Cultural
Drivers of Sexual and Gender-Based Violence
in Sierra Leone**

2.1. Conceptual Framework and Methodology: The Ecological Model

2.1.1. Mapping the Drivers of SGBV: The Ecological Model

The term “sexual violence” is usually applied within the scope of academic studies on GBV. However, the historical evolution of this concept has undergone several iterations before reaching what we refer to today as sexual violence. Early research in the field adopted *rape* as the common nomenclature because of the frequent use of this term in the legal and judicial spheres. Nonetheless, the term *rape* has always been controversial within academia because, as a legal word, different states and jurisdictions have defined it according to local customs and political allegiances. For example, in the 1980s most *rape* laws were “overhauled because they were woefully incomplete in their specification of sexually violating acts and the tactics perpetrators use[d] to commit these acts”.¹ The term was later replaced by *sexual assault*, as it was considered a “broader spectrum of sexually violating acts, up to and including rape”.²

Although it is important to differentiate the connotations that each of these terms carries, it is essential to understand that sexual violence is primarily a “social phenomenon”.³ That is, it affects victims individually —considering that each experience of sexual violence is unique and extremely difficult to define—, but is generated through collective beliefs, norms, and behaviours, socially constructed and perpetuated through the intergenerational transmission of traditional social mores.

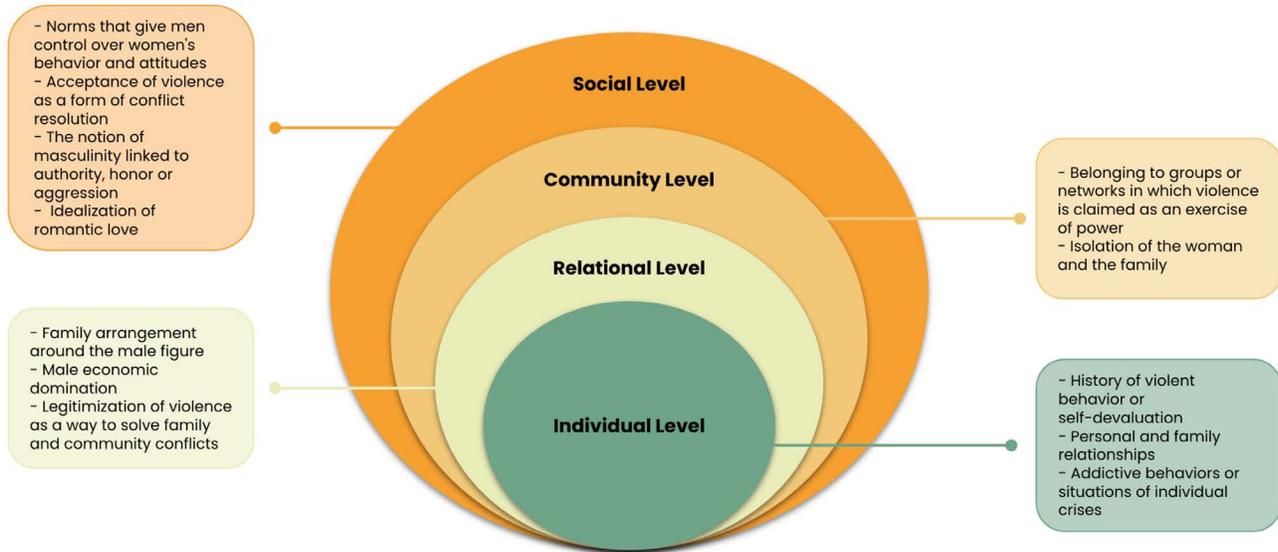
Different theories have attempted to explain the social nature of sexual violence as well as the drivers behind it. These theories are largely based on the perspective or lenses through which this phenomenon is analysed. According to Jasinski, there are three main categories under which these theories fall: **micro-oriented theories** (which provide explanations for the occurrence of this phenomenon based on individual traits and psycho-social characteristics, including theories of personality disorder, biological and physiological causes, etc.); **macro-oriented theories** (emphasising socio-cultural explanations, including feminist theories that focus on how broader social forces, such as patriarchy, reinforce violence against women, or income/

economic inequality theories which instead argue that the cause and consequence of GBV is economic exclusion); and multidimensional theories (that combine and integrate factors from both individual and social perspectives).⁴ Although these different strands of theory provide reasonable explanations for why and how sexual violence occurs, they are often incomplete or limiting because they tend to emphasise a single factor (or very few factors), and do not add important particularities that are found at different levels of analysis.⁵ For this reason, this study adopts an **ecological model** to address the multiple drivers affecting, influencing, and maintaining the prevalence of SGBV in Sierra Leone.

Ecological models are commonly used in GBV research, as they provide a holistic approach to understanding the aetiology of GBV through an integrated, multifaceted process, referring to four categorical levels of analysis: macrosystem (**societal**), exosystem (**community**), microsystem (**relationship**), and ontogenic (**individual**).⁶ Ecological models provide a richer understanding of SGBV, as they allow the combination of different levels of analysis and the identification of a broad range of factors and drivers interacting with each other and contributing to the continuance of SGBV (see **Figure 2**).

Based on the model presented above, the authors created a new ecological model that converts the macro-systemic level from societal factors into drivers related to the **institutional space** in which societies are inserted and to which they belong—that is, larger institutional factors, including government and CSOs actions, that “create an acceptable climate for violence, reduce inhibitions against violence, create and sustain gaps between segments of society”.⁷ Furthermore, a specific transversal level for shock-related factors was added, in order to account for the drivers that emerge and are originated during crises, such as the Ebola epidemic and the COVID-19 pandemic. These external shocks accentuate already existing vulnerability factors, increasing both the likelihood of the perpetrator committing violence and the victim becoming more susceptible to violence. After a literature mapping exercise, in which about 50 documents were analysed (including academic articles, surveys, reports from international organisations, legislation, news, amongst others), the authors have classified all the identified drivers that are relevant to Sierra Leone within this ecological model (see **Figure 3**). This exercise was critical to the study, as the quantitative and qualitative data collection and analysis were based on the classification of the drivers within this model.

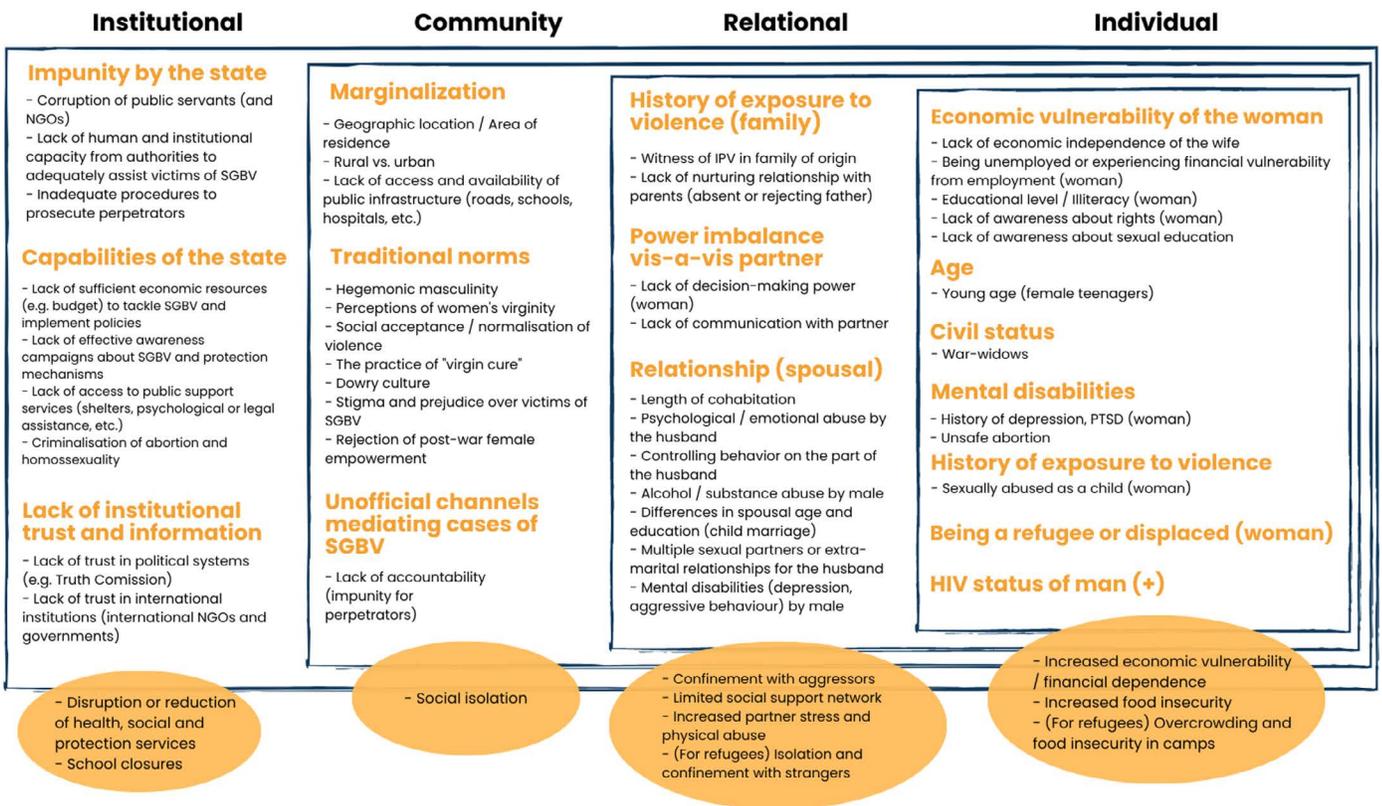
Figure 2. Spheres of Analysis of the Feminist Ecological Model



Source: Elaborated by the authors based on the model provided by OHCHR Latin American and the Caribbean Regional Office & UN Women (2014)

Figure 3. Sexual and Gender-Based Violence Risk Factors Exacerbating Women's Vulnerability in Sierra Leone

Widespread SGBV across all population subgroups, aggravated by socioeconomic and cultural drivers



Source: Elaborated by the authors.

2.1.2. Design and Approach

The authors adopted a **parallel yet convergent mixed-methods methodology** to analyse and identify the root causes of SGBV in Sierra Leone, and provide evidence that will form the basis for targeted policy recommendations to respond to and prevent this phenomenon. In the parallel-convergent approach, the collection of quantitative and qualitative data is undertaken roughly at the same time, the analysis of each data set is conducted separately, and then the results are compared and/or integrated.⁸

Qualitative Study

An extensive review of the literature, including the various legislation and policies addressing SGBV (and other related issues) in Sierra Leone, as well as other documents, including policy papers, academic and research articles, and blog posts, was conducted in order to **identify the determinants of SGBV** highlighted by the global literature, and decide which can be applied to the specific context of Sierra Leone; **identify trends and patterns in SGBV** in Sierra Leone, particularly during and after the country's civil war (1991-2002), as well as **to understand the rationale and social dynamics perpetuating** this issue and triggering the increased rates reported by different institutions; **identify the different legal and institutional apparatuses addressing SGBV in Sierra Leone; examine the gaps in the institutional, policy, and legislative frameworks** in responding to and preventing SGBV in the country, as well as the **gaps and challenges faced by women and girls**, as compared to men and boys, in accessing applicable services; and **to identify data gaps and limitations regarding SGBV** from different data sources (administrative records, survey-based data, etc.).

In addition to the literature review, a series of key informant interviews and focus group discussions were undertaken to further investigate the drivers of SGBV in Sierra Leone and its impacts on local communities and individuals. Specifically, two focus groups were conducted during the development of the study: the first took place on March 23, 2022, with **members of civil society organisations** (directors and personnel who work directly with victims) leading programmes that target victims' support and assistance; the second was carried out on April 4, 2022 **with representatives from public offices**, particularly those involved in the creation of policies and/or services that seek to prevent and eliminate SGBV in the country, as well as provide assistance services to victims of SGBV.

Additionally, **5 in-depth semistructured interviews with key informants** (KIIs) were conducted, specifically with women and girl survivors, which allowed the authors to delve deeper into the drivers and impacts of sexual violence in the communities from different districts of Sierra Leone, thus complementing the findings from the focus group discussions. The interviews were led by the NGO Rainbo Initiative (to ensure adherence to ethical principles, including protection of privacy, given that this organisation knows the survivors and understands their needs), with guidance from the UNDP and assistance in transcribing the recorded interviews.⁹

Quantitative Study

In addition to the qualitative methods explained above, a thorough quantitative analysis was carried out to inform (from a statistical point of view) which drivers mapped in the literature may have a higher influence on the prevalence of SGBV in Sierra Leone. Specifically, the main objective of the quantitative study was to identify which drivers (or proxies for these drivers, considering that not all drivers identified in the literature review can be measured mathematically or collected in statistical surveys¹⁰) increase the likelihood of a woman suffering SGBV.

For this purpose, the quantitative study was divided into three distinct stages, each with a specific objective and methodology. The first stage consisted of a **descriptive analysis of key statistics and indicators**, in order to map the current state of SGBV in Sierra Leone and understand which indicators might be correlated with a higher prevalence of SGBV. It is important to note that what is labelled as **indicators** refers to the drivers of SGBV (or proxies for these drivers) that were found and identified in the different databases used in this study. Likewise, SGBV was studied and represented in the quantitative analysis (specifically, in stages 2 and 3) through three **outcome variables**, which are quantitative indicators of the qualitative notion of SGBV: **prevalence of physical and sexual violence; female genital mutilation; and help-seeking**. A detailed explanation of each outcome variable and the reasoning behind choosing these variables to represent SGBV can be found in **Box 3**.

The second and third stages, which are complementary to each other, consisted of creating and employing a **classification model** to assess the impact of each indicator (e.g., level of education, marital status, occupation, etc.) on the three outcome variables —and therefore **filtering**

only the most relevant indicators and their relationship to SGBV—, followed by a series of **logistic regressions** in order to **measure the likelihood** of a woman suffering SGBV given those indicators selected by the classification model.

The detailed explanation of each of these stages can be found below.

Stage 1: Descriptive Analysis

As previously explained, a comprehensive descriptive analysis of key statistics and indicators was conducted to map the current state of SGBV in Sierra Leone and understand which indicators might be correlated with a higher prevalence of SGBV. To identify these indicators, different data visualisations were produced according to the type of variable used (e.g., time-series trend, graphs or bar plots). The descriptive statistics allowed the authors to deduce the differences between causality and correlation for each variable through these different forms of visualisations generated, which in turn contributed to an initial understanding of the trends and patterns of key socioeconomic and cultural drivers of SGBV in Sierra Leone. Specifically, the descriptive analysis was implemented in three different steps.

Firstly, the research team conducted a thorough **mapping of relevant national and international databases**. The mapping of databases enabled the identification of key indicators and proxies related to the political, cultural, and socioeconomic context of Sierra Leone. As mentioned in the introduction chapter, the main data sources identified and adopted for this study were: i) the 2019 Sierra Leone DHS Survey; ii) the Gender-Based Violence Survey for the Republic of Sierra Leone, carried out in 2021 by Stats SL with UNDP serving as an implementing partner; and iii) the Economic, Social, Environmental, Health, Education, Development and Energy Indicators from The World Bank Data, compiled by the Humanitarian Data Exchange platform (OCHA). Further information regarding attitudinal and institutional indicators was collected from the Afrobarometer Data (round 5, 6 and 7) and the Global Corruption Barometer, created by Transparency International. A detailed description of each of the data sources utilised in this study can be found in **Box 2**.

Box 2. Sources of Information: Databases Description

Sierra Leone Demographic and Health Survey

The **2019 Sierra Leone DHS Survey** is one of the most complete and extensive databases compiling health, educational, socioeconomic, and cultural indicators of Sierra Leone. The DHS is conducted every five years, and for Sierra Leone the first edition was conducted in 2008, followed by a second and third editions in 2013 and 2019, respectively. The sample for the 2019 Sierra Leone DHS was selected by using a stratified two-stage cluster design, then separated into two levels: province and place of residence.¹¹ The survey collected information from 6,712 households, including 15,574 women aged 15-49 and 7,197 men aged 15-59 interviewed.¹² The sample is representative for province and place of residence (urban or rural). The DHS indicators are classified according to the following topics:

- **Sociodemographic.** This group of indicators refers to more simple characteristics of the population, including age group, religion, ethnicity, literacy rates, place of residence, and province. This group also provides an overview of sexual interactions and marital status, informing on rates of polygyny, age at first marriage and sexual intercourse, and the number of lifetime partners as well as in the past 12 months.
- **Access to Information.** This group of indicators provides information that can be used to interpret the level of access to information that the population has, such as indicators of mass media exposure, and internet usage.
- **Fertility.** This group of indicators provides information on the age of first birth, contraceptive knowledge and use, demand for family planning, and informed choice.
- **HIV.** This group of indicators provides an overview of the HIV status in Sierra Leone, addressing knowledge, discrimination, and prevalence rates. This group includes data on HIV knowledge, discriminatory attitudes towards people living with HIV, paid sex rates, coverage rates for HIV testing, and HIV prevalence.
- **Sexual and Gender-Based Violence.** This group of indicators encompasses the response variables used in the following steps of the quantitative study (see **Box 3**). These variables enabled the authors to identify

the main trends regarding prevalence of physical and sexual violence in Sierra Leone, as well as female genital cutting, and help-seeking. The indicators available are: prevalence and perpetrators of physical violence; prevalence and perpetrators of sexual violence; help-seeking rate among women who have experienced violence; and sources of help.

Gender-Based Violence Survey for the Republic of Sierra Leone

The **2021 Gender-Based Violence Survey for the Republic of Sierra Leone**, carried out by Stats SL with UNDP serving as an implementing partner is the most up-to-date data source on SGBV in Sierra Leone. The survey captures data through household and institutional questionnaires in interviews conducted in both urban and rural areas among all districts. The sample includes 3,500 women and men over 18 years. About 75 percent of the interviews were answered by females. Although the sample is representative for ethnicity, it is not representative for individuals over 65 years.¹³

Alongside sociodemographic data, the survey provides information on three main topics:

- **Sexual and Gender-Based Violence.** This group of indicators enables the assessment of the prevalence of SGBV and its cultural drivers, including the type of gender-violence suffered, frequency of violence, the consequences of SGBV on women after the experience, women's opinion on the causes of SGBV, community attitudes and stigmas towards SGBV, the prevalence of harmful practices (including FGM, widow and property inheritance, dowry, forced marriage, denial to decision-making, cleansing ceremony, and political discrimination).
- **Help-seeking.** This group of indicators compiles data on who would report a SGBV incident and what kind of assistance selected actors provided when a case was reported.
- **SGBV Prevention, Awareness, and Rights.** These indicators inform women's opinion on existent and future tools useful to prevent GBV, as well as the extent to which women are familiar with national and international frameworks and legislations addressing SGBV.

Economic, Social, Environmental, Health, Education, Development and Energy Indicators

The **Economic, Social, Environmental, Health, Education, Development, and Energy Indicators** from **The World Bank Data**, compiled by the Humanitarian Data Exchange platform (OCHA) is a monthly-updated database providing sex-disaggregated data on a range of topics from 1960 to 2021, including institutional estimation, census, and household surveys. The set of indicators can be classified according to the following topics:

- **Sociodemographic.** This group of indicators informs the general context of Sierra Leone's population composition. It contains variables such as the percentage of rural and urban population, percentage of female migrants, and the age at first marriage.
- **Education.** This group of indicators provides information on the current and evolving state of education in Sierra Leone, containing data on the percentage of children out of school, literacy rates, and educational attainment.
- **Employment.** This group of indicators allows for employment- and productivity-focused analysis, providing information on child labour (child employment by sex and sector), percentage of female employers, employment by sector (e.g., agriculture, industry, and services), unemployment rate, vulnerable employment, and labour force participation.
- **Health.** In addition to general data on mortality rate, this group of indicators mainly reports on HIV and fertility. In terms of fertility and women's health, there are indicators on (adolescent) fertility rate, percentage of condom and contraceptive use, and child and maternal mortality. Regarding HIV, data on the prevalence of HIV is also available.
- **Decision-Making.** This group of indicators informs on women's decision-making power, including from financial and social perspectives. It contains variables such as who is in charge of the decision-making about women's healthcare, visiting their family, and major household purchases.
- **Attitudes Towards SGBV.** This last group of indicators gathers information regarding attitudes towards SGBV, including the percentage of women who believe that

it is justified for a husband to beat his wife for various reasons, such as burning the food or not taking care of the children.

Afrobarometer

The **Afrobarometer** database comprises 7 rounds of data collection, each conducted between 1999 and 2018. The sample size ranges from 1,200 to 2,400 randomly selected interviews among voting-age citizens in each African country where the survey is conducted. Afrobarometer describes the sample as large enough to make inferences with an average margin of sampling error of less than 2.8 percent at a 95 percent confidence level.¹⁴ For this study, the authors used data gathered and provided particularly in round 7 (2016-2018), to assess Sierra Leone's institutional and social frameworks, specifically citizens' perception of institutions in Sierra Leone. Indicators measuring trust in the president, police, parliament, local governments, and courts of law were used. Two indicators available were used as a proxy for normalisation of violence (if it is justified by parents to physically discipline children) and for hegemonic masculinity (if men make better political leaders than women, and should be elected rather than women).

Global Corruption Barometer

Lastly, indicators from **Global Corruption Barometer** were used to capture corruption levels in Sierra Leone. This database captures the perception of corruption among citizens within a specific country. In Sierra Leone, the sample size was 1,191 in 2015.¹⁵ The survey included questions such as whether corruption increased in the previous years, and whether citizens ever paid a bribe to use a public service.

Secondly, the selected indicators were **catalogued** based on the classification provided through the ecological model. The cataloguing also entailed categorising indicators according to the topic, type of variable, and time-range availability. As previously explained, three **(outcome) variables** from the 2019 Sierra Leone DHS Survey were selected as the main proxies to study SGBV in Sierra Leone: **prevalence of physical and sexual violence**; attitudes and approaches to **help-seeking** (among women who have experienced physical or sexual violence); and **prevalence of girls and women who have**

undergone FGM/cutting. A detailed explanation of each outcome variable is presented in **Box 3**.

Finally, the results emerging from the descriptive statistics were triangulated and contrasted with the findings identified in the literature review, the focus group discussions, the KIIs, as well as with the results from the 2021 Gender-Based Violence Research Study.¹⁶

Box 3. Outcome Variables

Prevalence of Physical and Sexual Violence

The prevalence of physical and sexual violence informs the percentage of women who have experienced any physical violence (committed by a husband or anyone else) since age 15, and the percentage of women who have ever experienced any sexual violence (committed by a husband or anyone else), respectively.¹⁷ The variable is dichotomous—that is, women either suffered or did not suffer physical and sexual violence. The information obtained refers to never-married or married women and their experiences of violence committed by anyone, including a former husband or previous partner. Violence can be measured in two instances. Firstly, **physical violence**, which measures whether a respondent ever suffered any of the following actions from a current or previous partner: push you, shake you, or throw something at you; slap you; twist your arm or pull your hair; punch you with his/her fist or with something that could hurt you; kick you, drag you, or beat you up; try to choke you or burn you on purpose; or threaten or attack you with a knife, gun, or any other weapon. Secondly, **sexual violence**, which measures whether a respondent ever suffered any of the following actions: physically force you to have sexual intercourse with him even when you did not want to, physically force you to perform any other sexual acts you did not want to, or force you with threats or in any other way to perform sexual acts you did not want to. The majority of graphs portrayed in the descriptive analysis of the quantitative study consider only physical and sexual violence, yet in some cases emotional violence is also included. Specifically, data on emotional violence is only available for married women, and therefore indicated when this category is included.

Help-Seeking

Attitudes and approaches towards help-seeking inform on the percentage of women aged 15-49 who have experienced physical or sexual violence and not sought

help.¹⁸ Help-seeking is characterised by actively asking for help or telling anyone about a GBV case. The variable is dichotomous—that is, women either sought or did not seek help. In addition to the attitudes towards help-seeking, data on the most frequent sources of help (e.g., family, neighbours, or friends) is available.

Prevalence of Female Genital Cutting

The prevalence of female genital cutting refers to the percentage of women aged 15-49 who are circumcised. The variable is dichotomous: women either are circumcised or not. The prevalence of FGM considers all three types of mutilation: type I procedure (clitoris nicked, no flesh removed), type II (some flesh removed), type III procedure (sewn closed).¹⁹ It is important to note that although the variable is originally called *female genital cutting* in the DHS, in this study the term is used interchangeably with *female genital mutilation* (FGM).

For the following stages of the quantitative analysis, the 2019 Sierra Leone DHS has been selected due to its comprehensive, up-to-date, and relevant data in order to build robust and congruent models. Specifically, the 2019 Sierra Leone DHS not only offers in-depth information on GBV, but features a section that specifically discusses the experiences of physical and sexual violence—including its prevalence and information about the perpetrators—as well as other relevant information at the district level.²⁰ Therefore, the information provided by the Sierra Leone DHS can be used to not only identify the drivers behind SGBV in Sierra Leone, but also any potential geographical differences regarding the prevalence and incidence of these drivers.

Stage 2: Pearson's Chi-Squared Test of Independence and Random Forest Classification Model

Pearson's chi-squared independence test is a statistical test applied to groups of categorical data (or qualitative data, meaning that the data has been counted and divided into categories) to assess how likely it is that any observed difference between the groups is by chance or by a relationship between the indicators. In this sense, considering that all the indicators selected in the DHS as proxies for the drivers of SGBV in Sierra Leone are precisely categorical (e.g., province, educational level, religion, etc.), a Pearson's chi-squared test of independence was applied. In other words, this test was applied to each indicator

in order to determine whether they were statistically dependent on each outcome variable (prevalence of physical and sexual violence, help-seeking, and FGM).

After selecting only those indicators that reported statistically dependent, several classification models were trained and tested in order to identify which indicators had an impact on the three outcome variables. Classification models are a key component of machine learning, and they portray a second “filtering” system (through the classification of observations) which can be extremely valuable for predicting some patterns, such as the prevalence of SGBV. In this study, the random forest expressed the highest accuracy in the classification of each outcome variable, allowing the authors to select and study only those indicators that, in addition to being statistically dependent, have an impact on the prevalence of SGBV. The *random forest* takes the different values (categories) of each indicator, and measures the ability to classify the outcome variable according to the chosen values, thus enabling inferences regarding the magnitude of the influence of the indicators on each outcome variable (the proxies for SGBV). In other words, the random forest allowed the authors to analyse the impact of each indicator (e.g., level of education, religion, attitudes towards people living with HIV, mass media exposure, marital status, etc.) on the three outcome variables. It is important to note that while Pearson's chi-squared test only informs if a variable is statistically dependent, the random forest provides statistical information regarding the relationship of each indicator on the proxies for SGBV (the three outcome variables). By adopting these two steps, the authors contributed to a more accurate analysis with respect to SGBV drivers by discarding more than half of the originally selected indicators and keeping only those that were in fact reported as relevant by the model.

Stage 3: Logistic Regression

Based on the results of the random forest classification model, the identified relevant indicators were included in three logistic regressions (one for each outcome variable), in order to analyse how each category within the indicators (e.g., if the indicator is *educational level*, the categories would be *primary, secondary, higher, or no education*) increases or decreases the likelihood of a woman suffering SGBV. In other words, the logistic regressions were adopted to analyse whether the relevant indicators:

- Increases or decreases the probability of a woman **suffering physical and sexual violence** (outcome variable 1: prevalence of physical and sexual violence);
- Increases or decreases the probability of a woman **not searching** for help should she suffer any violence; and
- Increases or decreases the probability of a woman **undergoing female genital cutting**.

By employing the classification model and the logistic regressions, the authors were also able to compare the findings identified in the literature review and through other qualitative instruments with the statistical behaviour of the variables themselves. In short, it allowed the authors to confirm or contrast from a statistical standpoint, which drivers are indeed those that most influence SGBV.

Box 4. Data Gaps and Limitations

Sex-disaggregated data on SGBV and its drivers in Sierra Leone are not widely available. The **2019 Sierra Leone DHS Survey**, and the **2021 Gender-Based Violence Survey for the Republic of Sierra Leone** are the most updated data sources available. Regarding the DHS, although the sample is wide and balanced, it is not representative at all geographical levels and for all ages, which might under or over-estimate behaviours or characteristics of certain minorities. The Gender-Based Violence Survey for the Republic of Sierra Leone also presents the same limitations, as it is not representative for all ages and places of residence. Another limitation of the Gender-Based Violence Survey is the high prevalence of “do not know” answers, which in turn decreases the number of valid responses. Lastly, it is important to note that the survey seems to have been constructed to avoid confrontation with local cultural norms and aspects of the Sierra Leonean population, given the high number of answers classified as “do not know”. This also indicates that the study itself was not able to overcome this specific limitation.

Data on SGBV is difficult to gather in every country, given the sensitivity of the topic. The collection of this type of data is even harder in countries affected by widespread violence against women and girls, such as Sierra Leone, as reflected in the previous sections. During the survey, women might be afraid of telling the truth, fearing that the information might be exposed or that they could be re-victimised or suffer further consequences from their answers. This may lead to a biased overall conclusion of the results. For instance, specific data on marital relationships

is limited due to privacy concerns. Also, sex-disaggregated data on war and conflict is not provided in either surveys, especially on how women are affected differently from men during these shocks. Data on the number of war widows is also not provided. Lastly, another data gap is identified in terms of cultural norms, considering the challenge of measuring factors and attitudes towards topics such as hegemonic masculinity, perceptions of women’s virginity, and stigma over victims of SGBV. Moreover, neither of the surveys covered aspects of the impact of COVID-19 on SGBV (considering that the DHS, for obvious reasons, was implemented before the onset of the pandemic). New surveys should be conducted in Sierra Leone to cover topics such as the impacts of COVID-19 on women, impacts of war on SGBV, children’s exposure to SGBV, and other aspects not addressed in either surveys in terms of cultural norms, including hegemonic masculinity.

2.2. Socioeconomic and Cultural Drivers of Sexual and Gender-Based Violence in Sierra Leone

The study of factors increasing women’s vulnerability to SGBV is a constantly evolving field across a variety of professional disciplines, including psychology, sociology, and medicine. While it is difficult to talk about totally infallible “triggers” at the moment, several studies have allowed for the identification of those that have a substantial impact on the prevalence of this phenomenon and frequently occur in a variety of social situations and geographic areas. As seen in **Figure 2**, these factors exist and act on several levels, encompassing various aspects from the immediate environment (such as the family or relationship) to supra-structures (such as society and the state). Combined, these factors profoundly impact the quality of life and prospects for millions of Sierra Leonean women and girls. In light of this and offering a full review of these drivers, this section examines the factors that influence SGBV in Sierra Leone at the individual, relational, community, and institutional levels.

2.2.1. Individual Drivers

Certain individual characteristics such as personal economic vulnerability, being a teenage girl, being or having been

married/in a relationship, and past experiences of violence have been identified as making certain women more vulnerable to experiencing SGBV. This section identifies and discusses the most prevalent individual drivers that have affected the incidence of SGBV in Sierra Leone.

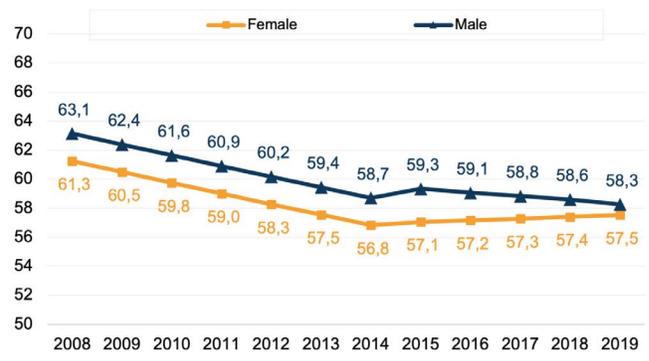
Poverty and Economic Vulnerability

Sierra Leone is ranked as one of the countries with the lowest Human Development Index (HDI) in the world, with 81 percent of its population is living in poverty.²¹ This economic situation has left many women (and men) in an extremely vulnerable position, in which they do not have access to basic services and resources to provide for their families. Even with a relatively low unemployment rate —with 5.2 percent of men being unemployed versus 3.6 percent of women— another major issue is that the majority of the population is concentrated in vulnerable employment positions which make them very susceptible to external shocks that can compromise their livelihood.²² For example, during the Ebola Virus Disease (EVD) crisis in 2014, many men and women faced an extreme shock that compromised their means of earning a living. In the urban areas, where around 50 percent of households derive their income from retail trade activities, many people were affected by the movement restrictions measures and collateral effects of EVD.²³ The road to recovery has been slow and hazardous due to the continuous fear of infection (even years after the peak of Ebola); the interruption in productive activities of several sectors such as marketplaces, restaurants, bars, transport, and schools; and the general uncertainty in the economic climate that might have lead businesses to avoid investing in the country and might have also impacted the availability of credit for entrepreneurs.²⁴ Women had to take on more responsibilities in looking after their sick family and community members at the expense of conducting economically productive activities, or had to face becoming a widow and being denied an inheritance due to gender-discriminatory community rules. The economic stress generated by this situation and the strains it created on many families increased the risk of domestic violence.

In terms of labour force participation rate, **Graph 7** below shows how since 2008 this rate has continuously decreased reaching its lowest point during the outbreak of the EVD in 2014. This may be because of the growth in population aged over 65 and under 15 years old, which might have skewed the participation rate to be lower in terms of the

total population eligible to work in the country.²⁵ This does not mean, however, that the labour force has decreased. In fact the opposite has happened, but the percentage of the population who are not eligible to be considered as part of the labour force (minors and elders) is considerably higher, and therefore the labour force rate diminishes. This can potentially be a benefit for the coming years in Sierra Leone as more young people, particularly women, enter into the labour force and can drive the country’s economy forward.

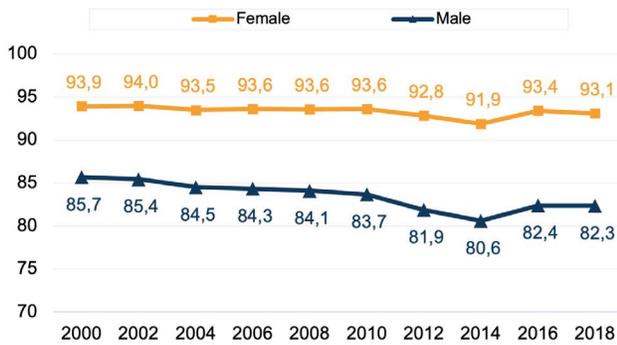
Graph 7. Labour Force Participation Rate, by Sex (Percentage of Sex Population Aged 15+) (Modeled ILO Estimate)



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d). [Original source: The World Bank Group].

Another reason that the effects of EBV on the economy were so poignant was because a large portion of the population is vulnerable to employment. Women in particular are in a risky position, as 93.1 percent are vulnerably employed, in contrast with 82.3 percent of men. In addition to having higher rates of vulnerability in employment, women also have less control over their own earnings when involved in a relationship. There is a predominant belief that men have stronger minds than women and, as such, they should act as the dominating force over women in all spheres of life, including control of their income. The lack of women’s personal autonomy to make decisions over their income and other areas of their life has shown to have a strong impact in the experience of SGBV.²⁶ This lack of autonomy can translate into husbands believing that they have full control over the bodies and sexualities of their wives, and so wives need to be constantly sexually available, without the option to refuse sexual advances from their husband.²⁷

Graph 8. Vulnerable Employment, by Sex
(Percentage of Sex Employment) (Modeled ILO Estimate)



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.). [Original source: The World Bank Group].

Note: Vulnerable employment here is understood “as the sum of the employment status groups of own-account workers and contributing family workers (World Bank Glossary).”

Additionally, the lack of stable employment and means of income generation can lead to a common phenomenon known as “unequal transactional sex out of material need”, which has been reported as a key reason for women’s vulnerability to sexual violence in Sierra Leone.²⁸ The literature highlights reasons why women and girls enter into this type of relationship, such as for survival, but also for access to certain goods to support their extended family.²⁹ Teenage girls are especially at risk of this arrangement due to the material necessity they have to acquire certain products and the need to help out their own families. This was especially true during the EBV, as girls were at greater risk due to the lack of adequate parental supervision and the need for any income source, leading many to engage in sexual relations with older men for money.³⁰ During the focus group discussions, poverty was also highlighted as one of the key factors contributing to SGBV, particularly for girls; as it was affirmed that “because families cannot provide for their children, they send girls to sell items outside the home to contribute to the income of the house, which makes them vulnerable to attacks from different people” (Participant #001, FG 1).

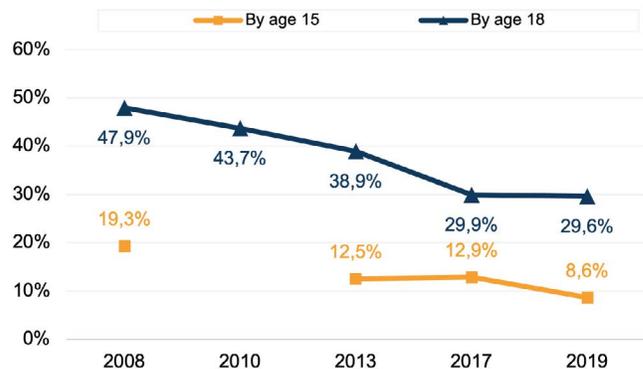
The lack of stable employment can also lead to women becoming **economically dependent** on their spouses or male family members which can, in turn, put them in a compromising position of being pressured into performing

unwanted sexual acts or having to endure violence in exchange for economic livelihood.

Age

From a young age, women are exposed to these violent environments, with 61 percent of women aged 15-49 experiencing physical violence since age 15 —an increase from 56 percent in 2013 (see **Graph 1**). The practice of having sexual relations with young girls seems to be a very common practice in Sierra Leone. In the key informant interviews two of the interviewees stated that “some men are even proud that they are the first to dis-virgin a girl” (Surv0005) and that there is still a belief that when “men lie down with virgins and take the blood to a sorcerer, they will have more power” (Surv0003). In situations such as these, women and girls have a higher reluctance to report cases of sexual or domestic violence, given that often times the perpetrator is a family member or figure of authority. Since reporting on a family member who is providing the teenage girls with some degree of financial security could endanger their economic situation, oftentimes girls choose to not report these cases.³¹ Therefore, girls and women with low incomes are in a more vulnerable position, where they depend on families who also face economic constraints. This is one reason arranged marriages are still common and are oftentimes entered into for the dowry payments that girls receive upon marriage, which represent a significant source of income to families living in poverty.³² However, the percentage of girls who are married by the age of 15 or 18 has both significantly decreased, particularly by the age of 18 which decreased from 47.90 percent in 2008 to 29.60 percent in 2019.

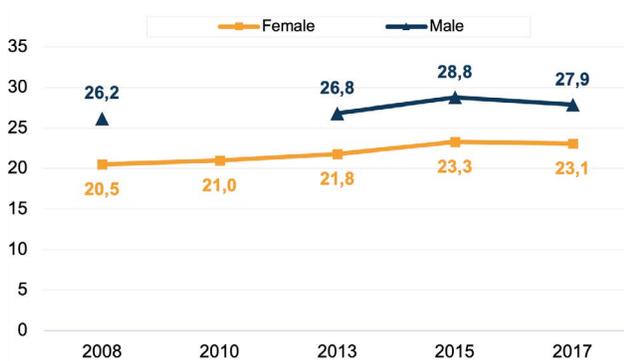
Graph 9. Percentage of Women (20-24 years old) Who Were First Married, by Age



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.). [Original source: The World Bank Group].

For marriage by the age of 15, the sharp decrease can be explained by the passing of the 2007 Child Rights Act, which prohibits marriage for anyone under the age of 18. However, these numbers need to be considered cautiously, as there are still many marriages that take place but are not officially registered; rather, they are approved under the 2008 Customary Marriage Act, which allows marriage under 18 years with parental consent.³³ Additionally, in comparison to men, women still have a lower age for first marriage, with a mean of 23.1 years as opposed to 27.9 for men.

Graph 10. Average Age at First Marriage, by Sex (Mean Age at First Marriage)



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.). [Original source: The World Bank Group].

Civil Status

Studies have shown that both early marriage and living with a partner are associated with SGBV and that the odds of SGBV are higher if the woman is married, cohabiting, or having a relationship.³⁴ Due to the highly patriarchal societal norms and institutionalised gender inequalities that exist in Sierra Leone, a women’s position in a marriage makes her highly vulnerable to SGBV, with actions such as sanctioning a partner for misbehaving, pleasing the husband’s sexual desires at any given time, submission to husband and performing the duties of a “good wife” are described as a necessary requirement for a successful union.³⁵

Table 4 exhibits that women that are either divorced or widowed (64.9 percent) or married/living together (64.2 percent) is correlated with the highest percentages for experiencing physical violence as well as sexual violence (see more information in **Chapter 1, section 1.1 The State of Sexual and Gender-Based Violence in Sierra Leone**). These figures exemplify the cultural notion that

husbands believe it is within their duty to punish their wives. Culturally these norms are widely accepted, with more than 6 out of 10 women (and one third of men) believing that a husband is justified in beating his wife if she refuses to have sex, argues or goes out without telling her husband or partner, burns the food, or neglects the children (see more information in **Chapter 2, section 2.2.2 Relational Drivers**).³⁶ It is important to note, however, that the outcome of having “been in a relationship” being such a strong factor might also be influenced by the fact that “never-married” women are a small proportion of the total female population in Sierra Leone.

Table 4. Percentage of Women who have experienced sexual violence since age 15 by marital status

	Physical Violence	Sexual Violence
Never Married	52.8%	2.6%
Married / Living Together	64.2%	9.3%
Divorced / Widowed	64.9%	12.9%

Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

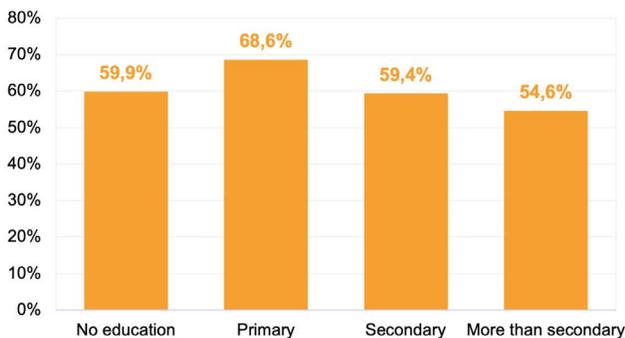
Educational Level

Another consequence of girls marrying at a young age is decreased access to educational or training opportunities that could help them be more independent of their husbands. This can also occur in families with limited resources, where it is more common for boys to be sent to school instead of girls.³⁷ The lack of opportunities and leverage that comes from receiving an education seems to have an impact on the possibility that a women or girl will experience physical and/or sexual violence. Women who have only completed primary school (68.6 percent) or have no education (59.9 percent) are more vulnerable to experiencing physical violence than those who have completed secondary (59.4 percent) or post-secondary studies (54.6 percent). This is also true for sexual violence, where women who have only completed primary school (9.90 percent) or have received no education (7.90 percent) have a higher percentage of experiencing this type of violence than women who completed secondary (6 percent) or post-secondary level (6.70 percent) of education. However, these figures need to be taken with precaution as the differences are not very large, which points to the widespread character of SGBV across all

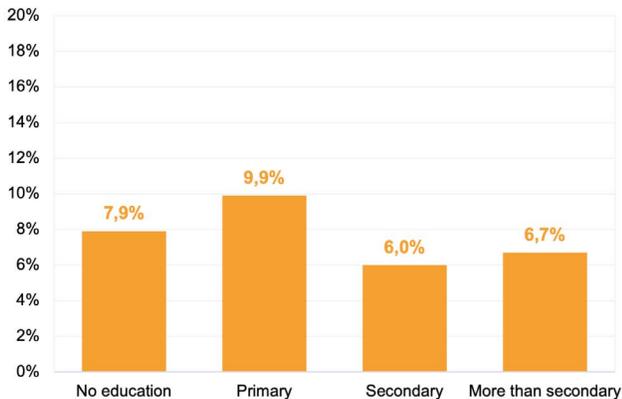
educational levels.

During the EVD crisis (2013-2016), girls' access to education was also strongly impacted, with a significant increase in teenage pregnancies and a ban on pregnant girls attending school (see more information in **Box 4. Teenage Mothers and Access to Education During EVD**). The lack of education for girls can also contribute to a less thorough education on their sexual and reproductive rights.³⁸ Harmful practices such as FGM are also most common in the least educated women, who come from poor households in provinces such as Kambia and Tonkolili.³⁹ It is also noted that even though FGM is a practice carried out for men, women in the communities perform the rituals and support it as an important rite of passage for young girls.

Graph 11. Percentage of Women Who Have Experienced Physical Violence Since Age 15, by Educational Level



Graph 12. Percentage of Women Aged 15-49 Who Have Experienced Sexual Violence, by Educational Level



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Other factors such as an aggressor having HIV or having previous experience of sexual and/or physical violence have also been identified by the literature as influencing whether or not a woman or girl experiences SGBV.⁴⁰ Traditional beliefs surrounding virgin girls lead some men to commit sexual violence against this group in the hopes

of being cured of a variety of diseases, including HIV (for more information see **Chapter 3, section 3.2.2 Health Emergencies and Sexual and Gender-Based Violence in Sierra Leone**).⁴¹

History of Exposure to Violence

In terms of past experience of SGBV, the literature has pointed out that the likelihood of experiencing sexual violence is 6 times higher amongst women who recently reported experiencing physical violence or reported historic sexual violence.⁴² The percentage of women who fit in the category of past experiences of SGBV is further widened when considering the impact the armed conflict had on women and girls in the country. Estimates from the DHS indicate that around 62 percent of women have been subject to physical or sexual violence (this includes cases of rape, sexual slavery, forced pregnancy, abduction, enslavement and torture).⁴³ The violent history of the country has a direct impact on the past sexual and physical violence experiences many women had and can put them in danger of experiencing more SGBV in the form of psychological, physical, and even sexual violence by other aggressors. The conflict was also a catalyst for many of the other factors that increase the chances that a woman will experience SGBV, as it placed women in vulnerable economic positions, limited their access to education, exposed young girls to violence, and reinforced relational and community beliefs that hinder women's empowerment and right to a life free of violence.

2.2.2. Relational Drivers

This section covers the factors that fall under the relational level of the ecological model, also referred to as "microsystem", and covers the family structure and the immediate circles of coexistence in which victims engage socially —i.e. romantic relationships (including marriage), friendships, and groups of belonging.⁴⁴

Family Structure

As addressed previously, having witnessed physical and sexual violence as a child (being exposed to family conflict), and even growing up in an environment of abandonment and isolation (e.g., father leaving the household) without the opportunity of experiencing nurturing relationships has been found to be a common denominator in the lives of SGBV survivors.⁴⁵ During the focus group discussion with government actors, one of the participants stated the following:

The lack of nurturing relationships [in families] has been a key factor contributing to SGBV because there is lack of parenting for the children, which puts girls at risk.... From my experiences with judicial cases, most of them do not have a [good] relationship with their parents, there is no bond between them... [Because of this] Even when they are abused, the girls don't have the confidence to explain to the parents what happened to them, and so the issue comes up 3-4 months later. (Participant #015, FG 2)

Though no quantitative data on witnessing physical or sexual violence at a young age is available in either of the sources utilized for this report to support such statement —this indicator is usually missing in similar surveys or quantitative instruments—, the majority of the young female survivors interviewed during the KIIs also reported how this communicative gap and lack of affective relationships and parental support was also an impediment to telling their parents about the abuse they had experienced. They also reported the fear they had of telling their parents and being punished or even stigmatised. Furthermore, an analysis of Sierra Leone’s family arrangements was conducted using DHS data to assess this factor in the context of the country. However, no specific pattern could be inferred from the observations. In 2019, 28 percent of children under 18 did not live with a biological parent, and 12 percent were orphans, meaning that one or both parents were deceased

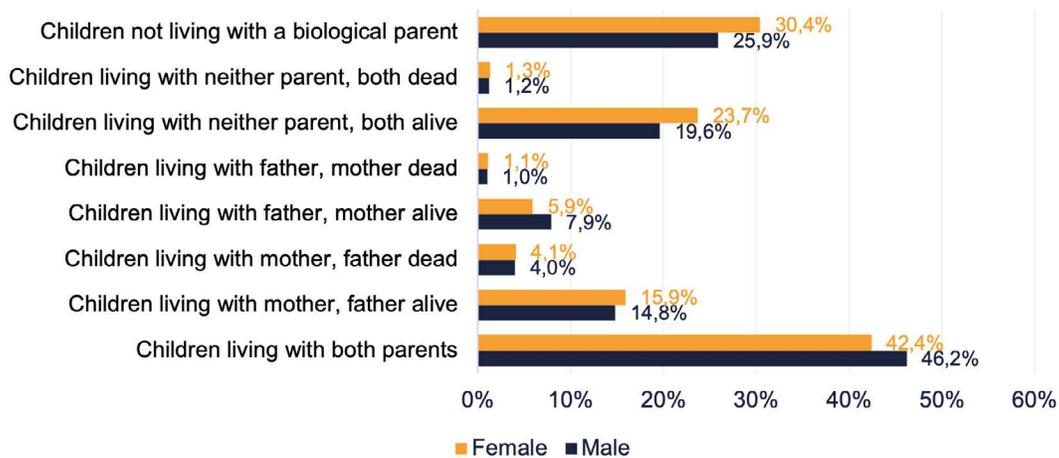
(the percentages were similar for boys and girls). It is interesting to note that four of the five provinces show the same orphanhood (12 percent), except for the Southern province, where the smallest number of children without parents resides (9 percent). It cannot be inferred that every orphan has been exposed to family conflict or experienced a lack of nurturing relationships, or that every child living with both parents has a harmonious family life. Yet, the large number of children that have lost parents serves as an indicator of the population’s vulnerability to engage in toxic relationships later in life in which women, particularly, may end up being sexually victimized.

During the focus group with government actors, it was also mentioned that “*young boys are also a vulnerable group. [Because] They are victims and then they become perpetrators*” (Participant #013, FG 2). Though studies looking at this cycle of violence support this view, more research needs to be conducted to understand it in the context of Sierra Leone.⁴⁶

Decision-Making Power

While asymmetrical decision-making power within the household on its own does not explain SGBV, women’s limited autonomy and participation in decision-making is a factor that can exacerbate family or relationship tensions, and put women at risk of sexual transgressions.⁴⁷

Graph 13. Living Arrangements and Survival Status of Parents for Children Under 18, by Sex



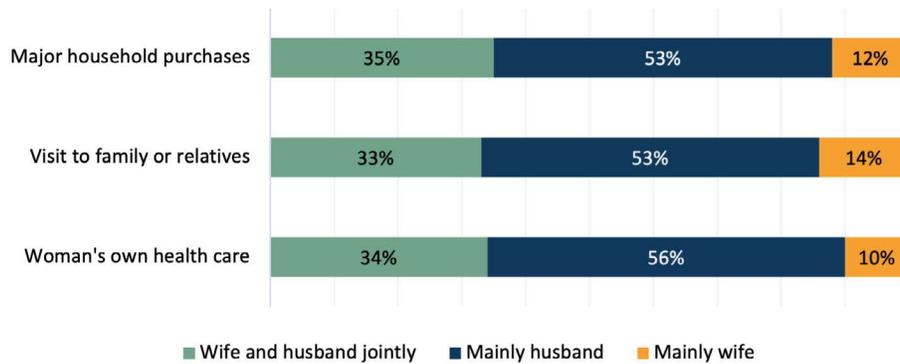
Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

In Sierra Leone, women’s participation in decision-making is limited: **73 percent of the Sierra Leonean households report having a male leader** or head of the household (68 percent in urban areas and 76 percent in rural areas), whereas in only 27 percent of households the leader is reported to be a woman.⁴⁸ Adding to these numbers, **Graph 14** reveals that for all three types of decisions considered in the Sierra Leone DHS 2019 —women’s own health care, major household purchases, and visits to family or relatives— the males have much more decision power at the individual level than females ever do, even when it comes to their own health.

Furthermore, almost half of the women in the country (43 percent) do not participate in any of these decisions and, also troubling, currently married women who participate alone or jointly with their husbands in all three types of household decision-making processes fell from 45 percent in 2013 to 35 percent in 2019.⁴⁹ Policies and actions addressing SGBV should focus on enhancing women’s decision-making abilities.

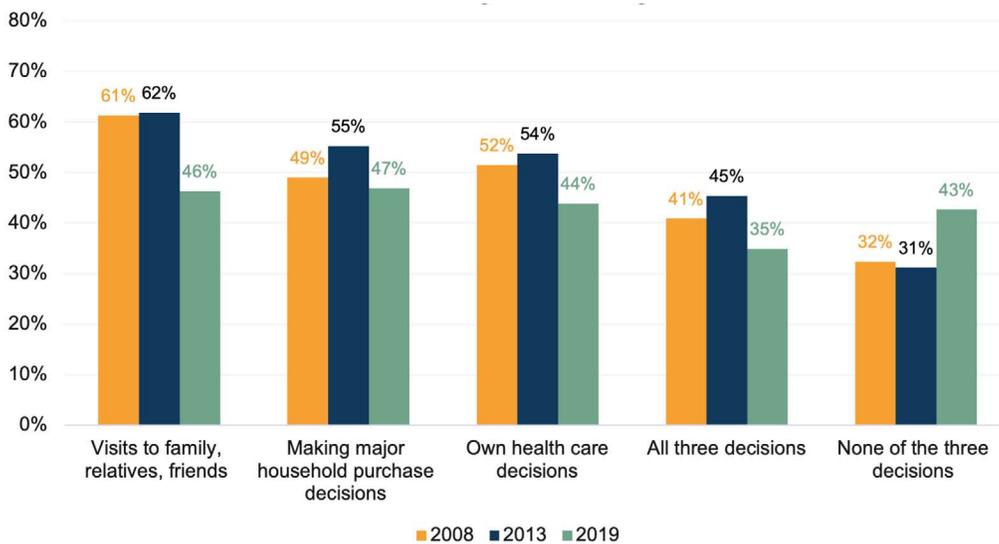
Graph 14. Participation in Decision-Making

(Percent Distribution of Currently Married Women and Men Aged 15-49 by Person Who Usually Makes Decision About Various Issues)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 15. Women (Aged 15-49) Participating in Decision-Making *(Historic Trend)*



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

The data makes evident that asymmetry in decision-making power in relationships is a driver that requires close consideration in Sierra Leone. This was further supported by both the focus group discussions and the interviews with survivors conducted for this study. In fact, in half the cases, the survivors reported that the aggressor was their romantic partner or a family member. One of the survivors reflected the following consideration about power dynamics in the household (revealing a very unhealthy pattern): *“In terms of decisions, it is the man that is making the decisions in the home. When my husband needs money, he asks me, but all other decisions are being taken by my husband.”* (Surv0005)

The following statement by a participant from the FGD with civil society actors offers an explanation of the reasons at the problem’s root:

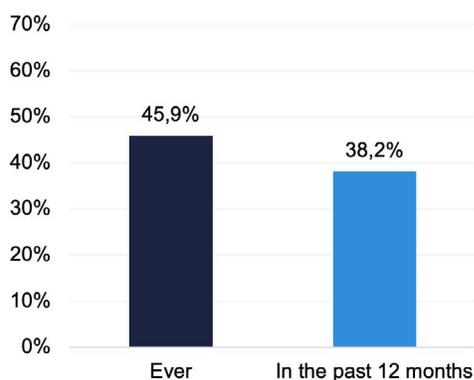
“We often neglect power dynamics, and the power [imbalance] in relationships aspect, which has a very strong influence on SGBV. Sierra Leone is a patriarchal society, where women are considered men’s property, and that exacerbates a culture of disrespect towards women... and [towards] the integrity of women’s bodies.” (Participant #008, FG 1)

Controlling Behaviours and Emotional Abuse

A driver closely related to decision-making dynamics in a relationship is the use of controlling behaviours exercised by the women’s partner —both are rooted in power imbalances and patriarchal values.⁵⁰ These behaviours are often accompanied by withdrawal attitudes that lead to emotional abuse. In Sierra Leone, the prevalence of emotional spousal violence is widespread. In 2019, 45.9 percent of women reported experiencing it at some point in their lives, whilst 38.2 percent had been victims of emotional abuse in the 12 months prior to the survey (see **Graph 16**). Moreover, the disaggregated analysis per age group revealed a higher prevalence of emotional violence amongst women in the middle aged groups (20-24, 25-29, 30-39), and lower for those between ages 15-19 and 40-49 (see **Graph 17**).

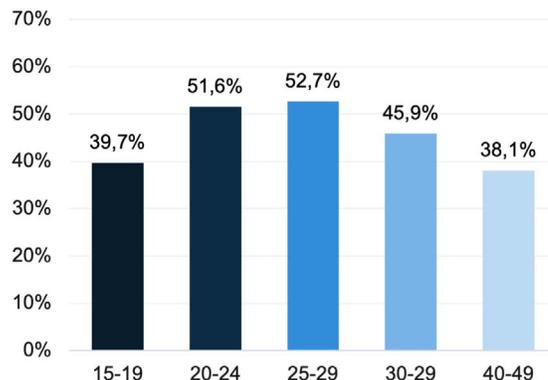
Graph 18 presents the number of controlling behaviours displayed by male partners or husbands has been plotted to analyse the relationship with the prevalence of physical and sexual violence reported by women (aged 15-49) in Sierra Leone. The results clearly show that the higher the number of controlling behaviours exhibited by the male in the relationship, the higher the likelihood that women also become victims of all types of violence: emotional, physical, and/or sexual.

Graph 16. Prevalence of Emotional Violence
(Percentage of Women Who Have Ever Experienced Emotional Violence Committed by Their Partner)



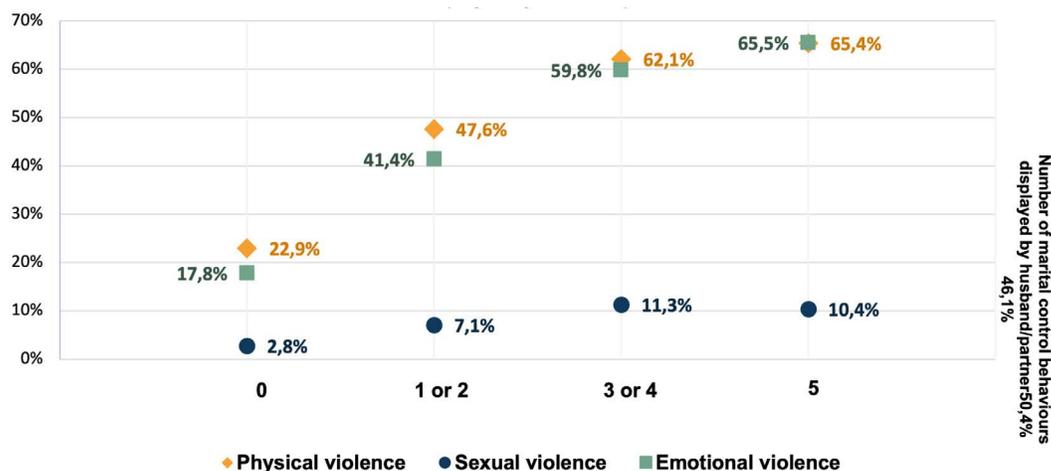
Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 17. Prevalence of Emotional Violence, by Age
(Percentage of Women Who Have Ever Experienced Emotional Violence Committed by Their Partner)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 18. Spousal Violence, by Control Behaviours (Percentage of Ever-married Women Aged 15-49 Who Have Ever Experienced Physical or Sexual Violence Committed by Their Current or Most Recent Husband/Partner, by Number of Marital Control Behaviours Displayed by Husband/Partner)



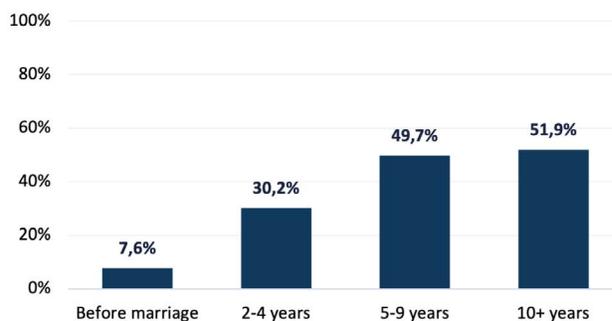
Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Length of Cohabitation

As observed in the previous section, the likelihood of SGBV is higher when girls enter what is known as child marriage, which is partly associated with the age and educational gaps between many of the couples.⁵¹ Some studies point out that women who marry over the age of 18 are more likely to reject physical violence, an observation supported by the data included in the previous section on individual drivers, which shows that married and divorced or widowed women have greater SGBV rates than those that have never been married.⁵²

In a similar sense, cohabitation (versus living alone or without a partner or husband), and the age at which it began are also considered drivers of SGBV. Studies have found that urban women in Sub-Saharan Africa who began cohabiting between the ages of 25 and 35 showed lower prevalence rates relative to their counterparts who began cohabiting before 18 years old.⁵³ The same is true for Sierra Leonean women; the data confirms that the longer the duration of marriage, the more wives are exposed to physical or sexual violence. In fact, most survivors of physical or sexual violence experienced their first incident after being married for five to nine years (49.7 percent,) or even after 10 years of marriage (51.9 percent) (see **Graph 19**).

Graph 19. Experience of First Spousal Physical or Sexual Violence, by Duration of Marriage



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Age and Educational Differences

The **age and educational differences** between wife and husband were also analysed in relation to the prevalence of physical and sexual violence against women in Sierra Leone. The data reveals that, overall, violence rates are lower for women who are the same age as their male partners, and higher for women who are either older or younger (see **Graph 20**). Furthermore, the analysis of the prevalence of violence and education level (**Graph 21**) shows that women who share a lack of education with their husbands report the lower levels of sexual and physical

violence, followed closely by relationships in which the wife attained a higher-level of education. Surprisingly, in 2019 the higher rate is observed in relationships in which both individuals are equally educated, whereas in 2013 this position is occupied by couples in which the woman is more educated. In sum, there is a more evident correlation between the perpetration of physical and sexual violence and age gaps amongst married couples.

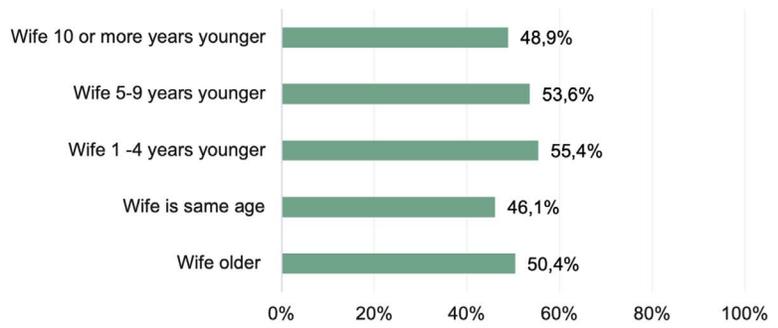
Polygamy and Multiple Sexual Partners

Polygamy, or more specifically polygyny—in which only the male has multiple sexual partners or wives—, has been associated with higher odds of reporting SGBV.⁵⁴ A study indicated that “males with two or more sexual partners over the past year increased the chance of women experiencing GBV by 1.78 times” in African countries.⁵⁵ Likewise, research carried out in Nigeria found that polygamous unions increased the likelihood of women experiencing GBV by 50 percent.⁵⁶

In Sierra Leone, polygyny is a common practice: 30 percent of married women report their husbands having

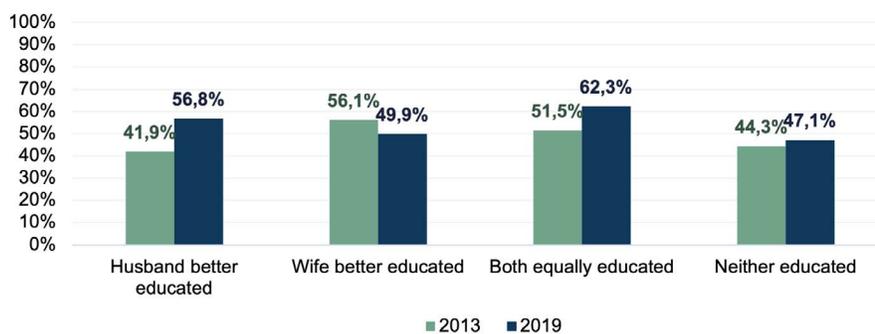
other wives, and 14 percent of married men have more than one wife.⁵⁷ This leads to the question of whether a relationship exists between polygyny and SGBV in the country. Nevertheless, the analysis conducted comparing percentage of this practice per region and by prevalence of physical and sexual violence does not provide indications of a clear relationship between these factors. On one hand, where polygyny is higher (i.e. North Western with 41 percent), the highest rates of physical and sexual violence can also be found (68 and 13 percent respectively); on the other hand, where polygyny is lower (i.e. Western Area with 14 percent) physical and sexual violence are not the lowest (60 and 10 percent respectively). Moreover, the overall prevalence of violence in this province is not significantly different from that observed for North Western. It is important to note that the results might be affected by the aggregated data per province. **Map 1** shows the prevalence of physical and sexual violence by polygyny levels and per district, which sometimes shows stark differences between districts of one province (e.g., those in the Northern or Western Area).

Graph 20. Prevalence of Spousal Violence (Physical or Sexual), by Age Gap (*Percentage of Ever-married Women Who Have Ever Experienced Physical or Sexual Violence Committed by Their Husband/Partner*)



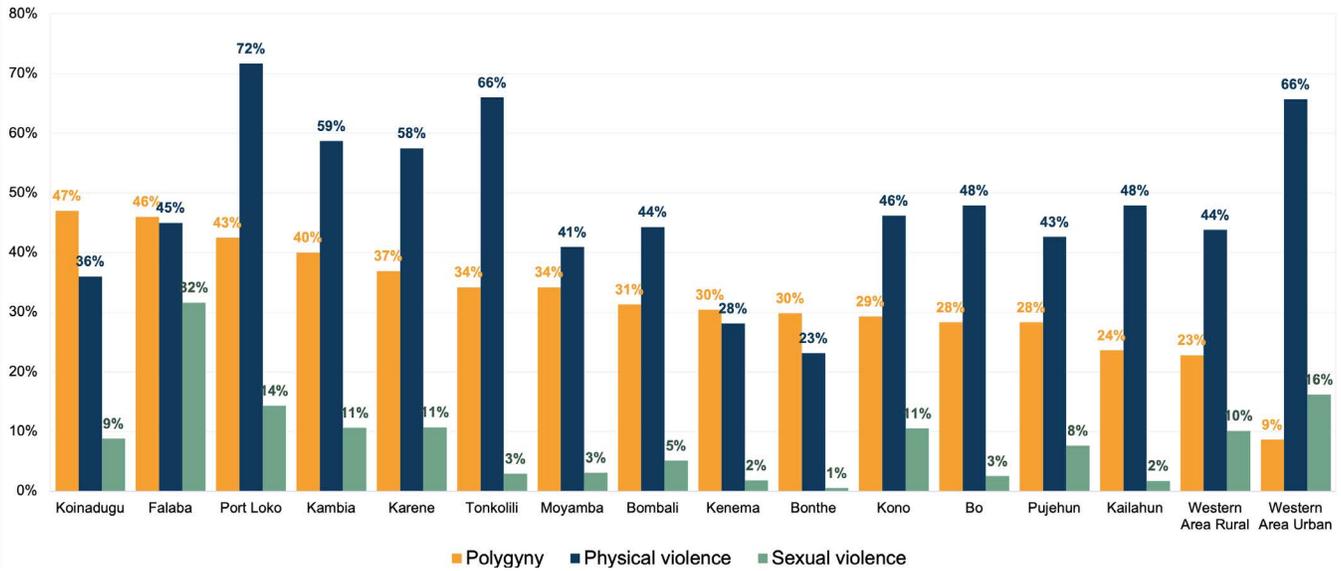
Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 21. Prevalence of Spousal Violence (Physical or Sexual), by Educational Differences (*Percentage of Ever-married Women Who Have Ever Experienced Physical or Sexual Violence Committed by Their Husband/Partner*)



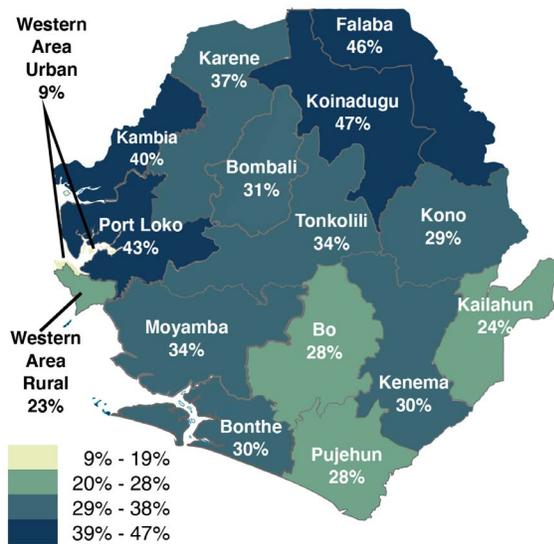
Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 22. Prevalence of Physical and Sexual Violence, by Polygyny Levels and District



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Map 1. Polygyny, by district



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Alcohol and Substance Abuse

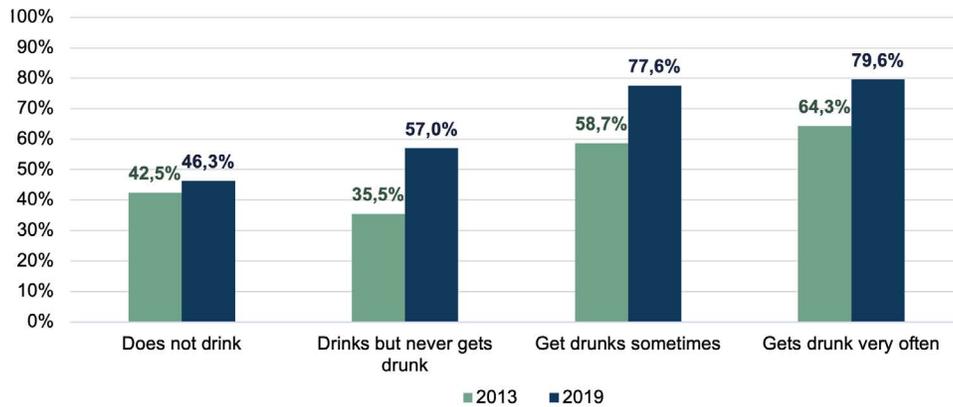
Alcohol consumption (heavy drinking, binge drinking before sexual encounters, and alcohol abuse) may exacerbate the risk for sexually aggressive behaviour —this can apply to all genders that are in intimate relationships, but particularly for males. It should be noted that “addressing peer social

climates, and the implicit or explicit norms regarding sexual behaviour, holds particular promise for reducing sexual assault”.⁵⁸

The use and abuse of substances has also been linked to the experience of GBV.⁵⁹ During the focus group discussion with civil society organisations, the topic was brought up by a participant, who highlighted that “...both young men and girls use drugs and drink alcohol... As a result of this they engage in violence with their partners, be it SGBV or other types” (Participant #003, FG 1). This was confirmed by another participant, and the initial participant further indicated that in some communities the prevalence of drug and alcohol consumption is more common, especially in Freetown.

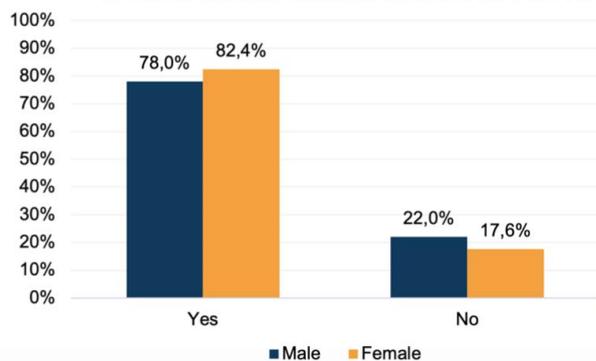
The data available supports the previous claims. The analysis comparing husbands’ levels of alcohol consumption, with the perpetration of physical or sexual violence against their wives, reveals that the chance of committing acts of violence increases as the men engage in drinking with more frequency. Furthermore, according to data from the recent GBV survey deployed by Stats SL and UNDP, expressively 78 percent of males and 82.4 percent of females who responded to the survey agree that excessive alcohol drinking is a contributing factor of SGBV in Sierra Leone (see **Graph 24**).

Graph 23. Prevalence of Spousal Violence, by Husband’s Alcohol Consumption (*Percentage of Ever-married Women Who Have Ever Experienced Physical or Sexual Violence Committed by Their Husband/Partner*)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 24. Causes of GBV in Sierra Leone — Is Excessive Alcoholism a Cause of SGBV?



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

Note: Data collected from 2,000 responses, with 1,500 responses from individuals who identified as female, and 500 responses from individuals who identified as male.

2.2.3. Community Drivers

As previously mentioned, in Sierra Leone, as in many other areas of the globe, the patriarchal practices and specific belief systems and behaviours constrain and negatively influence women’s lives in various dimensions, including personal, sexual, educational, reproductive, professional, and economic. These circumstances are aggravated by factors such as geographic location, negative ways of expressing masculinity, the defence of conservative gender roles, amongst others.

The role of the community and the social fabric is significant because within it, for example, gender norms and personal “fulfilment” standards are established. Tolerance and normalisation of power relations and violence that oppress and condemn women to dependency and vulnerability also emerge and are maintained by the community. Despite their negative nature, these conditions gradually become accepted as part of the natural order of social dynamics.

As a result, women and girls who challenge established models, report abuses, or attempt to change the models meet enormous resistance. Proof of this is the stigmatization and ostracism directed at women and girls who report or have been victims of sexual abuse; such behaviours serve to re-victimize and reinforce the culture of silence. Given these circumstances, this section analyses the main community drivers contributing to SGBV in Sierra Leone and how they are portrayed in statistical data.

Geographic Location and Area of Residence

Rural communities’ persistent marginalization and economic deprivation have a substantial influence on the incidence of violence against women, as the lack of work prospects, academic training, essential services, and government support services place the female population in vulnerable conditions.

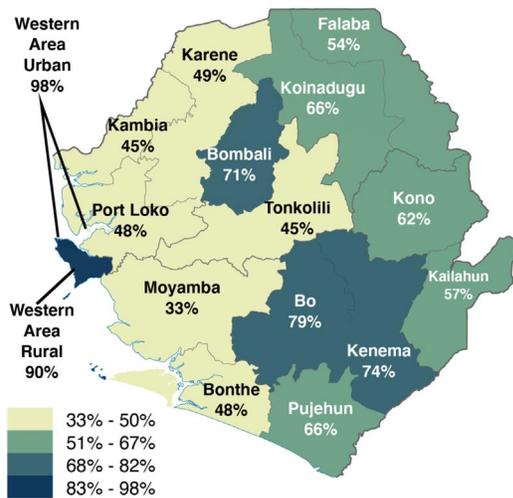
In Sierra Leone, sexual violence is more prevalent in rural locations, particularly in northern and eastern districts such as Tonkolili, Kionadugu, Bombali, Kambia, Port Loko, Kailahun, and Western Area Rural. This tendency arises in an environment of economic insecurity, where academic

qualifications and the financial rewards associated with them are targeted exclusively at males (for more information see **Chapter 2, section 2.2.1 Individual Drivers**).⁶⁰ Academic training has implications beyond work prospects, it also includes access to sexual education and information about the freedoms and rights women have access to and the procedures that safeguard them.

Another prevailing circumstance in rural communities is early marriage (mentioned in the previous sections). Thus, poverty combined with a rural setting results in a child marriage rate of 57 percent in the poorest five districts. In the Eastern, Southern, and Northern provinces child marriage rates reach 40 percent, but only 20 percent in the Western region.⁶¹

Although sexual violence occurs in urban and rural settings, the latter's particular characteristics place girls at risk due to food insecurity or lack of access to essential amenities such as water, sanitation, and health care.⁶² As can be observed in **Map 2**, the districts of Tonkolili, Kambia, and Port Loko, also classified as areas with a high incidence of sexual violence, lack access to essential services like drinking water, with 45, 45, and 48 percent access, respectively. However, in order to evaluate how the rural environment affects the prevalence of sexual violence, it is essential to include additional variables, since other provinces with better access to water sources, such as Bombali, Kailahun, and Western Rural Area, also have high rates of sexual violence.

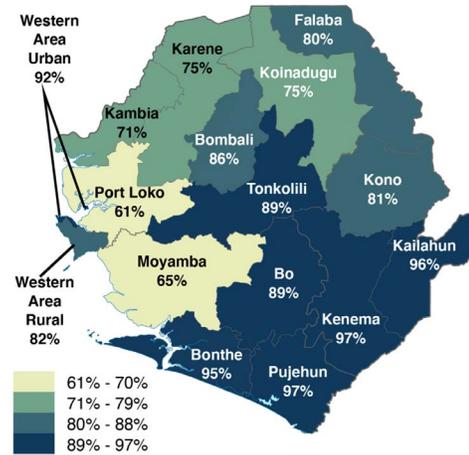
Map 2. Improved Water Source, by District
(Percentage of Households with Improved Source of Drinking Water)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

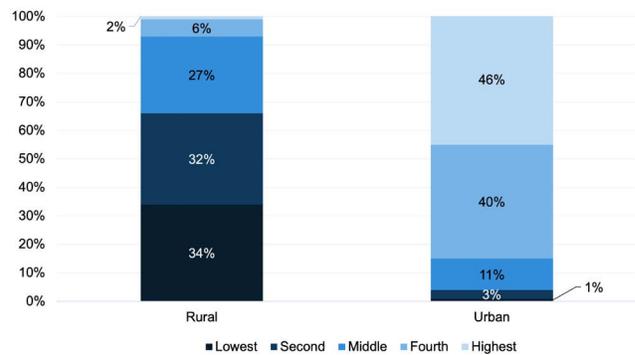
When other services are considered, such as health services, the division between northern and southern districts becomes more apparent, with the north having a lower percentage of health facility births and also the highest poverty rates (see **Map 3**).⁶³ Graph 25 confirms that the lowest quintiles of the population are also concentrated in rural areas.

Map 3. Health Facility Births, by District
(Percentage of Live Births in the 5 Years Before the Survey That Were Delivered in Health Facility)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 25. Household Wealth, by Residence
(Percent Distribution of De Jure Population, by Wealth Quintiles)

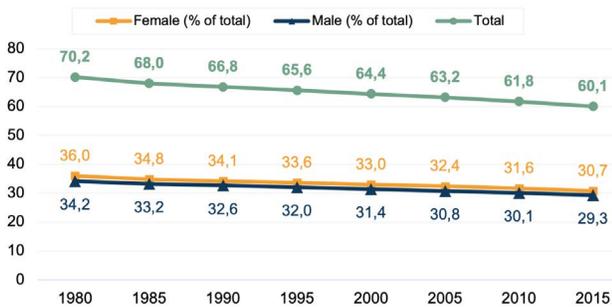


Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

In order to carry out a comprehensive analysis of the incidence of sexual violence, it is vital to address rural communities' lack of public services. The intersection of a lack of essential and health services which includes sexual and reproductive health services appears to coincide with high levels of sexual violence and other harmful practices, such as FGM.

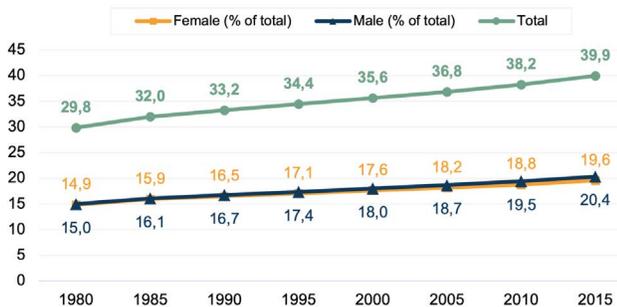
In Sierra Leone, despite the increase in the urban population in recent years, a sizable portion of inhabitants continue to reside in rural regions. Graphs 26 and 27 show the changes in rural-urban residents over time and the latest figures for 2015.

Graph 26. Percentage of Rural Population, by Sex
(Percentage of Total Population)



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.). [Original source: The World Bank Group].

Graph 27. Percentage of Urban Population, by Sex
(Percentage of Total Population)



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.). [Original source: The World Bank Group].

Despite the gradual urbanisation of the population with consistent growth from 1995 to 2015, slightly more than 30 percent of the population still lives in rural regions. The demographic shift might result from the steady transition to a stable political system, which eventually led to the first municipal elections in thirty years behind held in 2004.⁶⁵

In today’s Sierra Leone scenario, there is a large number of women and girls living in rural areas facing various deprivations. As discussed above, diverse types of violence, such as intimate partner, domestic, and sexual violence (including FGM), are especially high in those

settings and occur in an environment of economic deprivation and scarcity of essential services.⁶⁶

In this sense, members of civil society have underlined the harmful consequences of belief systems and the economic context: *“in my opinion, poverty, laws, and things like that are contributing factors to the fact that is perpetuated [SGBV], but Sierra Leone is a very patriarchal society, women are not treated as human beings”* (Participant #004, FG 1).

Traditional Practices and Belief Systems

As in many other countries, some traditional practices and belief systems in Sierra Leone are based on power relations that subjugate and subordinate women’s rights. These practices have been sustained and normalised over time. Despite its cultural and historical richness, such activities maintain a structure in which women’s voices, aspirations, and liberties are rendered invisible. Its persistence to this day perpetuates the harm done to earlier generations and jeopardises the prospects of current and future generations.

During the conversation sessions held with members of civil society, traditional and social norms were highlighted as one the elements with the most impact on increased incidence of SGBV. They also emphasised that: *“The power relations and traditional norms, and the belief that women are properties play a relevant part in the prevalence of SGBV”* (Participant #008, FG 1).

The discussion regarding the boundaries between what tradition should and should not tolerate has to be addressed with responsibility since there are ancestral practices that hold high symbolic, historical, and identity values, and there are also key obligations to respect and protect the human rights of all individuals, obligations that must be upheld. To this end, and intending to avoid confrontation, international organisations, such as Amnesty International have opted for programmes to establish a community dialogue, especially when it comes to **secret societies**.⁶⁷ As their name implies, a key element of these societies is the secrecy surrounding ceremonies and activities. Sharing information about their activities is a fault that causes undesirable effects in the female population, such as the idea of being “cursed”, but also the rejection from their communities.⁶⁸

These practices are protected due to their millenary origins by both the general public and community leaders,

resulting in the violence connected with FGM enduring.⁶⁹ It is worth noting that FGM is not exclusive to secret societies, it is also practised by other ethnic groups, such as the Susu, a north-western Sierra Leonean community.⁷⁰

Secret societies transmit and retain behaviours that reinforce gender norms and women's subordination in preparing women for maturity. The rites prepare their members by teaching them various skills geared at serving their spouses, such as cooking, cleaning, and caring for their husbands. Additionally, **initiation** (which includes FGM, see **Box 5**) is seen as a necessary component for marriage.⁷¹ In this respect, government authorities have also stressed the strong connection between the notion of maturity and the practice of **initiation**: “[on FGM] there is the idea of preparing girls for marriage and sexuality” (Participant #011, FG 2).

Being a member of these organisations and going through initiation has a significant identity value in Sierra Leone, as it means that the women's community accords them respect and prestige.⁷² Other belief systems within these societies, such as the assumption that women should not attend school or marry young, restrict women's economic independence and leave them vulnerable.⁷³

Secret societies and belief systems amongst diverse ethnic groups feature a variety of patriarchal customs that regulate and limit women's liberties. Since they are normalised and considered sacred or part of their cultural identity, they pose a significant challenge to millions of women and girls and an important obstacle to the Sierra Leonean government.

Box 5. The Role of Secret Societies

Secret societies are ancient institutions considered a part of Upper Guinea Coast of West Africa culture. Secret societies aim to manage men's and women's sexual identities and behaviours. In the case of women's secret societies, the word Sande is used in the south, Bondo in the north, and Freetown.⁷⁴ Along with artistic activities and home care, initiation includes FGM and takes place in the woods.

FGM involves the partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons. It includes various procedures such as clitoridectomy, excision, infibulation, and others.⁷⁵

Within this belief system, the initiation is connected to women's mystical abilities in their communities.⁷⁶ FGM

is also considered a procedure that initiates females into womanhood.⁷⁷ Over time and to the present day, FGM is viewed as a sensitive topic in certain locations since it is a religious rite that confers on women the respect of their community. Although important steps are being taken to curb this practice, it is still a rather challenging issue for the authorities to address. At present, there is a prevalence of pro and con perspectives, which hinders the dialogue on how to address this practice in the political and legislative sphere.⁷⁸

Furthermore, secret societies have been inextricably linked to contemporary political life in Sierra Leone and continue to wield enormous power and influence.⁷⁹ Consolidated marriages are a well-known technique for creating political-strategic alliances.⁸⁰

Some political actors are reluctant to abolish the practice, as they consider it to be rooted in Sierra Leone's belief systems, culture and identity. Despite all of the above, several campaigns and contributors remain committed at the national level to the promotion and defence of women's and girls' human rights.⁸¹

Normalisation of Violence

Within societies where female leadership and capacities are questioned in light of the male-centred power structure, the normalisation of violence becomes an ingrained practice. In Sierra Leone, this normalisation also occurs on a legal level, where discriminatory legislation has placed women and girls on lower legal ground.⁸² However, the communities' behaviour also generates a high impact; for example, when females refuse to undergo initiation, they are abducted and forcefully circumcised, which entails an expression of violence normalization.⁸³ On this point, a member of civil society added: “*Social norms and cultural norms dictate the rules of how people behave towards each other; that's what makes it acceptable to commit violence.*” (Participant #004, FG 1).

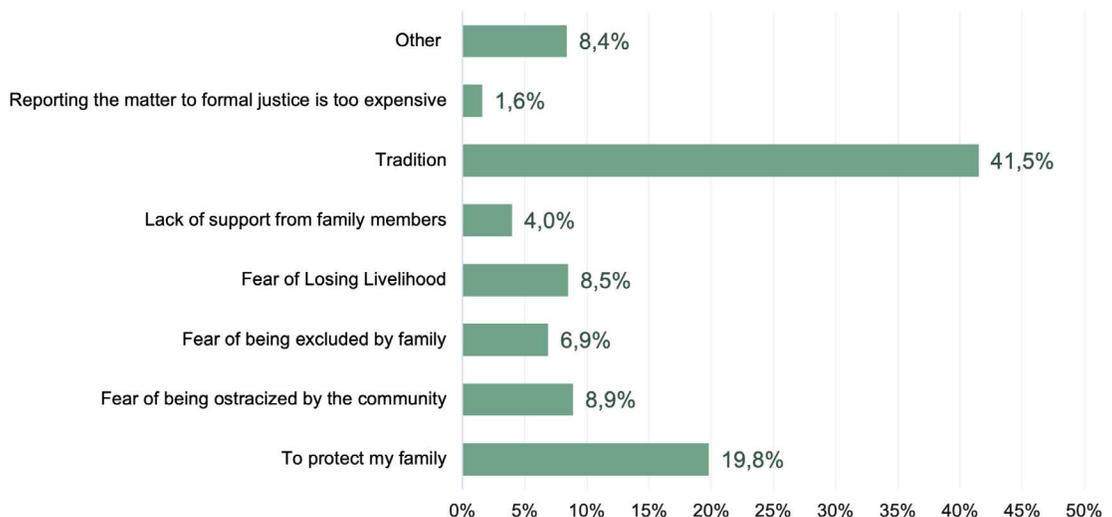
In recent years, there have been public reports of sexual violence and local awareness-raising programs such as “*Walk for a Kid*” to address SGBV.⁸⁴ Furthermore, as seen in the previous sections, NGOs like the Rainbo Initiative are dedicated to enhancing assistance for sexual and gender-based assault victims, and community-based help-seeking services have a key role to play.⁸⁵

Communities are fundamental to create support networks for victims and survivors of SGBV. Empathy, support, and backing from close personal circles or the community are crucial in repairing social and communal ties and eradicating the culture of silence. In this regard, a survivor who was interviewed revealed: *“It was my parents that reported this matter at the Family Support Unit”* (Surv0002). Another survivor also stated: *“The church, my brothers and friends helped me in getting through the process. I also came to the Rainbo that provided services to me, giving me food, bread, etc.”* (Surv0001). These testimonies show the importance of establishing help-seeking services at a community level and taking the necessary steps to ensure that victims and survivors of SGBV are aware and willing to seek out these services. Recent data from the GBV Survey employed by

Stats SL and UNDP shows that 28 percent of women would not report an incident of GBV to the police, and out of that 28 percent, half of them specify that the reason as to why they would not report is related to their community (tradition being the main reason with 41.5 percent, and fear of being ostracised by the community with 9 percent — see **Graph 28**).

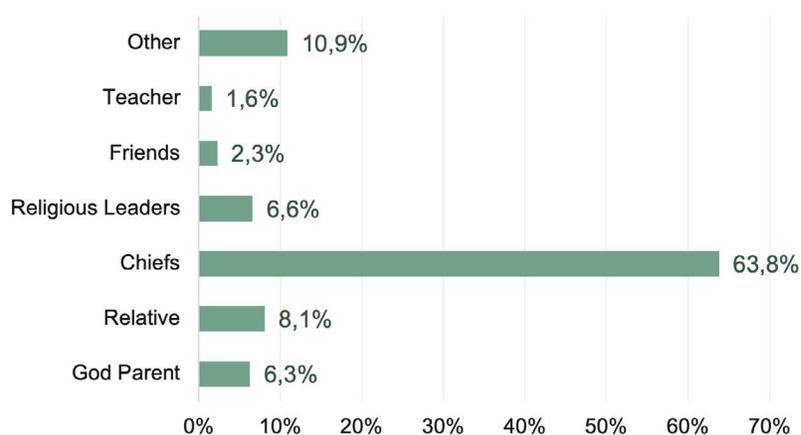
When asked to whom they would prefer to report, the majority of women who would not report an incident of GBV to the police stated that they would feel most comfortable reporting to community leaders, specifically chiefs (63.8 percent), and other individuals from their communities and close circles, such as relatives (8.2 percent), god parents (6.3 percent), and religious leaders (6.7 percent) (see **Graph 29**).

Graph 28. Reasons Women Have to Not Report an Incident of GBV to the Police



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

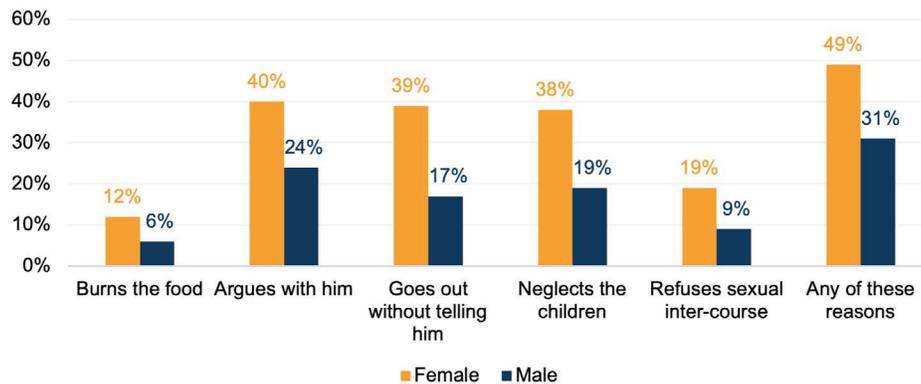
Graph 29. To Whom Would Women Prefer to Report a Case of GBV Other Than The Police



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).com

Graph 30. Attitudes Towards Wife-Beating, by Sex

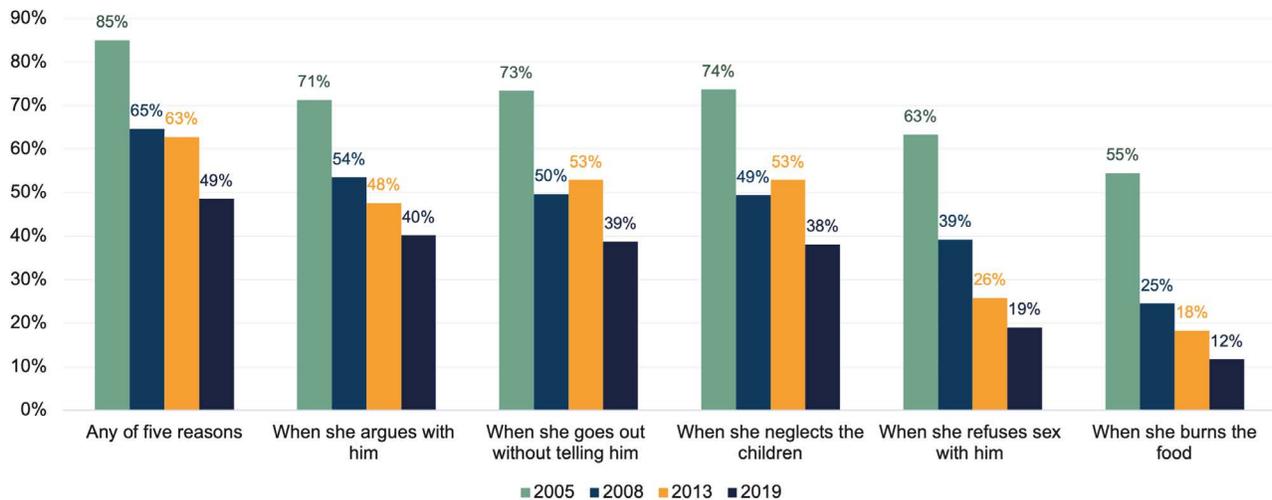
(Percentage of Women and Men Aged 15-49 Who Agree that a Husband is Justified in Beating His Wife for Specific Reasons)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 31. Female Attitudes Towards Wife-Beating

(Percentage of Women Aged 15-49 Who Agree that a Husband is Justified in Beating His Wife for Specific Reasons)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Interviews with survivors about support services reveal that local authority figures have a significant role in the reporting of abuse: *“The pastors called the leaders in the church, and they decided that they would report the matter to the police [...] they reported the matter to the Police at Congo Water”* (Surv0001). The involvement of the community and other leaders is crucial to both the reporting process and dispute resolution. However, it is essential that such decision-making dynamics put the consent of the affected person at the centre of talks, taking into consideration that decisions are often taken without considering the victims’ and survivors’ viewpoint.

Combating the naturalisation of violence by all sections of society is a critical component of changing legal frameworks and improving justice delivery. Therefore, it is necessary to examine belief systems that consider violence as an effective method of conflict resolution. **Graph 30** depicts the percentage of women who think a wife can be beaten in at least one out of five cases. As can be noted a large part of the female population considers the use of violence as an acceptable response to the proposed circumstances. The fact that the percentage is higher amongst women can be considered a consequence of the patriarchal system that assigns women and girls to a passive and submissive

role in which men can exercise their dominance and authority through any means.⁸⁶

Similar attitudes regarding violence normalisation exist in cases of sexual violence, where perpetrators are family members and benefit from silence, since it is considered a “family matter”.⁸⁷ Both governmental authorities and members of civil society acknowledge that violence has become normalised. On the part of the former, it has been pointed out that: “[...] *harmful gender norms and gender stereotypes are often used to justify violence against women and girls*” (Participant #012, FG 2). On the civil society side, it is considered that: “The underlying norms have not changed very much, and I think that’s what makes it acceptable to commit SGBV [...]” (Participant #004, FG 1). Additionally, other civil society participant noted: “*The culture has stimulated a culture of disrespect for women. Men see women as property so they disrespect the integrity of women’s bodies. They feel they can do as they wish with women.*” (Participant #008, FG 1).

Furthermore, after a sexual attack, the victim and her family members chose to keep silent to not jeopardize the victim’s chances of marriage, given the community’s rejection, stigmatization, and prejudice.⁸⁸ A trend that government officials are determined to eradicate, as expressed in conversations with governmental authorities: “*We do not want to continue with the culture of silence in Sierra Leone. We want to have everyone reporting*” (Participant #011, FG 2). The challenge, however, is substantial, since discriminatory and stigmatizing attitudes prevail. In an interview with SGBV survivors, one of them indicated that as a result of reporting: “lost my respect in my community and even my place of work” (Surv001), and others stated: “[*feeling*] *fear of having pointed fingers at her*” (Surv002).

Over time, social awareness has risen due to the creation of diverse organisations and projects, which have had a significant impact on public opinion. Returning to attitudes towards wife-beating, **Graph 30** shows a decline in the acceptance of violence, which could be due to the efforts of organisations like Rainbo, Lady Ellen Women’s Aid Foundation, Men’s Association for Gender Equality, and the National Committee on Gender-Based Violence (composed of government institutions, UN agencies, national and international organisations). **Graph 31** demonstrates a significant drop in acceptability of physical abuse against women in any of the five scenarios from 85 percent to 49 percent between 2005 and 2019. Sierra Leonean society

demonstrates flexibility towards changes in belief systems that certainly needs to be nurtured and encouraged by NGOs and governmental entities.

Box 6. Conceptions About Virginity and Sexual Violence

In Sierra Leone, there is a strong link between the normalisation of violence, sexual violence, and conceptions of virginity. Today, the idea prevails that only virgin rape is rape. In Krio, this action is referred to as “virginate”.⁸⁹ The rape of a non-virgin is at times not considered rape, as it is frequently argued that the woman must have consented to the act, that she is a seductress, or that her consent is unnecessary because they are considered the property of their husbands in cases of intimate partner violence (IPV).⁹⁰ This ideology also encompasses acts of stigma, discrimination, and violence directed at women who are pregnant out of marriage, victims of sexual abuse, and so-called “rebel wives,” who are deemed “unmarryable,” which has economic consequences due to their rejection in numerous aspects of the community, including the work environment.⁹¹

The social value placed on virginity determines a woman’s “worth” and also involves the family and community’s honour, which is why, during periods of civil war, systematic rape against women in general, and especially virgin women, was carried out.⁹² Rape was used to diminish not only the victim but also the community’s ideals.⁹³ Thus, it is estimated that throughout Sierra Leone’s ten-year civil war, violent acts resulted in the rape of around 250,000 women and girls.⁹⁴

Although sexual assault was rampant during periods of civil war, it was a pervasive problem in Sierra Leone before the war. According to medical specialists consulted, many cases of rape occurred inside extended families prior to the conflict and were considered family matters.⁹⁵

Hegemonic Masculinity

The actions described above are framed within the exercise of hegemonic masculinity, exemplified by the “ownership” of women from an early age, constricting opportunities for academic instruction and linking the condition of passing **initiation** with value and prestige. Other types of control can be found in concepts such as virginity (explained above) and phenomena such as early marriage. Girls are deprived of academic training and the development of labour skills, leaving them excessively dependent on their partners.⁹⁶

The stereotype of women owing obedience to their families, both to their fathers and brothers and to any man in the society, encourages them to adopt a submissive posture; they are also trained to remain silent and occupy a passive position.⁹⁷ The subjugation of female’s capacities permits the traditional expression of hegemonic masculinity to be increased in multiple aspects, as also referred to by state actors: *“Sierra Leone as a society is a patriarchal society [sic] that is dominated by men in everything that happens.”* (Participant #011, FG 2).

These practices act at various levels and affect women’s personal and professional lives, as in the case of women’s leadership. However, Sierra Leonean women have historically held relevant leadership positions, and in certain geographical areas such as the south and eastern provinces, women have held executive chieftaincy.⁹⁸

Some female paramount chiefs have been notable and legendary; others continue to play a crucial role in improving their districts and empowering women. In this sense, involvement in secret societies has been considered a driving element for women’s leadership.⁹⁹

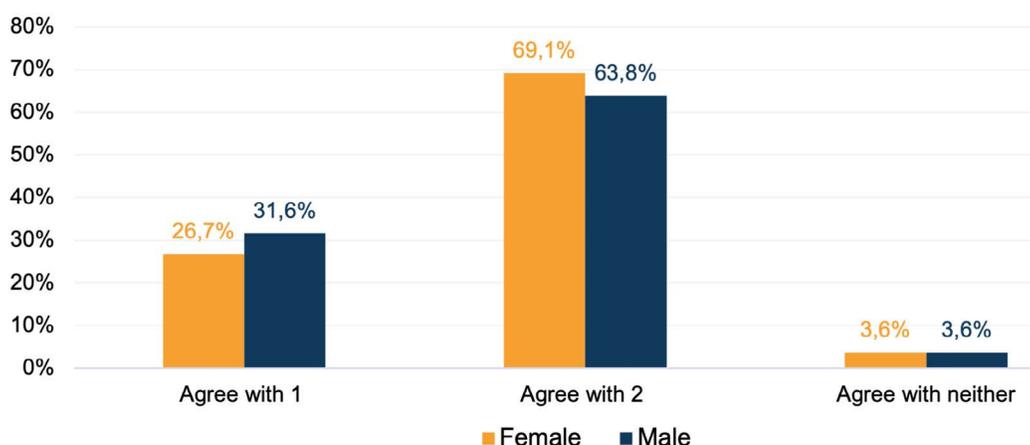
Mende and Sherbro ethnic groups are well-known for women’s significant role in their communities. However, the journey has not been easy, and it can be noted in incidents like the Sia lye Bandabilla, when Minister of Local Government and Home Affairs Dauda Kamara tried to invalidate the paramount chieftaincy candidacy in

the Kailahun district during the paramount chieftaincy elections. Finally, the lawsuit was brought as a violation of the Chieftaincy Act.¹⁰⁰ In other places, particularly in the east and south in 2009, an increasing number of women have won paramount chieftaincy elections.¹⁰¹

Despite advancements, gender norms and the practice of hegemonic masculinity continue to constrain women’s spheres of influence. Women’s underrepresentation in political decision-making makes it more difficult to establish policies that reflect the diverse realities, and tackle problems such as early marriage. However, initiatives such as those led by the 50/50 group, a Sierra Leonean women’s rights organisation dedicated to improving women’s empowerment at all levels, have increased women’s leadership and political representation in collaboration with Oxfam.¹⁰² The programme trained and assisted 100 women, of which 53 won a political position. Furthermore, nowadays the general population recognizes the need for women’s leadership.

In public opinion, the necessity for female leadership is acknowledged; despite a vast population’s continued preference for male leadership, female leadership is viewed as vital, and it is considered that women should participate at the same level as men (see **Graph 32**). **Graph 33** shows that support for female leadership is most significant amongst those aged 56 and beyond, whereas support for male leadership is greatest amongst those aged 18-25.

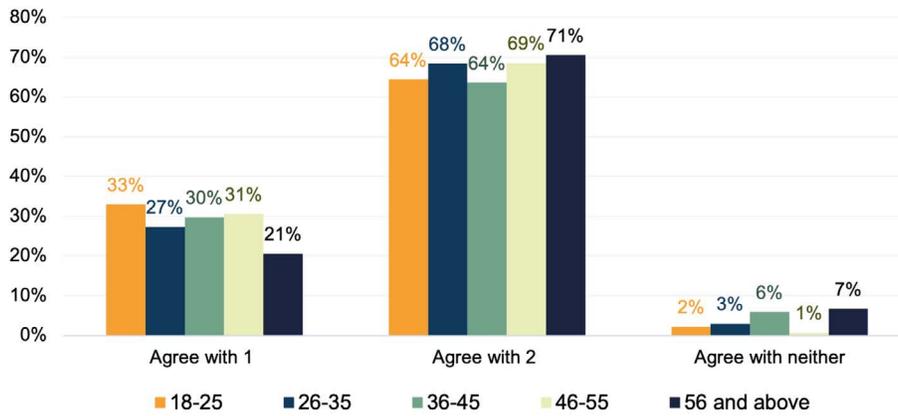
Graph 32. Acceptance Levels for Female Leadership, by Sex



Note - Percentage of individuals that agree with the following statements:
 1) Men make better political leaders than women, and should be elected rather than women.
 2) Women should have the same chance of being elected to political office as men.

Source: Elaborated by the authors with data from Afrobarometer (R7- 2016/2018).

Graph 33. Acceptance Levels for Female Leadership, by Age

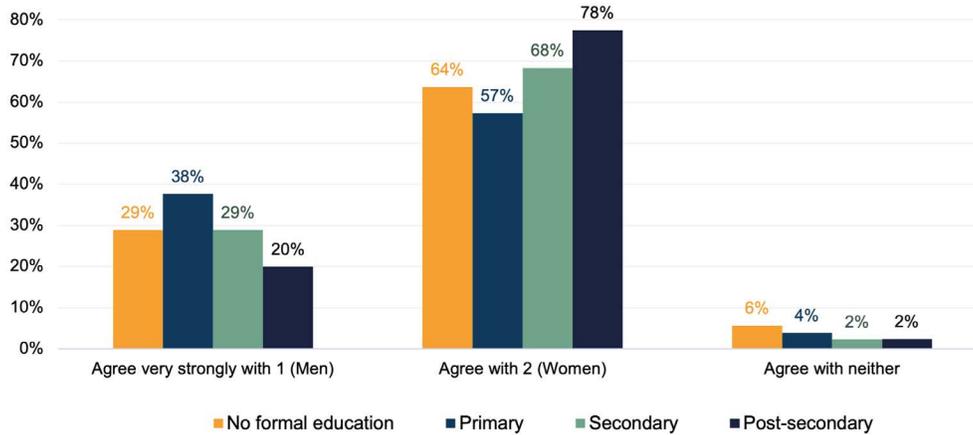


Note - Percentage of individuals that agree with the following statements:

- 1) Men make better political leaders than women, and should be elected rather than women.
- 2) Women should have the same chance of being elected to political office as men.

Source: Elaborated by the authors with data from Afrobarometer (R7- 2016/2018).

Graph 34. Acceptance Levels for Female Leadership, by Academic Level



Note - Percentage of individuals that agree with the following statements:

- 1) Men make better political leaders than women, and should be elected rather than women.
- 2) Women should have the same chance of being elected to political office as men.

Source: Elaborated by the authors with data from Afrobarometer (R7- 2016/2018).

Graph 34 illustrates the statements' level of acceptance at various academic levels; as can be seen, support for female leadership is high amongst populations with different academic degrees, and particularly high amongst people with secondary and post-secondary academic levels.

Women's participation and the elimination of hegemonic masculinities and the detrimental effects they entail are crucial because they can drive the changes needed to improve the overall situation of women. It will also enable the voices of the most vulnerable to be heard and better policies to be designed to address persistent challenges.

Challenging Gender Norms

The post-war empowerment of women, as evidenced by the NGOs increasing presence in the country and their challenge to the structures, practices, and beliefs outlined above, is another factor influencing the occurrence of violence in Sierra Leone. Women have been able to improve their socioeconomic situation due to the emergence of feminist movements that advocated for women's rights and projects that enhanced women's economic capacities through micro-credits.¹⁰³ When women strive to assume positions of authority, their refusal to play by patriarchal

norms can be assumed as a threat by the male population and can receive a violent response.¹⁰⁴

According to Moijue Kaikai, ex-Minister of Social Welfare, Gender and Children's Affairs, increased female participation in spheres such as politics should not be viewed as a challenge for men. In addition, Kikai has emphasised the importance of male involvement in the quest for gender equality.¹⁰⁵

Belief systems play a crucial role as one of the significant obstacles to women's empowerment, particularly the belief that women may grow proud and look down on men in their communities due to their authority position.¹⁰⁶

Throughout the post-war reconstruction period, women made significant gains in terms of political, social, and economic power. Women's empowerment in industrial districts increased 45 percent, they also reported improved life and financial abilities.¹⁰⁷ The micro-projects provided financial assistance to all the women participating in these programs and increased income for 93 percent of the participants.¹⁰⁸ This empowerment has also permeated the family level, with over half of those who responded, reported their husbands now regularly consult them on most household expenditures.¹⁰⁹ A significant progress in light of the fact that, as noted in section **2.2.2 Relational Drivers**, women's decision-making power at the national level is limited according to 2019 statistics.

Although an improvement in the economy is beneficial for greater participation in decision-making and may even mitigate the risk of violence by reducing their dependence, it is also a risk factor because it challenges established roles and traditional positions and exposes them to the possibility of an increase in other types of violence.¹¹⁰

2.2.4. Institutional Drivers

There are strong institutional factors that drive the prevalence of SGBV in Sierra Leone, which are related to the actions taken—or not—by the State to address the issue and the perceptions that the population has on the effectiveness of these institutional actions and mechanisms.

Impunity and Institutional Trust

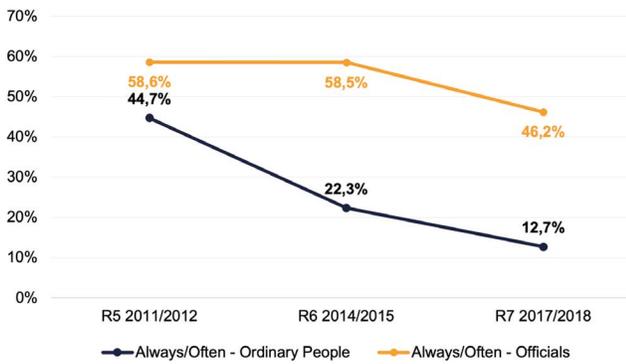
The impunity of perpetrators and the trust of the general population in State institutions are key challenges in the process of addressing SGBV in Sierra Leone, as lack of justice after the conflict and historical corruption have

raised doubts about the functioning of mechanisms to prevent and eradicate SGBV.

The main mechanisms put in place to address the grave violations of human rights and violence during the conflict were the Truth and Reconciliation Commission (TRC) and the Special Court for Sierra Leone, which put a special focus on SGBV. This was a significant step in acknowledging the experiences of victims of SGBV, but the processes were faced with significant limitations in how to address and prosecute perpetrators.¹¹¹ The Special Court set a precedent in the emphasis of investigating SGBV and in considering forced marriage as a crime against humanity, and the victims who testified received adequate support from the Witness and Victims Section.¹¹² However, the scope of the judicial body was crimes committed by the high commands, which limited the prosecution to a small number of perpetrators, and it did not apply the same standards to pro-government militia groups.¹¹³ The TRC, on the other hand, had the aim “to provide an impartial historical record, address impunity, respond to the needs of victims, promote healing and reconciliation, and prevent repetition”.¹¹⁴ While it established a number of recommendations for the remedy of victims of SGBV in its final report, their implementation has faced a number of difficulties linked to a lack of access by victims, as well as lack of budget and coordination.¹¹⁵

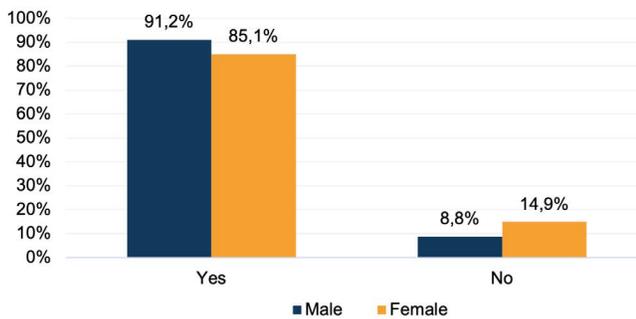
These challenges reinforced the impunity around SGBV, especially when it concerns perpetrators who are State officials. While the perception of impunity of ordinary people is considerably low—only 12.7 percent of people believe they always or often go unpunished—the perception of impunity of officials is much higher, as almost half of the population (46.2 percent) believe they always or often go unpunished when they break the law (see **Graph 35**). Furthermore, it is important to highlight that according to data from the recent GBV survey deployed by Stats SL and UNDP, 85 percent of the respondents believe that one of the causes of widespread SGBV in Sierra Leone is precisely the lack of fear of the consequences on the part of the perpetrators—more specifically, 91.2 percent of male respondents and 85.1 percent of female respondents believe that impunity is one of the causes of SGBV in the country (see **Graph 36**).

Graph 35. How Often Do Officials and Ordinary People Go Unpunished?



Source: Elaborated by the authors with data from Afrobarometer (R5- 2011/2012, R6- 2014/2015, R7- 2017/2018).

Graph 36. Causes of GBV in Sierra Leone — No Fear of Consequences on the Part of the Perpetrators
(Percentage of Men and Women Who Agree That No Fear of Consequences on The Part of The Perpetrators is a Cause of GBV in Sierra Leone)



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

Note: Data collected from 2,000 responses, with 1,500 responses from individuals who identified as female, and 500 responses from individuals who identified as male.

The perception of impunity in breaking the law is further exacerbated by the increase in corruption that has been

seen in the past number of years. While the Corruption Perception Index (CPI) score of Sierra Leone points to a decrease in the perception of corruption, there is an increase in the overall bribery rate in Sierra Leone from 41 percent in 2015 to 52 percent in 2019 (see **Graph 37**).¹¹⁶

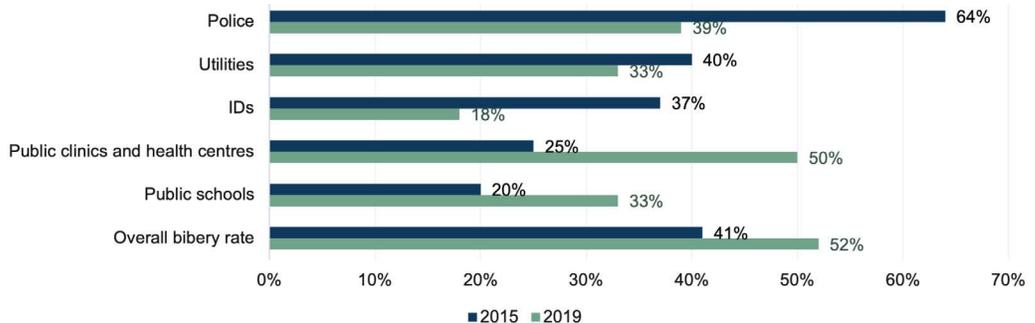
The increase in the overall bribery rate presents specific challenges; as while bribes to the police have decreased since 2015, and the bribery rate to public clinics and health centres has increased to 50 percent, an important aspect considering that these are key institutions in attending victims of SGBV cases.

The historical impunity and the bribery rates are factors that can have an effect on the trust that individuals have in State institutions and their mechanisms. The graphs below show the trust the general population has in the President, the parliament, elected local government officials, the police, and the courts of law (see **Graph 38**).

The general trend shows that trust in all these institutions fell in the years 2014-2015, which could potentially be attributed to the difficulties faced by the GoSL in recognizing and addressing the EVD crisis that took place during those years. The trust in most of these institutions increased considerably in the years 2017-2018, following a clear trend in which more than 50 percent of the population shows trust in the President, the parliament, elected government officials, and the courts of law. However, the trust of the population in the police —an institution with considerably high bribery rates, as seen above has not followed this trend, as more than 50 percent show no trust or little trust in the institution. No data is available for the following time periods, but the increase in the perception of corruption and the COVID-19 pandemic could negatively affect the trust that the population of Sierra Leone has in these institutions and how they address SGBV.

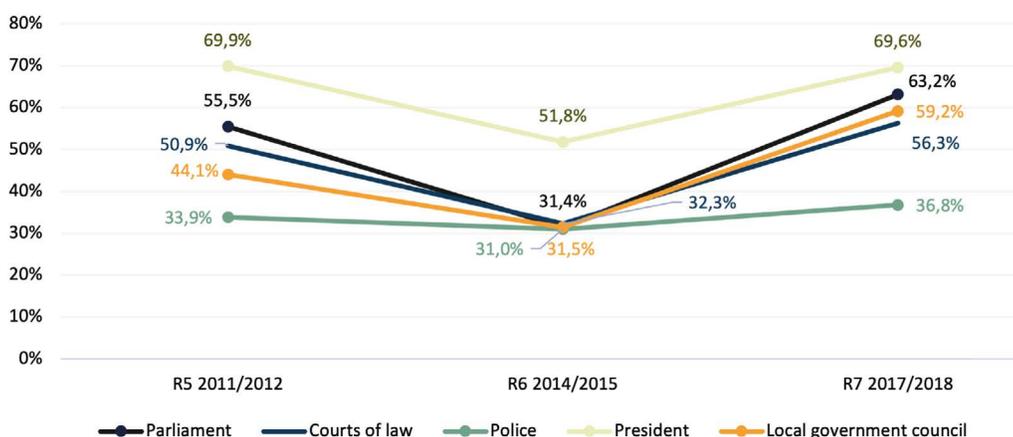
Graph 37. Bribery Rates

(Based on People Who Used These Public Services In The Previous 12 Months)



Source: Elaborated by the authors with data from Transparency International (2019).

Graph 38. Percentage of Individuals Who Trust State institutions (“Somewhat” or “A Lot”)



Source: Elaborated by the authors with data from Afrobarometer (R5- 2011/2012, R6- 2014/2015, R7- 2017/2018).

Lack of Capabilities by the State

The historical impunity and lack of institutional trust coexist with an institutional framework that lacks the necessary capabilities and resources to be effectively implemented, especially in terms of the prosecution of perpetrators and the support given to victims.

The difficulties that the implementation of the reparations programme for victims of the conflict—including victims of SGBV—faced once it became operational in 2009 were common in most of the mechanisms that aimed to address SGBV in the years to follow. The lack of resources and the outbreak of Ebola in 2014 had significant consequences that hindered the operability of policies and limited the effectiveness of State institutions in preventing and responding to cases of SGBV. For example, the SiLNAP on UNSCR 1325 and 1820, which was adopted in 2010 and was implemented over a four-year period, only presented modest achievements in its final report.¹¹⁷ One of the main challenges was the fact that “relevant line ministries frame gender programmes and issues as the sole remit of the MSWGCA”, the predecessor of the MoGCA, which in itself faced capacity constraints that hampered the SiLNAP’s implementation.¹¹⁸

Despite the new organisational mechanisms that the MoGCA has established since its reform in 2019, limited resources and coordination with other State powers are still a challenge. This was identified as a key limitation during the focus group discussion carried out with members of State institutions, in which it was stated that while “...there

is some level of political commitment in terms of ensuring structures are set up and resources are now being more covered” (Participant #011, FG 2), the main challenge is that there is still limited funding for the implementation of those structures. Another participant argued that “we do not have a coherent plan in place fully funded, all we have is work that is done by different organisations and institutions” (Participant #013, FG 2), highlighting the importance of a stronger coordination between local, national, and international stakeholders. The lack of efficiency in the coordination and funding of policies leads to the deficient implementation of the mechanisms that aim to address SGBV in Sierra Leone. This is exacerbated by a lack of transparency regarding the allocation of State funding to the MoGCA and specific policies, as the public information is not sufficient to give a descriptive status on the budgetary changes in past years.

Awareness of SGBV Framework and Help-Seeking Services

In the effectiveness of the measures that seek to address SGBV in Sierra Leone, the lack of capacity of the State to implement the legal and institutional framework of Sierra Leone is not overlooked, as individuals and communities are aware of the legal frameworks and immediate interventions available but argue that they are not enough.

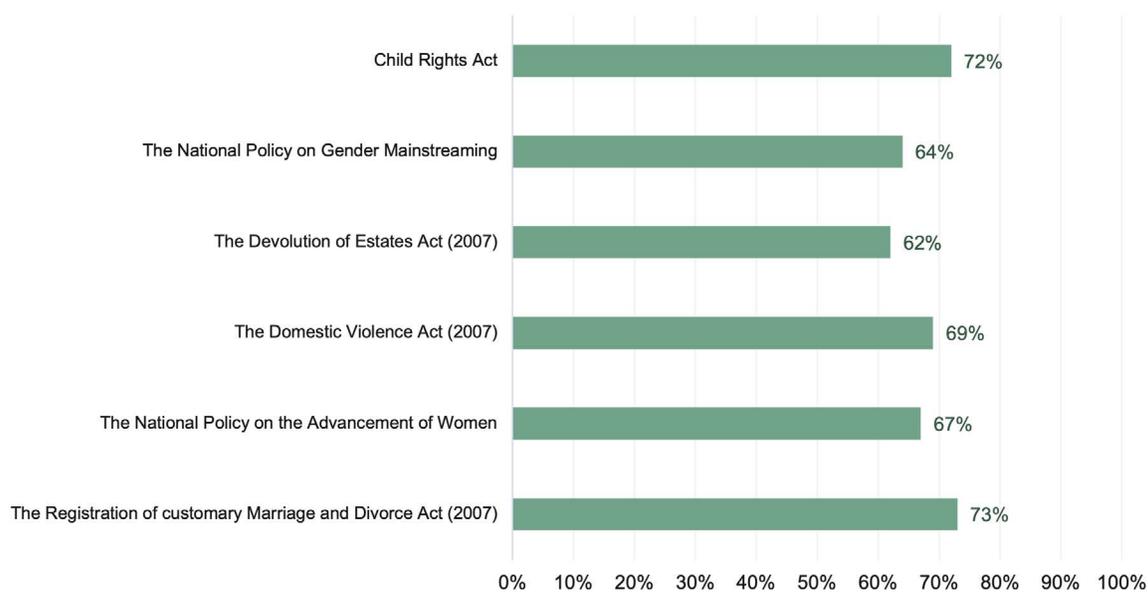
The recent survey on GBV carried out by Stats SL and UNDP inquired into the awareness of the regulations of GBV in communities, focusing on four legal regulations and

two national policies: i) Child Rights Act; ii) Devolution of Estates Act; iii) Domestic Violence Act; iv) Regulation of Customary Marriage and Divorce Act; v) National Policy on Gender Mainstreaming; and vi) National Policy on the Advancement of Women. As **Graph 39** shows, over 60 percent of individuals revealed that each individual regulation is known in their community, highlighting the wide awareness of the existence of regulations related to GBV and the need to identify the population who is unaware of these regulations.

The community-level awareness of the regulations on GBV is complemented by the information gathered on the perception of individuals of help-seeking services. A key dimension in terms of the help-seeking services implemented by state authorities is the reporting system established for victims and survivors of SGBV, especially the trust and willingness of individuals to report and seek

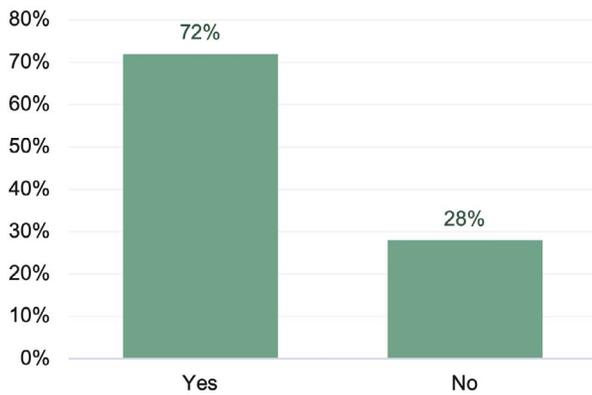
the help of the police and FSUs. The survey shows that over 70 percent of women would report an incident of GBV to the police, pointing to a fairly strong willingness to seek the help of state authorities (see **Graph 40**). It is important to note that women who responded they would report to the police may face obstacles and constraints in reporting despite their willingness to do so, and that 28 percent of women answered that they would not report to the police, mainly because of tradition (see **Chapter 3, Section 2.2.3. Community Drivers**).

Graph 39. Community-Level Awareness of Regulations on GBV
(Percentage of Individuals Who Say That Each National Regulation is Known in Their Community)



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

Graph 40. Percentage of Women Who Would Report an Incident of GBV to The Police



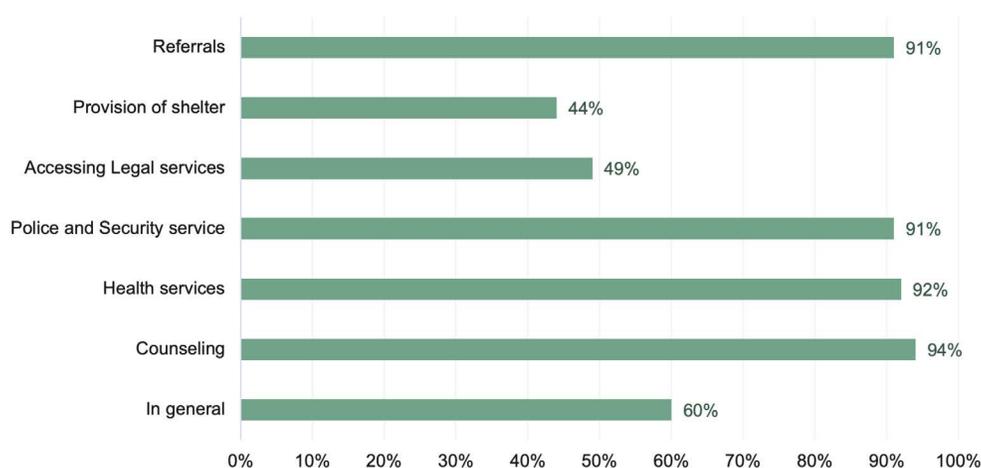
Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

Beyond the willingness to seek help from state authorities, a key dimension that has considerable impact is the perception of individuals of the immediate interventions available in their communities to help victims of GBV. Data from the GBV Survey employed by Stats SL and UNDP shows that 60 percent of individuals say that, in general, these interventions are adequate (see **Graph 41**). When analysing the perception of the adequacy of specific immediate interventions, the survey shows that more than 90 percent of individuals believe that referrals, police and security services, health services, and counselling give

adequate help to victims, while less than half of them believe that the provision of shelter (44 percent) and the access to legal services (49 percent) is adequate in their communities (see **Graph 41**).

It is essential to emphasise that within these immediate institutional interventions there is a considerable synergy between different sources of help-seeking available, especially government agencies and NGOs. On the one hand, after receiving violence reports, official authorities direct survivors to NGOs where they can get medical treatment as well as psychological and economic support, including solidarity networks. Similarly, several NGOs follow and direct victims throughout the legal proceedings conducted by government authorities. The result of this joint work and the support of the community can be seen in the following testimonies: *“When it happened, I could not call anyone to explain what had happened until after my treatment at the Rainbo Center. The people around the community picked me up and took me to the Police Station, before taking me to the Rainbo Center and the hospital, where I was admitted.”* (Surv0005) The positive results were also highlighted by government representatives during the focus group, who emphasised that *“If we are going to address SGBV we need to attack it from different forms [...]”* (Participant #010, FG 2).

Graph 41. Perception of the Adequacy of Immediate GBV Interventions
(Percentage of Individuals Who Say That There Are Adequate Immediate Interventions in Helping Victims of GBV in Their Community)



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

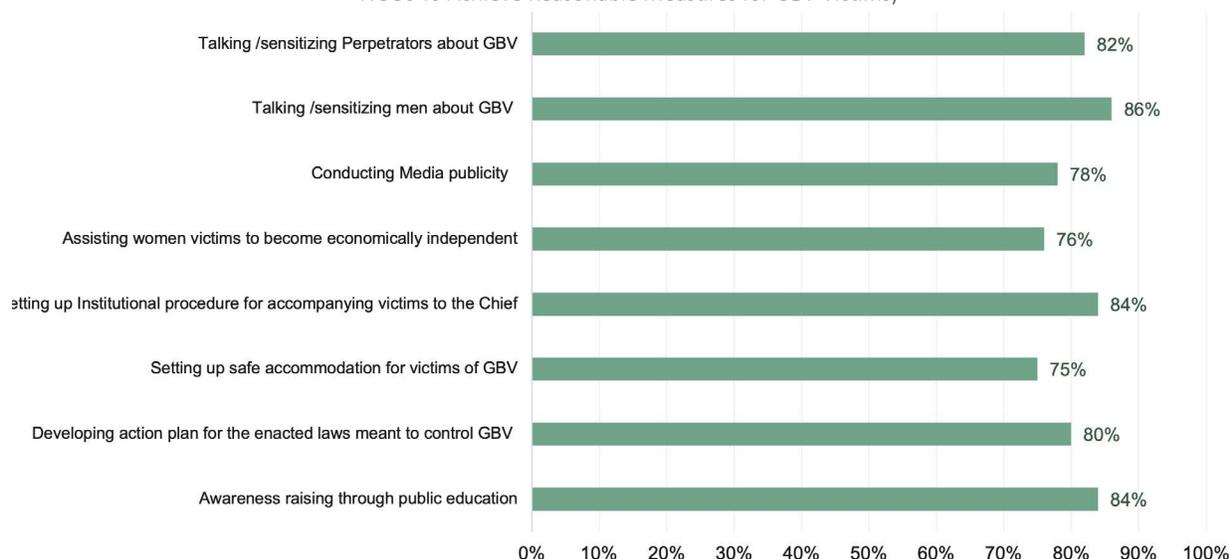
The differentiated difficulties in implementing immediate interventions and giving adequate help to victims of GBV in communities was an issue that was recognized by participants in the focus group discussions, especially in regards to access to legal services and shelter. Civil society has raised the importance of providing shelter and housing for victims of SGBV, as *“there are no proper mechanisms for when women return home [so] that they have a comfortable place to recuperate from the experience they had”* (Participant #005, FG 1), and this was also recognized by members of State institutions who stated that *“there are problems with the provision of shelters to victims”* (Participant #015, FG 2). Thus, there is a general understanding from the population, civil society, and the State that providing shelters is an issue that needs to be addressed to give adequate help to victims.

In the case of the access and adequacy of legal services, the situation is more complex. While government actors stated that victims have access to *“legal services which are free... [and] we don’t have issues on the provision of legal services to survivors”* (Participant #015, FG 2) and participants from civil society organisations argued that *“the primary focus [of immediate interventions] is on the legal response”* (Participant #005, FG 1), 49 percent of respondents do not believe these services are adequate. In the context of the legal systems of Sierra Leone, the perception of the inadequacy of the legal services available for victims of SGBV relates to the statutory judicial system, and traditional

justice mechanisms may be more accessible and known by individuals, according to civil society organisations, *“in over a 100 chiefdoms there are no facilities where women can report cases”* (Participant #008, FG 1). This could be complemented by the level of understanding that individuals have of the workings of the formal legal system. One State official argued that because the formal judicial processes take longer and are often not well understood, people prefer to access traditional legal processes (Participant #013, FG 2). The difference between the awareness of the existence of legal processes and the understanding of their functioning is an important consideration that needs to be taken into account by State institutions.

In this light, the recent steps taken by the government in 2019 to declare SGBV a national emergency and amend the Sexual Offenses Act have received a positive response from the general population. Approximately 90 percent of Sierra Leonians support the declaration of a national emergency and believe that harsher punishments for SGBV will reduce rapes and sexual assault.¹¹⁹ At the same time, seven in ten people (71 percent) think that these steps are not enough and the government should do more to educate people and change sexual attitudes and behaviours.¹²⁰ This is consistent with the results from the SGBV Survey carried out by Stats SL, which shows that more than 75 percent of people agreed that all of the measures identified by the survey should be taken by government leaders, traditional leaders and NGOs to help victims of GBV (see **Graph 42**).

Graph 42. The Relevance of the Measures That Need to be Taken in Relation to GBV
(Percentage of Individuals Who Say That The Proposed Measures Should Be Taken by Government Leaders, Traditional Leaders, and NGOs To Achieve Reasonable Measures for GBV Victims)



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

Talking to and sensitising perpetrators and men in general, setting up institutional procedures to accompany victims to the Chiefs, and raising awareness through public education are all measures that received the support of more than 80 percent of individuals interviewed (86 percent, 82 percent, 84 percent and 84 percent, respectively).

This reiterates the general perception that measures can and should be taken by all actors to address the institutional gaps that currently exist in raising awareness about the harms of SGBV, reporting and helping victims of SGBV, and in implementing the laws and programs that are part of the institutional framework.

2.2.5. Key Factors Affecting the Prevalence of Sexual and Gender-Based Violence in Sierra Leone

As explained in the methodology section (see section 2.1.2. Design and Approach), the analysis of the key factors affecting the prevalence of SGBV in Sierra Leone required two important and complementary stages. The first stage (Pearson’s Chi-squared Independence Test and Random Forest Classifier) was fundamental to filter the most relevant indicators for the logistic regression analysis. Initially, before the Pearson’s chi-squared test and the random forest model were employed, there were

36 indicators of interest that either configured **exactly the SGBV driver mapped in the literature**, classified according to the different dimensions of the ecological model (e.g., for the individual dimension, **age, marital status, educational level**, etc.), or were proxies for these drivers (e.g., for the community dimension, considering that “hegemonic masculinity” and “social acceptance / normalisation of violence” are more abstract concepts and difficult to be measured statistically, we used indicators that come close to the definition behind these factors, such as **attitudes towards wife beating, discriminatory attitudes towards people living with HIV, attitudes towards female circumcision**, etc.).

After testing and selecting only the most relevant indicators that impact the three outcome variables, approximately 15 indicators for each outcome variable were selected to proceed with the third stage of the study (see Table 5). The third stage of the study depicts the execution of three logistic regressions (one for each outcome variable), in order to understand how each category within the indicators selected (e.g., if the indicator is educational level, the categories would be primary, secondary, higher, or no education) increases or decreases the likelihood of a woman suffering SGBV. The results are presented below.

Table 5. List of Indicators for Logistic Regressions: Results of the Pearson’s Chi-squared Test and the Random Forest Model

Prevalence of physical and sexual violence		Help-seeking		Female genital cutting	
Indicator	Ecological model dimension	Indicator	Ecological model dimension	Indicator	Ecological model dimension
1. Mass Media Exposure and Internet Usage	Individual	1. Province	Individual	1. Religion	Individual
2. Age at First Sexual Intercourse	Individual	2. Ownership of assets	Individual	2. Marital status	Individual
3. Province	Individual	3. Number of lifetime partners	Individual	3. Literacy	Individual
4. Number of lifetime partners	Individual	4. Ethnic group	Individual	4. Province	Individual
5. Religion	Individual	5. Self-reporting of Sexually Transmitted Infections	Individual	5. Mass Media Exposure and Internet Usage	Individual
6. Ethnic group	Individual	6. Religion	Individual	6. Worked in last year	Individual
7. Residence	Individual	7. Educational level	Individual	7. Residence	Individual

8. Demand for Family Planning	Individual	8. Age at First Marriage	Individual	8. Ethnic group	Individual
9. Age group	Individual	9. Demand for Family Planning	Individual	9. Educational level	Individual
10. Age at first marriage	Individual	10. Literacy	Individual	10. Number of lifetime partners	Individual
11. Literacy	Individual	11. Attitudes toward wife beating	Community	11. Age at first sexual intercourse	Individual
12. Educational level	Individual	12. Attitudes towards female circumcision	Community	12. Age group	Individual
13. Attitudes toward wife beating	Community	13. Discriminatory Attitudes towards people living with HIV	Community	13. Attitudes towards female circumcision	Community
14. Attitudes towards female circumcision	Community	14. Sanitation	Community	14. HIV/AIDS Knowledge, Transmission, and Prevention Methods	Community
15. Discriminatory Attitudes towards people living with HIV	Community				

Source: Elaborated by the authors

Model 1: Prevalence of Physical and Sexual Violence

In terms of prevalence of physical and sexual violence, the results of stage two of the quantitative analysis indicated the presence of 12 indicators related to the *individual* dimension of the ecological model, and 3 indicators related to the *community* dimension (see a summary of the results in Table 6). Among these indicators, the 5 that **most increase the likelihood** that a woman will suffer physical and sexual violence are:

1. **Province.** Living in **Eastern or Southern** provinces **increases** the likelihood of a woman becoming a victim of physical and sexual violence;
2. **Attitudes towards people living with HIV.** If a woman has **discriminatory attitudes** towards people living with HIV, it **increases** the likelihood of her becoming a victim of physical and sexual violence. Likewise, not having discriminatory attitudes decreases this likelihood, which the authors have called a **double effect**. It is important to note that it does not necessarily mean that a woman will become a victim of SGBV because she upholds discriminatory views against people living with HIV, but that the indicator **“having discriminatory attitudes”** has a positive influence on the likelihood of a woman suffering physical and sexual violence. That could be explained by the fact that the cultural beliefs and social environment in

which women in Sierra Leone live are predominantly made by patriarchal customs, little access to sexuality and sex education and low levels of education overall may influence the occurrence of both events (to have discriminatory attitudes towards people living with HIV and suffering SGBV).

3. **Age group.** Being any age between 15 and 34 years old **increases** the likelihood of being a PSV victim, while being any age between 35 and 39 years old **decreases** this likelihood, with younger women being more likely to suffer physical and sexual violence;
4. **Place of residence.** Living in a rural area **increases** the likelihood of suffering physical and sexual violence, while living in urban places **decreases** this likelihood (double effect);
5. **Mass media exposure.** Having **low** levels of mass media exposure seems to decrease the likelihood of a woman suffering physical and sexual violence.¹²¹ This is an important finding, considering that typically women who have greater access to information (through the use of media and communication vehicles) may be better informed about patterns and drivers of SGBV in Sierra Leone, and therefore prevent themselves. However, it is important to note that **the number of women with high levels of mass media exposure is much lower compared to women with**

low levels (i.e. if there is less data, the greater the risk of errors). Furthermore, some participants in the focus group with government representatives pointed out that having extensive and unsupervised access to the internet could “negatively” influence young people to consume age-inappropriate content, which could then shape patterns and behaviours around SGBV. Given these results, it is extremely important that more research be carried out in this area to understand whether having more access to the internet could, in fact, constitute a driver of SGBV, considering that access to the internet and means of communication is a basic right of the population, and should be provided to all without any distinction.

Table 6. Logistic Regression Results: Outcome Variable 1 — Prevalence of Physical and Sexual Violence

Significant indicators by order of relevance	
Positive impact	Negative impact
Province: Eastern	Having low levels of mass media exposure
Having discriminatory attitudes towards people living with HIV	Not having discriminatory attitudes towards people living with HIV
Age group: 15-19	Ethnic group: Mende
Place of residence: Rural	Demand for Family Planning: Met need for contraception
Age group: 25-29	Place of residence: Urban
Age group: 20-24	Ethnic group: Temne
Age group: 30-34	Attitudes toward wife beating: not justify wife beating
Province: Southern	Age group: 35-39

Source: Elaborated by the authors

Model 2: Help-Seeking

In terms of attitudes and approaches towards **searching** for help should a woman suffer any violence, the results of stage two of the quantitative analysis indicated the presence of 10 indicators related to the *individual* dimension of the ecological model, and 4 indicators related to the *community* dimension (see a summary of the results in **Table 7**). Among these indicators, the 5 that **most increase the likelihood** that a woman will search for help should she suffer any violence are:

1. **Ownership of assets.** Having the ownership of assets, such as lands or houses, *increases* the likelihood of seeking help for women who have been a victim of physical and/or sexual violence;
2. **Province.** Living in **North Western** and **Northern** provinces *increases* the likelihood of seeking help for women who have been a victim of physical and/or sexual violence. On the other hand, living in **Eastern** province *decreases* such likelihood.
3. **Age group.** Being any age between **35 and 39 years** old *increases* the likelihood of seeking help. Furthermore, this age group has less prevalence of violence, which indicates that younger women suffer (and are more likely to suffer) physical and sexual violence and yet less likely to seek help to stop such violence.
4. **Educational level.** Having **no education** or only having completed **primary education** *increases* the likelihood of seeking help for women should they suffer any violence. Although the result seems at odds with what the traditional hypothesis would suggest (i.e. women with more education would not only have more information to seek help if they suffer violence, but also the resources to do so, including support networks such as family, relatives or neighbours), it is important to note that the number of women with advanced studies within the sample is much lower compared to women with lower levels of study (i.e. if there is less data, the greater the risk of errors). Furthermore, there is also the hypothesis that women with more education or advanced studies may feel “embarrassed” and humiliated by the situation of violence, and therefore would not seek help to avoid exposing the case or the risk of suffering stigmatisation. Further research is needed to understand whether in fact this pattern of behaviour exists in the country, and if girls with higher levels of education would in fact not seek help if they become victims of violence.
5. **Lifetime partners.** Having from 1 to 5 lifetime partners *increases* the likelihood of searching for help should a woman suffer any violence. This result indicates that women with less lifetime partners are more prone to seek help to stop violence should they become victims of it. This result is also consistent with findings from other previous studies conducted in countries in the same region.¹²²

Table 7. Logistic Regression Results: Outcome Variable 2 — Help-seeking

Significant indicators by order of relevance	
Positive impact	Negative impact
Province: Eastern	Province: North western
Not having ownership of assets	Educational level: Primary education
	Having ownership of assets
	Educational level: No education
	Number of lifetime partners: 1-2
	Province: Northern
	Number of lifetime partners: 2-5
	Age group: 35-39

Note: As previously explained, this indicator is analysed from the negative perspective, that is, of not seeking help. Thus, analysing the results of the negative impact means that the probability of seeking help increases.

Source: Elaborated by the authors

Model 3: Female Genital Cutting

In terms of prevalence of female genital cutting, the results of stage two of the quantitative analysis indicated the presence of 12 indicators related to the *individual* dimension of the ecological model, and 2 indicators related to the *community* dimension (see a summary of the results in **Table 8**). Among these indicators, the 5 that **most increase the likelihood** that a woman will undergo FGM are:

1. **Attitudes towards female circumcision.** Having the **opinion** that **FGM should continue increases** the likelihood that a woman will suffer genital mutilation. Yet, it is extremely important to note that in comparison to the other two previous outcome variables, **“female genital cutting”** has one key particularity: it refers to an event that happened in the past, in general during childhood and adolescence. However, some indicators affecting this variable and that were analysed in this model (such as **attitudes towards female circumcision**) occurred after or around the same time that the genital mutilation

of girls took place. In other words, these indicators **cannot be the cause** of genital mutilation, however they **hold a strong correlation** with the occurrence of this phenomenon, considering that various social and cultural characteristics of the country —such as religion, ethnicity, place of residence (rural or urban), etc.— can influence both the explanatory indicators (e.g., **attitudes towards female circumcision**) and the outcome variable (female genital cutting). This is an example showing how **correlation does not necessarily imply causality**. However, the relationship between these two variables (**attitudes towards female circumcision vs. female genital cutting**) it is an important aspect of this study, particularly because as seen in previous sections, several women who have undergone genital mutilation are also more likely to believe that the practice does not cause harm and therefore should be continued (for reasons such as ethnicity or belief systems).

2. **Age group.** Being any age between **15 and 24 years old decreases** the likelihood of undergoing genital mutilation. This might also indicate that younger women have lower rates of FGM prevalence in Sierra Leone.
3. **Province.** Living in the **North Western** and **Northern** provinces increases the likelihood of being circumcised. On the other hand, living in the **Southern** province **decreases** such likelihood.
4. **Religion.** In Sierra Leone, being a **Muslim** woman **increases** the likelihood of being circumcised, whilst being a **Christian** woman **decreases** such likelihood. Similar studies in other countries of the region also confirm this result.¹²³
5. **Educational level and literacy.** Having **no education increases** the likelihood of undergoing genital mutilation, whilst **being able to read a whole sentence** (which also indicates minimum level of literacy) **decreases** such likelihood. Although other studies have attempted to analyse this interaction in the past, more research is needed to understand how education and literacy affect the probability of occurring FGM.¹²⁴

Table 8. Logistic Regression Results: Outcome Variable 3 —
Female Genital Cutting

Significant indicators by order of relevance	
Positive impact	Negative impact
Attitudes towards Female Circumcision: It should continue	Age group: 15-19
Province: North Western	Province: Southern
Religion: Islam	Age group: 20-24
Province: Northern	Marital status: Never been in an union
Worked in last year: Currently working	Literacy: Able to read a whole sentence
Marital status: Married	Ethnicity: Mende
Educational level: No education	Religion: Christian
Place of residence: Rural	Worked in last year: No
	Place of residence: Urban

Source: Elaborated by the authors

Endnotes

1. Fische, 1989 as cited in Campbell & Townsend, 2011, p. 97.
2. Koss & Achilles, 2008, as cited in Campbell & Townsend, 2011, p. 97.
3. Campbell & Townsend, 2011.
4. Jasinski, 2001.
5. DeKeseredy & Schwartz, 2011.
6. Heise, 1998.
7. World Health Organization [WHO], 2012, p. 13.
8. Creswell & Creswell, 2017.
9. Rainbo Initiative is a non-governmental organization (NGO) in Sierra Leone that works to eradicate sexual and gender-based violence. Rainbo began as an initiative of the International Rescue Committee in 2003 and became an autonomous national non-governmental organisation in 2014. It assists survivors of sexual gender-based violence with free medical care, psychosocial support, and age-appropriate treatment. Source: Rainbo Initiative, 2020.
10. It is important to note that not all of the drivers mapped and identified in the literature review exist in the databases utilised for this study, and can be measured quantitatively. For example, it is extremely difficult to measure complex and abstract factors such as “hegemonic masculinity” (which is a key driver of SGBV in Sierra Leone). However, it is possible to use proxies to understand patterns of this hegemonic masculinity through different angles, i.e. by using the variable “attitudes towards wife beating”, since normalising or accepting domestic violence or violence against women is a fundamental characteristic of hegemonic masculinity.
11. Sierra Leone Demographic and Health Survey, 2019, p.1.
12. Sierra Leone Demographic and Health Survey, 2019, p.7.
13. Stats SL & UNDP, 2021.
14. Afrobarometer, n.d.
15. Transparency International, 2022.
16. Stats SL & UNDP, 2021.
17. Sierra Leone Demographic and Health Survey, 2019, p. 298
18. Sierra Leone Demographic and Health Survey, 2019, p. 305.
19. Sierra Leone Demographic and Health Survey, 2019, p. 330.
20. E.g., ethnicity; education and literacy; discriminatory attitudes towards people living with HIV; the prevalence of Female Genital Cutting; control over women’s earnings; among others.
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33. Save the Children, 2017.
34. Muluneh et al., 2021
35. Schneider, 2018.
36. UNDP & Irish Aid, 2015.
37. HRW, 2003.
38. Barnes, Albrecht, & Olson, 2007
39. UNDP & Irish Aid, 2015.
40. Muluneh et al., 2021
41. Staggs Kelsall, & Stepakoff, 2007.
42. UNDP & Irish Aid, 2015.
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44. OHCHR Latin American and the Caribbean Regional Office & UN Women, 2014.
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46. Glasser, Kolvin, Campbell, Glasser, Leitch & Farrelly, 2001.
47. Kabeer, 2014; Muluneh et al., 2021.
48. Sierra Leone Demographic and Health Survey, 2019.
49. Sierra Leone Demographic and Health Survey, 2019.
50. Tharp et al., 2012; Kabeer, 2014.
51. Adebowale, 2018.
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54. Kabeer, 2014.
55. Fawole, Salawu, & Olarinmoye, 2009-2010.
56. Muluneh et al., 2021.
57. Sierra Leone Demographic and Health Survey, 2019.
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61. Save the Children, 2017.
62. Staggs Kelsall & Stepakoff, 2007.
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111. Teale, 2009.
112. Teale, 2009.
113. Teale, 2009.
114. Teale, 2009, p. 82.
115. Menzel, 2018.
116. Transparency International, 2022.
117. Ryan & Basini, 2017.
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Chapter 3

The Consequences of Sexual and Gender-Based Violence in Sierra Leone

3.1. The Consequences of Gender-Based Violence in Sierra Leone

The impacts of SGBV on individuals and communities must be analysed as a multifaceted process, considering that these impacts are experienced both in the short-term—for example, with girls dropping out of schools for fear of the stigmatisation and retaliation they may eventually suffer, or even because the experience of abuse has made it physically impossible for them to participate in school activities for a long period of time—and in the long-term—the higher the school dropout rate, the greater the impact on economic and productive activities that could be performed by these victims in a scenario where there was no violence.

During the focus group discussion with members of the civil society, the participants agreed how victims of SGBV are more likely to develop health issues both immediately and in the long-term, including STIs (specially HIV and AIDS), as well as unwanted pregnancies and unsafe and high-risk abortions. Indeed, all these impacts were also mentioned by the survivors of SGBV during the key informant interviews.

In light of these and other impacts that SGBV brings both to victims, the local communities, and the country more generally, this section discusses the economic costs of SGBV, as well as the major individual and community impacts identified during the focus group discussions and key informant interviews.

3.1.1. Economic Costs of Sexual and Gender-Based Violence

Although much is said about the social damage that SGBV causes primarily to the victims, it is also important to understand the impact of this violence on society overall. These consequences have been addressed in the literature mainly in economic terms—i.e. in dollar value. For example, victims of IPV are at higher risk of developing health problems, including gynaecological dysfunction (such as pelvic pain), STIs, chronic pain, as well as post-traumatic stress disorder (PTSD).¹ These diseases need to be treated by specialised medical care, which will either be paid for by the victims themselves, or by public services offered by the government. Although governments usually bear the costs of service provision (e.g., medical and legal

assistance, shelters, psychosocial services), and the private sector bears significant costs in terms of lost productivity, women survivors bear **nearly six times the cost of violence as the government.**²

Health and psychological consequences of GBV also affect the work and productivity levels of the victims, who sometimes drop out of school, or absentee or resign from their jobs because they cannot bear the weight of the trauma. For example, a national telephone poll conducted with 1,200 working female adults in the United States revealed that 64 percent of those who identified as victims of domestic violence reported that their ability to work was affected by the assaulting episode.³ In turn, some studies have attempted to estimate the economic losses of caused by physical and sexual assault. A study conducted by the International Labour Organization (ILO) which evaluated costs both in terms of turnover, absenteeism, and presenteeism, revealed that losses from stress and violence in the workplace were estimated at 1 percent to 3.5 percent of gross domestic product (GDP).⁴ Other studies also reported that a large portion of female IPV survivors have either quit their job or been terminated as a result of the abuse, especially when the harassment took place in the workplace. One study that tried to estimate the total cost of IPV throughout the entire United States, including health costs and productivity losses, revealed that this cost would be US\$9.3 billion, when converted to 2017 dollars.⁵ More recently, **the UN revealed that the global cost of violence against women was estimated to be US\$1.5 trillion, equivalent to approximately 2 percent of the global GDP.**⁶

Despite there being only a few (mostly outdated) studies seeking to provide such an economic analysis of the costs of SGBV, some have specifically sought to understand how these costs are incurred, in order to guide governments and policymakers on how to make more informed decisions, as well as to prioritise and allocate scarce resources. As stated by Chan and Cho, “cost information can serve as a justification for spending resources to reduce the problem, while providing clues to the potential benefits or savings that might be achieved by preventing the problem in the first place.”⁷

According to the authors, data availability and institutional features of the health and social services, as well as legal systems are fundamental to determine not only how costs are measured, but also how to better allocate resources to

address SGBV. However, for this specific study, we did not identify or access enough data to perform a cost measure analysis.

Box 7. Health Costs Related to SGBV

In 2001, Ms. Radhika Coomaraswamy, the UN Special Rapporteur on violence against women, visited Sierra Leone in order to provide a clear picture of the widespread violence against women committed during the conflict, and identify key actions and initiatives to be enacted by the State, civil society and international partners, to ensure the rights of women in the aftermath of the conflict. In general terms, the Special Rapporteur highlighted how the number of HIV-infected persons and AIDS-related deaths would rise dramatically in the upcoming years of her visit, and yet *“access to health care is inadequate owing to lack of availability of health facilities and medical personnel, and the cost of treatment”*.⁸ Although these were considerations reported right after the end of the civil war, in **Chapter 2, section 2.2.4 Institutional Drivers** we have seen that the lack of efficiency in the coordination and funding of policies persists to this day, leading to the deficient implementation of the mechanisms that aim to address SGBV in Sierra Leone. Furthermore, as shown in **Graph 33**, the bribery rate to public clinics and health centres has increased to 50 percent, an important aspect to be considered as 20 years ago the UN Special Rapporteur already highlighted that access to health care was inadequate and treatment costs were too high. In this regard, it is critical that the Government of Sierra Leone implements immediate actions to assess the cost of SGBV from a national perspective, but especially with regard to the physical and emotional health of women victims of violence.

3.1.2. Individual and Community Costs of SGBV

Although the aforementioned costs stemming from the physical traumas caused by the experience of violence (e.g., work absenteeism or resignation, medical care for HIV-positive victims of sexual violence, etc.) need to be considered in the larger picture of the analysis, findings emerged from the focus group discussions and key informant interviews revealed that one of the impacts that is largely neglected or ignored by institutions and policymakers are those categorised as **psychological**,

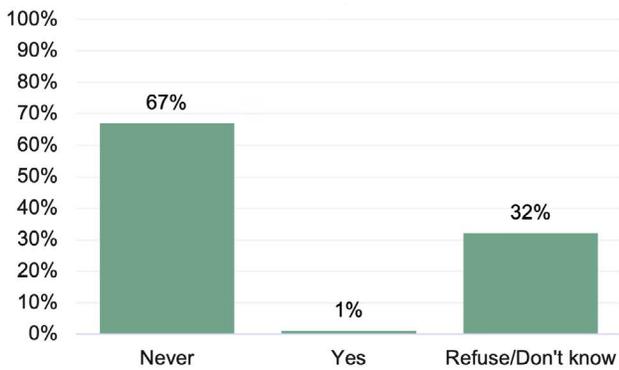
including PTSD, depression, and flashbacks, in which memories of the past trauma feel as if they are taking place in the current moment. Members of civil society revealed that all the other impacts come laden with psychological traumas that are almost always neglected by policy makers, mainly because psychological issues are not “direct” or “visible” problems.

According to the participant #008 from the focus group with members of the civil society, psychosocial interventions are expensive, as they are not solutions to tackle immediate problems, but rather a long process that requires expertise and skilled professionals. Similar comments were noted in this same focus group, as well as during the focus group with government actors. The American network RAINN (Rape, Abuse & Incest National Network), which provides support to victims of sexual violence by addressing the physical, psychological, and emotional traumas resulting from SGBV, listed some psychological problems that victims of sexual abuse may experience, these being: i) **self-harm** (deliberate self-harm, or self-injury, is when a person inflicts physical harm on himself or herself, usually in secret); ii) **substance abuse** (by the victims, as a way to cope with the assault experienced); iii) **dissociation** (which is one of the many defense mechanisms the brain can use to cope with the trauma of sexual violence); iv) **panic attacks** (a sudden feeling of intense fear and anxiety that happens in situations when there may be no immediate danger); v) **eating disorders** (perceptions of the body and feelings of control); vi) **sleep disorders** (trouble falling or staying asleep, sleeping at unusual times of day, or sleeping for longer or shorter than usual); and vii) **suicide**. Each of these problems encompasses a vast network of complexities that not only requires specialized attention, but resources to combat the perpetuation of the worst symptoms, such as specialised clinics for patients with drug or alcohol addiction, and a history of suicide attempts. Mental health care also consists of services provided by psychiatrists, psychologists, pastoral counsellors, marriage and family counsellors, as well as social workers.⁹ However, as pointed by #008, Sierra Leone lacks not only the expertise to address such issues, but also financial resources to implement these long-term solutions.

Although the issue of mental health has been highlighted by both civil society organisations and government officials as one of the most relevant consequences of SGBV on survivors, it is interesting to note that the women themselves may still have some difficulty in seeing

these psychological impacts or even understanding their consequences on their lives. According to data collected by the recent GBV survey applied by Stats SL and UNDP, only 1 percent of the 2,000 women who answered the question “After the conflict, what are the consequences to you as a victim or other members of your community who have been subjected to GBV?” confirmed that attempted suicide was one of the consequences as victims of GBV —yet, it is important to note that 32 percent of those women refused or did not know the answer (see **Graph 43**). In this sense, it is very important that the psychological impacts of SGBV are prioritised both in the political agenda of the GoSL and in sensitisation activities with the victims themselves, who may not understand that certain challenges and obstacles they are facing are actually linked to their mental health.

Graph 43. Consequences of SGBV to Victims or Other Members of the Community (Percentage of Women Victims of SGBV Who Reported Attempting Suicide)



Source: Elaborated by the authors with data from Statistics Sierra Leone and UNDP (2021).

3.2. Feedback Loops between COVID-19, Other Emergencies and SGBV Incidence in Sierra Leone

3.2.1 Recent History of Health Emergencies in Sierra Leone

Epidemics are a recurring problem in Sub-Saharan Africa, and they have severe effects on countries’ development, threaten the lives of millions of people, and deepen inequalities.¹⁰ In 2017, communicable diseases (diseases that spread from person to person) were the leading cause of death in Sierra Leone.¹¹ In 2013 the country was hit by

the most severe Ebola virus outbreak in history, killing 7 percent of the country’s health workers and resulting in a prolonged economic crisis.¹² These impacts reverberated after the disease was declared to be over through food insecurity and unemployment hitting already vulnerable populations (such as women) the hardest.¹³ Only 5 years after the Ebola epidemic, Sierra Leone faced a new health emergency, the COVID-19 pandemic.¹⁴ The socioeconomic effects of the pandemic were especially severe in conflict-affected nations.¹⁵ Despite the difference in infection rates by sex being statistically similar during EVD (48.8 percent of all infections were male and 51.2 percent were female), disruptions in essential services may have widened the gender gap in access to education, social support, and healthcare for women and girls, as was also the case upon the outbreak of COVID-19.¹⁶ The lack of access to these services are some of the drivers of SGBV previously mapped out in this report, and are likewise some of the most exacerbated inequalities during periods of humanitarian emergencies.¹⁷

In addition to the EVD and COVID-19 shocks, Sierra Leone faces an HIV crisis that has coexisted alongside other emergencies since the late 1980’s. As of 2021, the estimated amount of people living with HIV in the country stood at 83,000, although only half may be aware of their status —therefore placing them at a higher risk of transmitting the virus to others.¹⁸ The gendered patterns of disease transmission must also be taken into account, as HIV prevalence amongst women is higher than in men, which could be linked to the increasing cases of sexual violence in the country, as will be discussed below.

3.2.2 Health Emergencies and Sexual and Gender-Based Violence in Sierra Leone

Health related crises affect women in every aspect of their lives; ranging from individual consequences —such as decreased financial independence due to job loss— to relational impacts —as measures against viral diseases may lead to confinement with abusers and limited social support networks caused by social distancing. Moreover, despite the need for community and institutional responses to public health emergencies, disease contention measures often disproportionately impact women’s access to health services and education when compared to men. As has been previously presented in this report, the vulnerable socioeconomic status of women in Sierra Leone can be

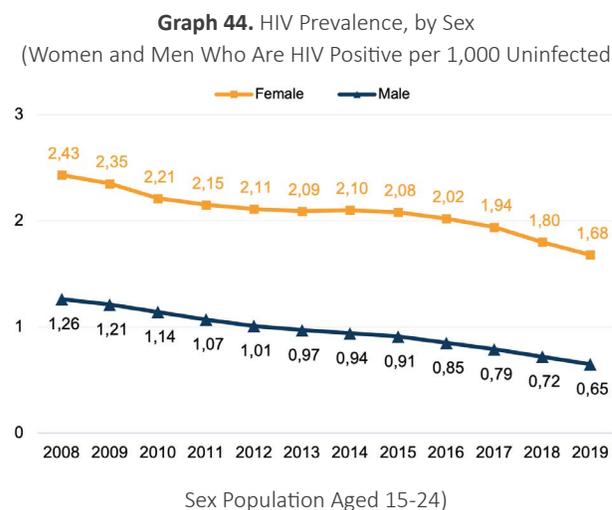
reflected in deeply rooted traditional gender norms that act as determinants to women’s overall health and wellbeing (i.e. FGM, child marriage, and financial instability). Although SGBV prevalence has been shown to increase during emergencies, gender inequalities and violence against women may also exacerbate the impacts of such emergencies, as STIs may be passed on during episodes of sexual violence or through the usage of non-sterilized tools during the practice of FGM.¹⁹ It is therefore necessary to comprehend how such emergencies may impact and be impacted by SGBV and what consequences they pose to women on an individual, relational, community, and institutional level.

Health Emergencies and SGBV in the Individual Level

As has been argued previously, women’s economic vulnerability and financial dependence are key factors in the prevalence of SGBV (see **Chapter 2, section 2.2.1 Individual Drivers**) while health emergencies and other shocks significantly contribute to these issues and deepen the gender gaps in access to employment and education. According to the Innovations for Poverty Action (2020) survey of over 1,300 people in Sierra Leone, 50 percent of respondents suffered a decrease of income since the outbreak, while 60 percent stated that access to food had become more difficult during the June-October 2020 period.²⁰ Moreover, with food insecurity being a recurring issue during emergency periods (i.e. civil wars, EVD and COVID-19) women in Sierra Leone are more likely to be sexually exploited in exchange for food and basic items.²¹ During the semi-structured interview, survivor #003 stated that *“women were sexually exploited for food, especially girls who must strive for themselves to have something to eat during the pandemic.”*

Moreover, traditional beliefs surrounding diseases may also lead to pervasive forms of violence against women and girls. For instance, the belief that a person can be cured of HIV by sexually penetrating a young child, known as the “virgin cure” has led some men to commit sexual violence against this group in Sierra Leone.²² Consequently, as exemplified by **Graph 44**, there is also a higher percentage of women (2.50 percent-1.50 percent from 2008-2020) infected by HIV in comparison to men (1.25 percent-.60 percent from 2008-2020). It is important to note that the percentages of infected people have been decreasing for both sexes, which can be attributed (in part) to the commitment of the

GoSL to fight this disease through a vision towards Zero New Infection, Zero Discrimination, and Zero AIDS related deaths established in the National AIDS Strategic Plan that is part of the Health Sector Recovery Plan 2015- 2020.²³



Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.). [Original source: The World Bank Group].

Health Emergencies and SGBV in the Relational Level

Although severe disease prevention strategies (i.e. lockdowns, social distancing) are needed, they may aggravate other existing issues, such as domestic violence and child abuse. Such a scenario occurred during the EVD epidemic, when cases of domestic violence and child sexual abuse were higher in comparison to previous years.²⁴ Additionally, the strains caused by such shocks —decrease in income, illness, and overall uncertainties— can also lead to mental health issues and trigger more aggressiveness from partners, and women with no previous experience of domestic violence may become victims.²⁵ Furthermore, periods of extreme financial vulnerability have led some families to view child marriage as a coping mechanism to their economic needs through the payment of dowries, leading to further complications such as an increased risk of IPV and mortality during childbirth.²⁶

The marital status of women has also been a determining factor when analysing SGBV and health emergencies. As has been previously mentioned in Chapter 2 (section **2.2.1 Individual Drivers**, see **Graph 10**), the median age of marriage in Sierra Leone stands at 23.1 years for women; that is, most women are married before the age of 25 (in

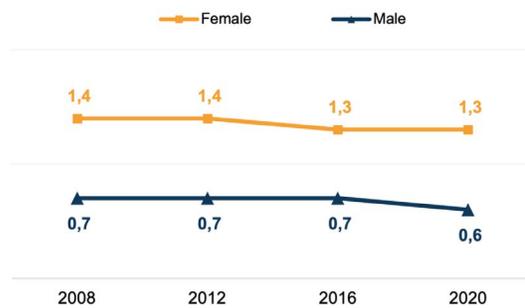
2020, 800,000 girls were reported to be married before age 18).²⁷ Moreover, the prevalence of HIV/AIDS in Sierra Leone amongst young women aged 15 to 24 (1.3 percent) was nearly twice as high as it is for men within the same age group (0.7 percent) as of 2020 (see **Graph 45**). This trend can be found in other West African countries and scholars have attributed it to unbalanced power relations between men and women, which can be observed through traditions of polygamous marriages where infected men may pass STIs to several spouses and to the difficulty women often face in having access to condoms and negotiating condom use during sexual relations.²⁸ As previously seen in Chapter 1, women who were married or living together with a partner and divorced or widowed women between 15 and 49 years of age were the groups that reported the highest levels of physical or sexual violence throughout their lifetimes (**section 1.1 The State of Sexual and Gender-Based Violence in Sierra Leone**, see **Graph 2**). In 2019, women within these marital statuses were also reported to have higher rates of HIV prevalence when compared to men (see **Graph 46**).²⁹

Furthermore, women’s limited ability to negotiate the terms of sexual relations within their relationships means that they are also more vulnerable to infection by HIV/AIDS and other STIs. This scenario, in combination with the lack of knowledge on STIs and the limited community dialogue on issues of sex, may increase a woman’s or a girl’s chances of experiencing sexual violence and in being infected.³⁰

Health Emergencies and SGBV in the Community Level

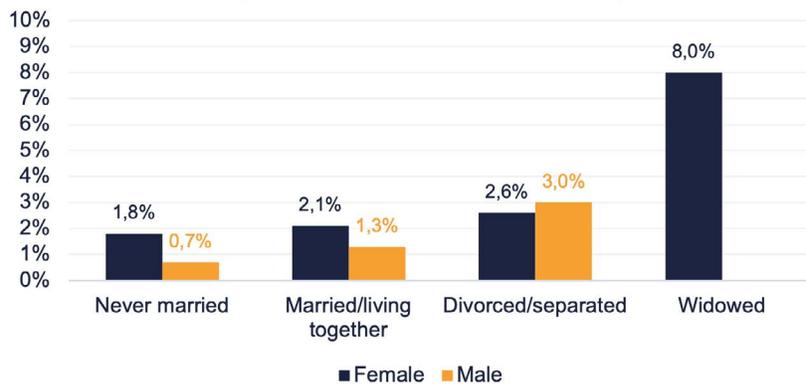
With social distancing measures in place during health emergency periods, women and girls are kept from accessing in-person social support networks and keep them from reporting cases of violence to trusted people within their communities or specialised support facilities. In addition, discrimination and stigma within communities continue to hinder self-reporting of infectious diseases, this is especially the case with HIV, as people fear being rejected by their social groups if they reveal that they have the illness. For instance, 70.6 percent of men and 79.7 percent of women in Sierra Leone reported some form of discrimination towards people with the disease (see **Graph 47**). As can be seen through the graph, women are almost 10 percent more likely to discriminate against people who hold the illness. This could be explained by the unequal stigmatisation women face in regards to STIs within their communities, consequently shaping their views on the matter.

Graph 45. Prevalence of HIV, by Sex



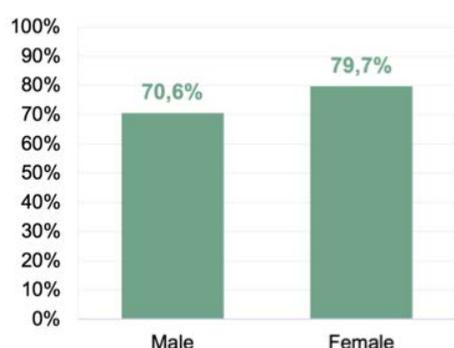
(Percentage of Women and Men Aged 15-24 Who Are HIV Positive)

Source: Elaborated by the authors with data from the Humanitarian Data Exchange (n.d.).
[Original source: The World Bank Group].



Graph 46. Prevalence of HIV, by Marital Status

(Percentage of Women and Men Who Are HIV Positive)



Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Graph 47. Discriminatory Attitudes Towards People Living with HIV, by Sex

Source: Elaborated by the authors with data from Sierra Leone Demographic and Health Survey (2019).

Moreover, with the traditional practice of FGM as a milestone in girls' initiation into adulthood, girls face a higher risk of becoming infected by HIV. As pointed out by survivor #003 during the semi-structured interview, "[...] *The instruments used [for FGM] are not sterilized and are used in more than ten people and you do not know what kind of sickness that other people have. This leads to sexual transmitted disease.*"

Health Emergencies and SGBV Prevalence in the Institutional Level

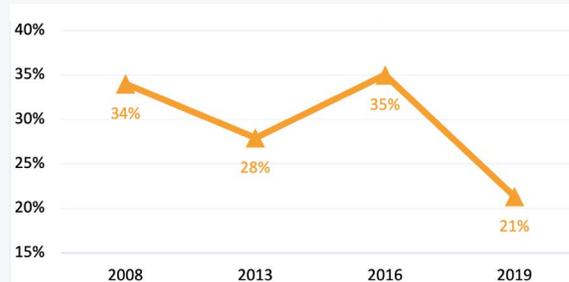
Disruptions and reductions of social services during EVD and COVID-19 kept millions of children out of school, and hindered the population's access to public health facilities (health care utilisation declined by 18 percent).³¹ During the EVD emergency, nearly 5 million children had their education disrupted in Sierra Leone, Guinea, and Liberia.³² Public health systems were also closed during the EVD crisis, while INGOs that remained open in the country reported a 19 percent increase in women and girls seeking healthcare, case management, and counselling services in comparison to previous months.³³ When asked about government and community mechanisms to ensure that survivors of SGBV had shelter and support to recover from the traumatic experience, one participant from the focus group discussion with civil society shared the following: "during the Ebola [crisis] we had mechanisms to address this situation where survivors of Ebola had support and social mobilizations. **But in cases of SGBV this does not**

exist ..." (Participant #005, FG 1).

Teenage pregnancies may be the most observable consequence of disease contention measures during the EVD emergency (see **Box 8**). Over 1 million women are estimated to have become pregnant in the affected regions (Guinea, Sierra Leone and Liberia) during the crisis.³⁴ In regards to the COVID-19 emergency, survivor #001 pointed out during the KII that "*the strain on maternal service was challenged.*" Constraints in maternal health care can further exacerbate emergencies. As is the case of Sierra Leone, women were less likely to have access to institutional childbirth during EVD, leading to an increase in mother-to-child transmissions and maternal mortality.³⁵

Box 8. Teenage Mothers and Access to Education During EVD

Prior to the EVD emergency, Sierra Leone was already amongst the countries with the highest rates of teenage pregnancies (28 percent of girls aged 15-19 in 2013).³⁶ Likewise, the country had one of the highest maternal mortality rates in the world, with the percentage of female deaths that were maternal being estimated at 46.8 for the 15 to 19 age group within the seven years preceding 2013; the highest estimate among all age groups during the period.³⁷ With the outbreak of EVD in 2014, a variety of prevention measures were taken, including the closure of schools for a period that lasted nearly 10 months.³⁸ Meanwhile, the country witnessed a large number of teenage pregnancies — over 18,000 adolescent girls became pregnant, 9 percent of these being regular students before the crisis.³⁹ As can



be observed in **Graph 48**, the prevalence of women aged 15-19 who have begun childbearing increased from 29.9 to 35 percent within the 2013-2016 period.

Graph 48. Percentage of Teenage Women (Aged 15-19) Who Have Begun Childbearing, by Year

Note: Data regarding the percentage of women who have begun childbearing is available on **STATcompiler** (a compiler provided by the DHS Program). The Demographic and Health Survey provides data for 2008, 2013, and 2019, whilst the

Malaria Indicator Survey provides data for 2016. The same trend is supported by [The World Bank Data](#) under the name “Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)”.

Source: Elaborated by the authors with data from ICF (2012). [Original source: Demographic Health Survey (2008; 2013; and 2019); Malaria Indicator Survey (2016)]

The number of Sierra Leonean girls who suffered SGBV during this same period is hard to estimate due to high levels of underreporting. However, according to a participant from the focus group discussion with civil society, “in war women were forced into slavery, they were raped, and with Ebola it was the same... and with COVID, like in many parts of the world, **we saw how women were subjected to extreme violence.**” (Participant #008, FG 1). Even after schools reopened, chiefdoms across the country implemented a ban on teenage mothers finishing their secondary education. The argument used to justify the measure was attributed to the possible “negative example” pregnant girls could pose within their classroom. This interruption left a serious gap in women’s education, therefore hindering their future opportunities and prolonging their socioeconomic vulnerability. As has been previously pointed out, economic hardships may also lead to transactional sex. While teenage pregnancies rose, cases of maternal mortality followed.⁴⁰ With the clear impacts of this measure on the number of girls attending school and becoming pregnant, international aid organisations and CSOs put pressure on the GoSL to revoke the ban through advocacy and judicial mechanisms (a case was filed against the GoSL before the ECOWAS Court of Justice).⁴¹ During the focus group with members of civil society, a participant shared that “at the end of the day it was the NGOs that had to take action ...” (Participant #005, FG 1). While more alternatives were given to teenage mothers (schools specifically set up for them to finish their education), the ban was definitely overturned the 30th of March 2020, one month before the COVID-19 pandemic reached the country.

Although teenage pregnancies were also projected to increase during the COVID-19 pandemic, the EVD epidemic had more severe consequences in comparison.⁴² As a participant from a FGD put it, COVID-19 was seen as “a sickness of the elite” (Participant #001, FG 1) in Sierra Leone. Therefore, its impacts were not as strong within most vulnerable communities when compared

to the EVD emergency. In addition, the country’s former experience dealing with widespread epidemics also meant that previously developed policies and tools could be used during COVID-19. When asked about the similarities between both emergencies, a participant shared the following statement: “I think we learned our lesson a lot during Ebola. Increasing awareness and making sure young people have a safe space and also the enforcement mechanisms the government designed before the COVID-19 (hotlines, Family Support Units etc.)... because COVID did not hit the most vulnerable small communities and families in the rural part of the country” (Participant #005, FG 1).

Endnotes

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2. Ibrahim, Kuru-Utumpala & Goulden, 2018.
3. Corporate Alliance to End Partner Violence, 2005.
4. Hoel, Sparks & Cooper, 2001.
5. Max et al., 2004 as in McLean & Gonzalez Bocinski, 2017.
6. UN Women, 2016.
7. Chan & Cho, 2010, p. 129.
8. Coomaraswamy, 2003, p. 19.
9. Chan & Cho, 2010.
10. Boutayeb, 2010.
11. WHO, 2017.
12. By the time the EVD crisis was declared over in Sierra Leone in 2015, nearly 12,900 people had been infected, out of which over 3,900 lost their lives. Sources: WHO, 2015; Innovations for Poverty Action, 2020..
13. As of 2020, the overall employment levels had not yet returned to pre-ebola rates. Source: WBG 2020a.
14. As of April 2022, 7,675 cases had been confirmed, and 125 deaths registered Source: WHO, 2022.
15. Laouan, 2020.
16. WHO Ebola Response Team, 2016.
17. UNICEF, 2022.
18. US Embassy in Sierra Leone, 2021.
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21. John-Langba, John-Langba, & Rogers, 2013.
22. Staggs Kelsall, & Stepakoff, 2007.
23. National Aids Secretariat, 2015.
24. UNDP & Irish Aid., 2015.
25. Laouan, 2020.
26. MoGCA, 2020c.
27. United Nations, Department of Economic and Social Affairs, Population Division, 2019, as cited in UNFPA & UNICEF, 2019.
28. O'Brien & Tolosa, 2016.
29. With the exception of divorced men who showed slightly higher rates of HIV infection than divorced women (3,0% and 2,6% respectively).
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31. Wilhelm & Helleringer, 2019.
32. Their World, 2020.
33. John, Casey, Carino, & McGovern, 2020.
34. Massaquoi Atuhaire, Chinkonono, Christensen, Bra-dby, & Cumber, 2021.
35. Massaquoi Atuhaire, et al., 2021.
36. UNFPA Sierra Leone, 2017.
37. Sierra Leone Demographic and Health Survey, 2013.
38. Denney, Gordon, & Ibrahim, 2015.
39. UNFPA Sierra Leone, 2017.
40. This could be directly attributed to EVD related deaths, and indirectly to the overwhelming need for maternal health services that were restricted during the emergency. Source: Kassa, Scarf, & Fox, 2022.
41. Equality Now, 2021.
42. Save The Children, 2020.



Chapter 4

Policy Recommendations

As documented in the previous chapters, SGBV remains a complex and multifaceted problem in Sierra Leone, with rippling effects on all social dimensions of the country (i.e., individual, relational, community, and institutional). Although the analysis of the cultural and socioeconomic drivers of SGBV in Sierra Leone and the consequences of this endemic issue has been produced through remarkably specific angles, it is extremely important to note that SGBV remains a structural problem by its nature, primarily because it is rooted in traditional cultural and gender norms in all the dimensions explained in the previous chapters. Therefore, the recommendations outlined below, although specific in essence, must be seen as a **package** for policymakers, civil society organisations, and development donors, and not in isolation.

4.1. Individual Drivers

Problem 1: Lack of Support for Pregnant Teenage Girls

In Sierra Leone, one out of every four girls becomes pregnant before turning 18 years old.¹ Early marriage, the lack of a comprehensive sexual education and what constitutes SGBV are some of the key factors driving high rates of teenage pregnancy in the region. Besides the very serious health risks young girls endure during pregnancy, the obstacles in accessing education and possible future economic dependence will greatly affect their lives and make them more vulnerable to experiencing SGBV.² Although the GoSL has installed the National Strategy for the Reduction of Teenage Pregnancy (2013) as well as the Teachers Code of Ethics to remove all barriers to school attendance for pregnant girls, this needs to be adequately implemented and girls need more guarantees so they can continue their education.³ Studies have shown that although girls and young women appreciate teen pregnancy reduction campaigns, they also find that these campaigns are often unrealistic, making them feel guilty and not providing them with practicable options.⁴

Recommendation: First, to ensure that the messaging around the issue of teenage pregnancy is comprehensive, it must be accompanied by a thorough sexual education which doesn't focus on blaming young girls for "lacking morals". To avoid creating unrealistic expectations, this topic in particular should give girls practical options to avoid teenage pregnancy and also on providing awareness-raising on the issue amongst young boys. For this

purpose, a comprehensive sexual education programme needs to be developed and implemented across all schools in the country, starting in primary school and continuing throughout secondary education. The second recommendation is to create special measures within the school system that can facilitate the process for girls to receive education when they are already pregnant. These measures can include forming alliances with daycare providers which can take care of the toddlers while girls are in school, and to hold special sessions where these girls can get guidance regarding their sexual and reproductive health and rights, so as to reduce the possibility of future pregnancies. The girls can also receive counselling to encourage them to consider practical future possibilities for economic sustainability.

Actors involved: Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Gender and Children's Affairs (MoGCA), and Childcare Providers.

Expected outcome: By following these recommendations, there is an expectation that a reduction in the number of teenage pregnancies will result, as girls will receive a comprehensive sexual education that will give them the necessary tools to prevent an unwanted or unexpected pregnancy. Furthermore, it will provide more guarantees for young girls who are already pregnant to continue their education, as well as equipping them with the tools and information to avoid additional pregnancies and potential career options in their future. All this in the hope that more conscious, empowered girls will reduce the number of teenage pregnancies and drive girls' attention and efforts towards their education, enabling future economic and social opportunities.

Problem 2: Young Girls' Vulnerability to SGBV and Transactional Sex

In Sierra Leone, approximately 1,000 children who experience sexual violence every year.⁵ Young girls are especially vulnerable to violations given their lack of economic independence and financial instability. Due to economic deprivation, they can engage in transactional sexual relationships and endure SGBV. This scenario is very common with men who are in positions of authority (such as relatives or teachers) and abuse their power by taking advantage of girl's economic vulnerability.

Recommendation: Develop active awareness campaigns

with young girls as part of the school curriculum where these types of power abuses are clearly explained and girls receive the tools to identify these situations for what they are and not accept them. During these times, girls should also be allowed to express their feelings and have access to professional psychosocial help. Schools also need to have a stronger zero tolerance policy for teachers or figures of authority within the school, as well as a system for monitoring and preventing abuses of power such as grade elevation or paying school fees in exchange for sexual relations. The campaigns also need to be carried out with the girl's parents so they can be made aware of the situation and look out for their daughters' safety, particularly with other male family members, in order to identify whether this situation is occurring. Additionally, community leaders can act as "watchdogs" or monitors, particularly during school pickup and drop-off times, when girls are most likely to be approached by older men.

Actors involved: Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Gender and Children's Affairs (MoGCA), community leaders, and school directors across the country.

Expected outcome: By implementing the following recommendations, it is expected that girls will have the tools to identify situations of power abuse and transactional sex to prevent them from engaging in it. It is also expected that by including parents and community leaders in the discussion around young girls' vulnerability to transactional sex, there can be more widespread awareness around the issue and a larger community of people that can identify the situation and call it out when they see it happening. This approach alone also needs to be accompanied by economic opportunities for the population in Sierra Leone that will allow parents to adequately provide for their children and so they do not feel forced to engage in such relationships.

Problem 3: Economic Dependency of Women

In Sierra Leone, women are still often economically dependent on men. This reality has been used by men as a leverage over the women in which they justify their control (and even punishment) of their partners. Women have limited control over their earnings, and, particularly widows, have few rights in regard to property and inheritance laws. Being economically dependent on the

man has shown to be an important factor in vulnerability towards experiencing SGBV and in creating disempowering situations for women by making them less capable of leaving abusive relationships.⁶

Recommendation: A key action towards allowing women to have greater economic independence is to establish a women's economic empowerment fund dedicated to providing women financial skills and tools in order to support their earning potential and managing economic resources. These tools can include business training programs in different skills and sectors for a greater female workforce participation, and financial literacy courses for micro-business owners and women entrepreneurs. The fund can also aid different women's organisations that are conducting economic activities with capital seed funding and training to improve their businesses. The fund can also generate key partnerships with different organisations, businesses, and entities to facilitate internship programs where women can put to test the skills they have gathered. These alliances and partnerships can also be leveraged to create a network of women's organisations in economic activities that can support and advise each other. Additionally the fund should also lobby for better policies and regulations for women business owners and independent workers to ensure there are less barriers to conducting their economic activities.

Actors involved: Ministry of Gender and Children's Affairs (MGCA), Ministry of Trade and Industry (MTI), Ministry of Planning and Economic Development (MoPED), Ministry of Labour and Social Security (MLSS), Ministry of Basic and Senior Secondary Education (MBSSE), and international development partners.

Expected outcome: With a higher level of economic independence, it is expected that women will have more power within relationships in which they may currently feel unable to leave when they are experiencing abuse for fear of losing the economic support they need to survive. Also, by receiving guidance and the tools necessary to venture into financial activities it is also expected that women can find means of income generation that will also prevent them from engaging in transactional sex activities.

4.2. Relational Drivers

Problem 1: Women’s Decision-Making Power is Limited Within the Household

Lack of women’s visibility in decision-making processes is a generalised problem across Africa.⁷ Data confirms a significant lack of women’s power to make decisions about their own lives (e.g., health care, help seeking, visiting relatives), as well as about financial matters in the household. The fact that 43 percent of married women reported not participating in any of these decisions in 2019 (which represents an increase of 8 ppt since 2013) is extremely concerning. Although DHS only measures decision-making for spouses at the household level, there are other spheres in which it can be expected to find more examples of the lack of women’s power in Sierra Leone, including work environments, public spaces, and politics. This clearly reflects the prevalence of power imbalances in relationships, which exacerbate gender disparities, and put women at a higher risk of experiencing SGBV. It should be noted that the issue is not necessarily about women’s limited capacity to make decisions, but about men’s status and the expectation that they should have control over their female partner, or women in general. As a result, strategies for transformation are complex as this demands to focus on behavioural and mindset changes.

Recommendation: Women have a right to engage in society as much as men, which is why this multifaceted issue requires various strategies at multiple levels. Fostering gender balance in political decision-making can offer an example that encourages women in other spaces to exercise this right with more confidence, while also increasing women’s perspectives in public decision-making. At the same time, it is critical to promote family-friendly policies that support a “more equal distribution of caring and domestic responsibilities”, which may include equal and fair periods for maternity and paternity leave; flexible work hours for mothers and fathers, and carers leave for those responsible for the care of sick or disabled family members.⁸ These types of policies can improve work-life balance for both women and men and help overcome gender stereotypes. Given the links between leadership and decision-making, the aforementioned and related strategies, such as implementation of quotas, are further discussed in **Chapter 2, section 2.2.2 Community Drivers**. Capacity-building activities promoted by both government

and CSOs aimed at enhancing women’s decision-making skills within the household, work environments and, and other public spheres.

Actors involved: Ministry of Labour and Social Security (MLSS), Ministry of Planning and Economic Development (MoPED), Ministry of Trade and Industry (MTI), legislative bodies in the government and private sector, national CSOs.

Expected outcome: Increased decision-making skills and power for women in the household, specifically to participate in financial decisions, family planning, and other household decisions.

Problem 2: Excessive Use of Controlling Behaviours and Emotional Violence

Controlling behaviours —which can take the form of financial abuse or economic deprivation, social isolation, monitoring whereabouts, possessiveness, etc.— often precede emotional violence, which in turn is a driver of SGBV. In Sierra Leone, a correlation was identified between increased number of controlling behaviours exhibited by the male partner and the likelihood that the female partner experienced various types of violence: emotional, physical, and sexual. Furthermore, emotional violence amongst couples is widespread. In 2019, 45.9 percent of women in a relationship reported experiencing it at some point in their lives, whilst 38.2 percent had been victims of emotional abuse in the 12 months prior to the Sierra Leone DHS 2019 survey.⁹ No data is available regarding controlling behaviours through technological means, but research shows evidence that these tend to be “accepted and normalised among young people”.¹⁰

Recommendation: Controlling behaviours have been found to be predictors of IPV (including sexual aggressions) in heterosexual relationships since adolescence.¹¹ Therefore, actions focused on preventing emotional abuse and controlling behaviours should begin at a young age. Gender equality principles and safe and healthy relationship skills (i.e. social-emotional learning programs) need to be integrated in the curriculum and school life at the primary and secondary levels. As a matter of fact, the GoSL is already developing a strategy with the aforementioned goals, which requires it to be implemented as soon as possible given the relevance of the issue. Furthermore, considering that witnessing

abuse in the family or lacking nurturing relationships is also a relational driver of SGBV, these strategies have to target parents at every stage, which has already been taken into account by the GoSL, who is currently developing and piloting a positive parenting curriculum with UNICEF's support. In that sense, parenting skills and family relationship programs can be offered at schools, aimed at preventing and modifying behaviours, but also to provide victim support for women and at-risk children.¹² It must be further emphasised that identifying cases of emotional violence can potentially help prevent SGBV, and prevent it from escalating to femicide.

Aside from educational tactics, media campaigns can play a role in disseminating healthy relationship skills. Finally, research looking at gender online violence in Sierra Leone should be promoted to better understand the scope and impacts of the issue.

Actors involved: Ministry of Gender and Children's Affairs (MoGCA), Ministry of Youth Affairs (MoYA), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Information and Communication (MIC), Family Service Units, national CSOs, and academia (universities, research centres, amongst others).

Expected outcome: Reducing behaviours, such as controlling behaviours between couples, and between men and women in general, by implementing education programmes in the primary and secondary education levels; allocating public budget to support the work of CSOs with the mission of preventing and dealing with emotional violence; and new research conducted to fill data gaps.

Problem 3: High Levels of Alcohol Consumption are Associated with SGBV Prevalence

In Sierra Leone, the analysis revealed that the likelihood of committing acts of violence (physical or sexual) against a partner increased as men engaged in drinking with more frequency. The problem is not linear, but alcohol consumption is added to other relationship tensions and social dynamics (e.g., proving manhood), and this driver can have disastrous effects. It was not possible to study the relationship between consumption of drugs and other substances and SGBV.

Recommendation: Though alcohol consumption can be considered a collateral issue to SGBV (i.e. drinking to

avoid frustration, to justify behaviour, etc.), and seeking to reduce it does not necessarily address SGBV, it has the potential of minimising the instances of violence, as well as other negative consequences of excessive drinking (e.g., car accidents). Alcohol consumption should be followed by awareness campaigns about the adverse effects of consuming it excessively, as well as campaigns promoting healthy habits among the Sierra Leone population. Evidence for effective government policies to reduce alcohol's negative effects has improved in recent decades. Policies with the strongest evidence involve "reducing the affordability, availability, and cultural acceptability of alcohol".¹³ This is a tremendously difficult task as it involves competing with commercial interests. However, studies have also found that places in which populations resist effective alcohol policies share the following characteristics —which should be addressed before reducing affordability—: 1) lack of public awareness, 2) a lack of government regulatory mechanisms to implement policies, 3) alcohol industry lobbying, and (4) a failure from the public health sector to foster specific actions rather than promoting general principles.¹⁴

Actors involved: Ministry of Health and Sanitation (MoHS), Ministry of Information and Communication (MIC), Ministry of Youth Affairs (MoYA), Family Service Units, and national CSOs.

Expected outcome: Reduced levels of alcohol consumption by region, as well as reduced family, relationship, and other conflicts associated with this practice.

Problem 4: Normalised SGBV in Marital Relationships

Due to strongly entrenched patriarchal customs in Sierra Leone, wives are considered to be under the orders and watch of their husbands. It is deemed acceptable (and even a sign of a healthy marriage) when a man physically "corrects" his wife for any misbehavior or for not performing her "marital duties", which can include sexual intercourse when the man wants to.¹⁵ Sexual and physical violence against women are not seen as an issue within the household and often women are even shamed when reporting such abuse for turning in a family member. Particularly in the case of sexual intercourse, it is not considered to be a woman's right to refuse to have sex with her husband if she does not want to. Focus group member #001 further explained this situation by stating that

“women are just like objects in their homes” and therefore when they experience sexual violence after refusing to have sex with their husbands, there is no clear explanation of the problem behind it.

Recommendation: There needs to be an awareness campaign addressed to both men and women, in partnership with community leaders where safe conversation spaces can be opened to discuss beliefs about marriage and marital duties within communities. Alongside these spaces, workshops can be carried out that are guided by experts in women’s rights and SGBV. During the workshops the experts can develop activities with the community members and leaders to explain certain harmful practices that are illegal according to the Sexual Offences Act and how the perpetuation of these acts are a direct violation to women’s human rights.

Actors involved: Ministry of Gender and Children’s Affairs (MoGCA), community leaders, national and international experts in sexual and gender-based violence and women’s rights.

Expected outcome: By creating these distinct and specific spaces to discuss SGBV in marital relationships that include community leaders and members, the Government can ensure there is a top-down approach where these topics are socialised and discussed with the communities instead of imposed onto them. This will allow community members to freely express their views on these subjects and with the help of field experts there can be an awareness on what rights a woman has in a marital relationship and what harmful practices threaten her integrity.

4.3. Community Drivers

Problem 1: Lack of Basic Services and the State’s Absence

As noted previously, various factors contribute to the female population’s vulnerability to SGBV in Sierra Leone. Several of these elements are out of women and girls’ control and have to do with providing essential services and the State’s participation. The first aspect affects women’s quality of life and services that can help women improve their living conditions. In the second situation, governmental intervention is critical for addressing and eliminating SGBV and providing essential assistance to victims and survivors. Rural regions in Sierra Leone are seriously affected by these absences.

Recommendation: Economic recovery efforts should not be limited to cities, but should also include rural communities. Additionally, it is paramount that economic plans incorporate a gender perspective, with all segments of the population participating as an integral and essential element in the development of rural communities, as well as in the improvement of basic utilities. Development and empowerment programs can address a variety of issues, from food security to the improvement of public infrastructure, as is the case with Rural Women’s Economic Empowerment, led by UN Women, European Union, and International Labour Organization.¹⁶ Other examples are “Accelerating Progress towards Rural Women’s Economic Empowerment” by the Food and Agriculture Organisation of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), United Nations Entity for Gender Equality and the Empowerment of Women and Girls (UN Women) and the United Nations World Food Programme (WFP).¹⁷ Therefore, the formulation of initiatives for economic recovery based on collective participation is highly necessary.

In addition, the budget allocated to the Ministry of Gender and Children’s Affairs (MoGCA), which between 2005 and 2010 varied between 0.2 percent and 0.7 percent of the national budget, and needs to be increased to combat violence against women and implement awareness-raising campaigns in the communities.¹⁸ It is imperative that the 2019 proclamation of emergency be turned into action and not just acknowledgement. Gender-based violence treatment, prevention, and counselling centres are needed throughout the country, but notably in rural areas.

Actors involved: Ministry of Agriculture and Forestry (MAF), Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Planning and Economic Development (MoPED), Ministry of Trade and Industry (MTI), Ministry of Health and Sanitation (MoHS), civil society, traditional local structures, Non-governmental organisations, and international organisations.

Expected outcome: An economic recovery plan and actions particularly focused on rural areas. Increased presence of state agencies.

Problem 2: Lack of Support for Women's Empowerment

One of the negative consequences of the practice of hegemonic masculinity is the silencing of women's voices, needs, and aspirations. Maintaining this practice over time creates a gap in the communal and political realms, where the female population lacks the essential information and professional skills to stand up for their rights. This situation creates a vicious circle of absences—low leadership—and political indifference toward women's struggles.

Recommendation: Encourage and support the development of local projects that support women's leadership, such as the 50/50 group, which works to ensure an equal share of power for men and women in a country's traditionally male-dominated political system.¹⁹ Another example is the African Women in Leadership Organisation (AWLO), a non-profit that seeks to promote equitable social relations through cooperative work from female executives, entrepreneurs, professionals, and leaders to enhance women's leadership capacity, harness alliance synergies, and fulfil the objectives.²⁰

Furthermore, through the MoGCA, the government needs to establish strategies to support social programs and execute rural policies driven by women via microcredit, training, and skill development.²¹ Such initiatives should be context-specific, considering the unique realities encountered by women in diverse geographic areas, and should also consider the population's cultural and linguistic variety.

Another method to enhance empowerment is to establish solidarity networks and forums amongst communities' residents, reflecting on the role of women and girls in the community's economic, political, social, and cultural life.²² The goal is to foster an environment of support and trust in which taboo subjects such as family dynamics, and gender roles can be discussed.²³

Actors involved: Ministry of Political and Public Affairs (MoPPA), Ministry of Gender and Children's Affairs (MoGCA), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Planning and Economic Development (MoPED), Ministry of Technical and Higher Education (MTHE), civil society, traditional local structures, Non-governmental organisations, and international organisations.

Expected outcome: Training programs and initiatives for the development of leadership skills and political expertise.

Problem 3: Practices that Violate Women's Human Rights

Persistent practices that violate women's and girls' rights and the rigidity that precludes dialogue on this matter prolong the damage caused to current and previous generations. Secret societies play a significant part in Sierra Leone's cultural, social, and communal life. Therefore, it is necessary that government agencies and secret societies provide places for dialogue to promote the protection of women's and girls' lives and health as a vital interest.

Recommendation: Secret societies are a complex matter, which is why organisations such as the UNFPA have chosen to address them through the establishment of a multicultural dialogue. At the moment, the most widely promoted suggestion is to prohibit minors from engaging in the activity without their agreement.²⁴ Since promoting prohibition is a contentious issue both within and outside secret societies, the demand for consent is strongly supported because it provides women and girls with an alternate option to the practice's mere imposition.

Multicultural dialogue appears to be a promising path forward since it avoids confrontation and prohibition of activities by external organisations and allows for the exchange of arguments aimed at reaching a shift in perspective.²⁵

The community plays a critical role in this flexibility process. It wields enormous influence over whether or not to engage in this practice and deploys methods such as harassment, discrimination, and rejection within the community's social and cultural circles and support networks. Against this backdrop, relevant groups and culturally prominent figures must be included in these dialogues. Additionally, it is necessary to work on perspectives that alter the perception of womanhood as inextricably linked to the initiation process and other ideas related to the belief that this practice regulates sexual desire and assists women in reaching adulthood. Particular attention is required to the idea that FGM is supported or mandated by religion or that it facilitates living up to religious expectations of sexual constraint.²⁶

Additionally, considering the seriousness of the situation and the urgency of action, efforts are needed to inform

the population about the health repercussions of FGM and to increase public awareness about the grave harm perpetrated on women and girls. For this purpose, collaboration with grassroots activist organisations is critical. In this regard, WHO has proposed that reinforcing positive cultural values can be more effective in avoiding confrontation and the perception of external values being imposed and finding ways to signify a girl's adulthood that do not involve FGM.²⁷

Actors involved: Ministry of Gender and Children's Affairs (MoGCA), Ministry of Health and Sanitation (MoHS), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Planning and Economic Development (MoPED), Ministry of Information and Communication (MIC), Ministry of Technical and Higher Education (MTHE), Ministry of Justice (MoJ), civil society, traditional local structures, Non-governmental organisations, and international organisations.

Expected outcome: Reduction of FGM cases and its disassociation with a woman's "worth" by means of multicultural dialogue.

Problem 4: Early Marriage - Community Perspective

In some nations, the normalisation of practices that threaten millions of girls' physical integrity and quality of life has become a widespread problem. In Sierra Leone, these conditions are especially prevalent in rural communities, where conservative values and other activities considered acceptable have been practised and preserved.

Recommendation: Along with strengthening the provisions of the Child Rights Act 2007 prohibiting children under the age of 18 from marrying, community participation is necessary to acknowledge and protect children and women's rights. To this end, community mobilisation and social norms re-assessment programs must be developed and implemented.²⁸

To address and eliminate practices such as early marriage, it is necessary to evaluate cultural, socioeconomic, and other belief systems within the community. There is a need to reconsider social norms and the life, personal, academic, and professional expectations of children, women, and all community members. It is also necessary to reflect on the

adverse impacts of early marriage on children's health, economic opportunities, academic performance, etc.²⁹ In recent years, Sierra Leone has made substantial progress, lowering child marriage from 47.9% to 29.6% between 2008 and 2019, although additional work is needed.³⁰ Prior to the COVID-19 pandemic, predictions indicated that child marriage would be reduced to 18% for the poorest girls and 15% for rural girls by 2025. However, because of the pandemic's economic consequences, further efforts are required to achieve this goal.³¹

Recently, traditional leaders' involvement has been a vital part of the efforts to encourage partners to economically support pregnant women who sometimes cannot work due to the risks of pregnancy, as well as to have them readmitted to schools once their children have been born. This participation should therefore be maintained. Another successful technique is the backing of women's movements aiming to promote and preserve women's and children's rights.³²

Actors involved: Ministry of Gender and Children's Affairs (MoGCA), Ministry of Health and Sanitation (MoHS), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Planning and Economic Development (MoPED), Ministry of Information and Communication (MIC), Ministry of Technical and Higher Education (MTHE), Ministry of Justice (MoJ), civil society, traditional local structures, Non-governmental organisations, and international organisations.

Expected outcome: A post-COVID-19 economic and political reinforcement plan for the 2025 goals regarding the eradication of child marriage, as well as the establishment of a national strategy to respond to the difficulties arising from the COVID-19 pandemic. Increased public awareness of children's rights and the harmful effects of child marriage at the national level, with special attention to rural areas. Existing initiatives financially strengthened, community dialogue on the issue and increased budget for civil associations.

Problem 5: Lack of Support for Female Education - Community Perspective

In addition to breaching human rights, depriving girls of education is also the beginning of a perilous path that

millions of girls and women in Sierra Leone must navigate. Owing to differing conceptions and life expectations about women, they are placed in a disadvantaged position. Consequently, they are denied access to essential resources for their personal and professional development, with the situation being worse in remote areas.

Recommendation: Besides regular accountability and periodic reviews for compliance with the international instruments to which Sierra Leone is a party, it is necessary to develop communication campaigns to disseminate the message that access to academic training as a human right.³³ They may consist of seminars and information days engaging both children and adults in the community.

These information initiatives should be holistic, encompassing several sectors such as educational, labour and community spaces, and public service. They could take the form of workshops similar to those previously conducted by the United Nations Integrated Office in Sierra Leone (UNIOSIL) and the United Nations Development Fund for Women (UNIFEM), in collaboration with the Grassroots Empowerment for Self-Reliance (GEMS).³⁴

In addition, it's crucial to strengthen the Free Quality School Education (FQSE) project, launched in 2018 by the GoSL. FQSE offers free enrollment and tuition to students attending schools approved by the government. Government authorities must also maintain and, if feasible, increase the initiative's budget, but the most crucial need is to take the programme to remote and vulnerable geographic areas. Finally, international organisations such as UNICEF have been highly beneficial; thus, it is vital to keep the joint effort and extend an invitation to an increasing number of organisations to join.³⁵

Actors involved: Ministry of Gender and Children's Affairs (MoGCA), Ministry of Health & Sanitation (MoHS), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Planning and Economic Development (MoPED), Ministry of Information and Communication (MIC), Ministry of Technical and Higher Education (MTHE), Ministry of Justice (MoJ), civil society, traditional local structures, Non-governmental organisations, UNICEF and other international organisations.

Expected outcome: Scholarship schemes for girls and women students, and information events on women's and children's rights. Extending the Free Quality School Education initiative to all children in Sierra Leone.

Problem 6: Low Participation of Women in Political Life

The lack of formal training and the numerous societal barriers, such as discrimination, that women aspiring to political and other kinds of leadership encounter impedes progress in defending women's human rights. This also leaves women who are already involved in politics on an unequal playing field.

Recommendation: Women's low political engagement must be viewed in the context of unequal educational, economic, and professional prospects. This standpoint helps to understand that the low levels of female engagement are not due to Sierra Leonean women's disinterest, but to several limitations that make participation impossible. Increasing participation requires educational scholarships at all academic levels and training programs that inform women about domestic political dynamics. The primary objective is to involve women in politics and share information about their political rights and opportunities for political participation.³⁶

Another significant hurdle is that most women do not generate enough income to afford the expenditures of political campaigns; consequently, government assistance is vital. Despite the political commitment to increasing female participation, progress has been modest. It was just in 2021 that President Julius Maada Bio introduced a bill mandating that women have 30% of seats in Sierra Leone's 146-seat parliament and 30% of cabinet positions.³⁷

The recommendation is to pass the Gender and Women's Empowerment (GEWE) bill and to make a long-term commitment to achieving and maintaining gender parity in elected and public offices, as well as to achieving quality participation in which quotas do not only translate into numerical equality, but also into obtaining positions of influence and decision-making power.³⁸

From the community's perspective, it is necessary to create more opportunities for women and girls to participate in communal and cultural life and undertake leadership development programs in schools and other community settings. Regarding non-governmental organisation (NGO) training, there is a need to develop skills and move beyond expertise for running policy campaigns, emphasising how to participate in public areas to promote change. Government must provide financial support for projects led by and composed of women and girls and investment, equipment,

facilities, as well as information on how to obtain public resources.³⁹

Actors involved: Ministry of Political and Public Affairs (MoPPA), Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Planning and Economic Development (MoPED), Ministry of Technical and Higher Education (MTHE), civil society, traditional local structures, Non-governmental organisations, and international organisations.

Expected outcome: Opportunities for women to participate in community life, and programs for the development of political leadership skills. Increased awareness at the community level about the role of women and girls in Sierra Leone’s political life.

Problem 7: Normalisation of Violence

As previously noted, the normalisation of violence against women continues to be a recurrent problem in Sierra Leonean society. The naturalisation of women and girls’ subjection, as well as the acceptance of violent conflict resolution techniques, obstructs the recognition and defence of women’s human rights, particularly their right to live a life free from violence.

Recommendation: Campaigns and participation days are required to inform the public about women’s and girls’ right to a life free of violence.

A particular emphasis on sexual violence is required, involving all elements of society, from public servants through improved training to community leaders, to dispel preconceived notions about sexual aggression.

Civil society has a critical role to play in this regard, given its familiarity with local realities and procedures for fostering a cooperative and non-confrontational relationship with local organisational structures.

Community activities to raise awareness about sexual violence and the processes for addressing and prosecuting it must be supported by authorities. Additionally, financial support for care centres for sexual violence survivors and a holistic approach to providing survivors with comprehensive care are needed. Further, awareness campaigns and initiatives that aim to destigmatize victims, shatter the culture of silence, and

build sisterhood networks within the female community are essential.⁴⁰

Finally, it is necessary to conduct a more extensive mapping exercise in order to identify the breadth and effectiveness of measures to reduce gender-based violence. This would also make it possible to identify community-based organisations (CBOs) that operate in rural areas. This approach should include talks with civil society organisations, particularly women’s organisations, to define national priorities for action on gender-based violence.⁴¹

Actors involved: Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Health and Sanitation (MoHS), Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Planning and Economic Development (MoPED), Ministry of Information and Communication (MIC), Ministry of Technical and Higher Education (MTHE), Ministry of Justice (MoJ), civil society, traditional local structures, Non-governmental organisations, and international organisations.

Expected outcome: Increased awareness of sexual and gender-based violence as a serious offense and a violation of the human rights of women and girls. Information sessions on legal tools against sexual violence, financial support for care centers, and work with local leaders to break down stigmas and belief systems that undermine the human rights of victims and survivors.

4.4. Institutional Drivers

Problem 1: Criminalisation of Abortion

Despite the strong legal framework that is currently in place in Sierra Leone, the criminalisation of abortion and the criminalisation of homosexuality within the 1861 Offences Against the Person Act currently hinder the protection of rights. Particularly, the prohibition of abortion is an obstacle to the health and well-being of women, especially in the cases of unwanted pregnancies due to SGBV.

Recommendation: New legislation should be enacted to guarantee safe abortion in accordance with health standards with specific guidelines to prevent SGBV and aid victims of SGBV. This new legislation can take the form of a new Abortion Act or can be an Amendment to the 1861

Act, but it must be created with the active participation of relevant CSOs and health service providers to ensure its appropriateness to varied contexts and its effective implementation.

Actors involved: Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Justice (MoJ), Ministry of Health and Sanitation (MoHS), national CSOs, and international NGOs.

Expected outcome: The enactment of a less restrictive abortion law in Sierra Leone is expected to reduce unsafe abortions and their health risks, which will reduce the health complications and the deaths of women. The implementation of a safe abortion law will also respond to the needs of victims of SGBV who are faced with unwanted pregnancies.

Problem 2: Lack of Funding and Coordination of Stakeholders

There is a lack of coordination between different stakeholders and a significant lack of budget allocated for the implementation of policies and mechanisms that aim to prevent and address SGBV in Sierra Leone, which leads to important gaps in the policies and programmes.

Recommendation: The establishment of a SGBV coordinating mechanism —ie. a SGBV Coordination Board— with all relevant financial and implementing stakeholders with the objective of ensuring full funding of interventions and the implementation of programmes and policies without overlap. The design and implementation of evaluation mechanisms that focus on the impact of policies from a gender perspective and with a focus on SGBV are key in this process of coordination, and instruments from neighbouring countries such as the Gender Responsive Planning and Budget Policy of Liberia can be viewed as a good example to follow.

Key identified areas that would benefit from stronger coordination and more comprehensive financial planning would be the formal judicial system, the FSUs, and policies linked to education, counselling and aid to victims — especially shelters.

Actors involved: Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Finance (MoF), Ministry of Planning and Economic Development (MoPED), all other relevant ministries, Family Service Units, national CSOs, international organisations, and development donors.

Expected outcome: This would allow for more efficient coordination between different stakeholders and closing some of the gaps in preventing SGBV, addressing its consequences, and providing help to victims through an integrated funding mechanism; which would in turn aim toward a more efficient allocation of resources.

Problem 3: Lack of Trust and Understanding of Institutional Frameworks

There is a lack of trust in state institutions —such as the police— and general dissatisfaction with the processes of the formal judicial system which prevent victims of SGBV from reporting their cases and from recurring to formal mechanisms of justice and prosecution of perpetrators.

Recommendation: The implementation of an educational campaign in chiefdoms and in educational environments to raise awareness of the processes of reporting, especially focusing on the protection of victim’s rights —such as confidentiality— and the services available in their communities such as counselling, legal services, health services, shelters, and one-stop centres. This campaign should be designed and implemented together with CSOs and female-led organisations, and should take special consideration in reaching marginalised communities: rural communities, children and adolescents, persons with disabilities, amongst others.

This campaign should be followed by capacity-building activities and training for communities and chiefdoms, to ensure that there is a comprehensive awareness of the mechanisms in place to eradicate SGBV and local gaps can be identified and addressed.

Actors involved: Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Information and Communications (MIC), Ministry of Local Government and Rural Development (MLGRD), Ministry of Youth Affairs (MoYA), and national CSOs.

Expected outcome: This would contribute to a wider awareness and understanding of the mechanisms and services available to help victims of SGBV in Sierra Leone, and could positively impact the cooperation and active involvement of communities in reporting and addressing SGBV.

4.5. Shock-Related Drivers

Problem 1: Disruptions and Difficult Access to Sexual and Reproductive Health Care During Emergencies

As was seen during the EVD and COVID-19 periods, the reduction of maternal and sexual health care services due to a prioritization of disease-combating measures, coupled with an inability to access health services (due to road blockages, fear of infection, distance from services and overall poverty) leaves women vulnerable to higher rates of maternal mortality and harms their knowledge of sexual and reproductive issues.

Recommendation: It is important to allocate efforts into strengthening existing health systems in “moments of peace”. The country has received funding aimed at developing national health capacities from international partners and may implement a national strategy to allocate funds into sexual and reproductive health care.⁴²

Additionally, with a strengthened health system the implementation of mobile health units to support women during childbirth in communities that are far from hospitals during periods of emergency would help counter infrastructural and other barriers to seeking healthcare in moments of epidemics (such as the fear of infection). These mobile units could also offer sexual and reproductive health information, distribute condoms and promote sexual awareness campaigns, especially focused on preventing teenage pregnancy.

Actors Involved: Ministry of Health and Sanitation (MoHS), Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Information and Communications (MIC), Ministry of Transport and Aviation (MoTA), International Organisations, development donors, and CSOs.

Expected Outcome: Women and girls will have access to care in such trying circumstances and prevent further indirect consequences of the emergency, such as teenage pregnancies and maternal mortality. By strengthening the nation’s health systems, more attention can be given to women and girl’s health during emergencies.

Problem 2: School Closures as a Contention Measure Have Widened the Gender Gap in Education

Although these prevention strategies are important to reduce the impact of epidemics, more attention must be given to how these closures may disproportionately affect girls and push them further into economic vulnerability and potentially SGBV. Moreover, despite the GoSL having lifted the ban on pregnant girls attending school, little is known of the girls who did not complete their studies while the measure was in place. A strategy is therefore needed to ensure they have an opportunity to continue their education.

Recommendation: Meeting the educational needs of girls should be prioritised in reopening measures after periods of emergency, particularly for the most excluded, who have had reduced or no access to online and distance learning during the emergency and may not return to school after a prolonged period of closure. A protocol to respond to the extended absence of girl students should be put in place, including strategies on how teachers and other school staff may approach these cases and ensure that girls are able to return to school.

Actors involved: Ministry of Gender and Children’s Affairs (MoGCA), Ministry of Basic and Senior Secondary Education (MBSSE), Ministry of Information and Communication (MIC), Ministry of Youth Affairs (MoYA), CSOs, and researchers.

Expected outcomes: Mapping and responding to the absence of girls in schools after periods of closure can help in reducing the gender-gap in education in the country after shocks.

Problem 3: Economic Vulnerability During Periods of Shock Leads Women and Girls to Participate in Transactional Sex

Food insecurity and the increasing need for basic items during periods of shock result in women and girls being sexually exploited in exchange for money and goods. This scenario can also lead to a higher number of families binding their daughters to child marriages for economic stability.

Recommendation: Strengthening national policies, systems and programmes related to food security and guaranteeing that the most vulnerable girls and their families have their needs met during emergency periods can be done through targeted response services (e.g., meal deliveries, food vouchers, take home rations, cash transfer

etc.). The programmes should be gender-responsive and prepared for future shocks. A mapping of the most vulnerable girls is needed in order to ensure that these programmes are effective.

Actors Involved: Ministry of Local Government and Rural Development (MLGRD), Ministry of Labour and Social Security (MLSS), Ministry of Planning and Economic Development (MoPED), Ministry of Gender and Children's Affairs, Ministry of Agriculture and Forestry (MAF).

Expected outcomes: This measure should secure that basic needs are met for women, girls and their families during emergency periods and hence help reduce cases of transactional sex and child marriages for economic reasons.

Problem 4: Beliefs Surrounding Disease and Their Cure in the Country that Make Women and Children more Vulnerable to SGBV

For women and girls, contracting STIs can result in severe community stigmatisation and family rejection, as infections are often viewed in a shameful stigmatised light resulting in low self-reporting and fewer diagnosis. There are also beliefs surrounding disease cures, which include SGBV against young girls. Sexually penetrating young children in search for a cure to infectious diseases leads to higher numbers of infections and prolonged health consequences for survivors.

Recommendation: Nation-wide campaigns (e.g., through TV, radio, school curriculum, pamphlets etc.), focused on eliminating discrimination against infected people and providing information on available treatments.

Actors Involved: Ministry of Information and Communications (MIC), Ministry of Youth Affairs (MoYA), Ministry of Health and Sanitation (MoHS), Ministry of Gender and Children's Affairs (MGCA), national CSOs, and international NGOs.

Expected outcomes: This can help reduce the discrimination men and women of Sierra Leone express towards those who have an infectious disease and provide relevant information to counter the violent practices committed against children in search for a cure.

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Report

CAPTURING THE SOCIOECONOMIC AND CULTURAL
Drivers of Sexual and Gender-based Violence in Sierra Leone



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