

Gender-Based Violence in Sierra Leone

A Case Study

Consultative Meeting: Bucharest, Romania, 17-20 October 2005



United Nations Population Fund
220 East 42 Street
New York, N.Y. 10017, US
www.unfpa.org

ISBN: 0-89714-829-0





GENDER-BASED VIOLENCE
IN
SIERRA LEONE
A CASE STUDY



United Nations Population Fund (UNFPA)

*Women, Peace and Security Initiative
Technical Support Division*

CONTENTS

| | |
|---------------------------------------------------------------------------------------------|----|
| Preface | v |
| List of Acronyms and Abbreviations | vi |
| EXECUTIVE SUMMARY | 1 |
| Chapters | |
| I. Introduction and Background | 3 |
| A. Impetus for the Case Study | |
| B. Methodology | |
| C. Historical Background | |
| D. Socio-demographic and Economic Context | |
| E. Gender in the Sierra Leone Context | |
| II. Nature and Scope of Gender-based Violence in Sierra Leone | 7 |
| A. Harmful Traditional Practices | |
| B. Domestic Violence | |
| C. Sexual Violence | |
| D. Trafficking | |
| III. Responses of Government Bodies to Gender-based Violence | 17 |
| A. Ministry of Social Welfare, Gender and Children's Affairs | |
| B. Ministry of Health and Sanitation | |
| C. Security, Police and Peacekeeping Forces | |
| IV. Responses of National and Local Non-governmental Organizations to Gender-based Violence | 20 |
| A. Forum for African Women Educationalists | |
| B. Action For Development -- Sierra Leone | |
| C. Network of Women Ministers and Parliamentarians | |
| D. Women in Crisis Movement | |
| E. Lawyers Centre for Legal Assistance | |
| F. Religious Organizations | |
| G. Local Leaders | |
| H. Coordination | |
| V. Responses of International Non-Governmental Organizations to Gender-based Violence | 23 |
| A. International Rescue Committee | |
| B. GOAL Sierra Leone | |
| C. United Nations Organizations and Agencies | |

| | | |
|------|------------------------------------------------------------------------------------------|----|
| VI. | Summary of Accomplishments and Continuing Challenges in Addressing Gender-based Violence | 27 |
| | A. Accomplishments | |
| | B. Limitations, Challenges and Lessons Learned | |
| VII. | Conclusions and Recommendations | 29 |
| | A. Conclusions | |
| | B. Recommendations | |
| | ANNEXES | 32 |
| 1. | List of Institutional Respondents | 32 |
| 2. | Questionnaire for gender-based violence victims/survivors | 33 |
| 3. | Selected Cases of Gender-based Violence | 37 |
| 4. | Guidelines for Focus-Group Discussions | 49 |
| | REFERENCES | 50 |
| | TABLE | |
| | Trafficking in Persons: Processes, Means and Goals | 15 |
| | FIGURE | |
| | Model for Comprehensive Initiatives, International Centre for Migration and Health | 25 |

PREFACE

This case study is part of a project of the United Nations Population Fund (UNFPA), the Women, Peace and Security Initiative, led by Ms. Sahir Abdul-Hadi. The project is taking stock of the progress in implementing United Nations Security Council resolution 1325, adopted in 2000. The case study documents the lessons learned in Sierra Leone. Additional case studies are being prepared regarding other post-conflict contexts.

Ms. Mbalu Sesay and her team at Action for Development -- Sierra Leone; Ms. Juliana Junisa of the International Rescue Committee's Rainbo Centre, Kenema; and Dr. Francis Smart, Reproductive Health Division, Ministry of Health and Sanitation, undertook desk research at the initial stage of preparing this report. Ms. Elizabeth Sam conducted focus-group discussions and assembled case studies. Ms. Jeanne Ward and Ms. Mendy Marsh commented on drafts of this report, as did Ms. Jebbeh Forster of the United Nations Development Fund for Women (UNIFEM). Ms. Esmeralda James reorganized the information. Ms. Patricia Macauley, Network of Women Ministers and Parliamentarians (NEWMAP), encouraged the study. Dr. Mamadou P. Diallo, UNFPA Representative, initiated the idea for the country office to participate in preparing the case study; Assistant Representative Ms. Mariama A. Diarra provided coordination and supervision; and Ms. Genevieve Taylor and Ms. Christiana H. Kajue provided secretarial support.

LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|----------|----------------------------------------------------------------------------|
| AFD-SL | Action for Development -- Sierra Leone |
| AFRC | Armed Forces Revolutionary Council |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| DFID | Department for International Development (U.K.) |
| ECOWAS | Economic Community of West African States |
| FAWE | Forum for African Women Educationalists |
| FGC | Female genital cutting |
| FGM | Female genital mutilation |
| FSU | Family Support Unit |
| GDI | Gender-related Development Index |
| GBV | Gender-based violence |
| HIV/AIDS | Human immunodeficiency virus/acquired immunodeficiency syndrome |
| IDP | Internally displaced person |
| IRC | International Rescue Committee |
| LAWCLA | Lawyers Centre for Legal Assistance |
| NEWMAP | Network of Women Ministers and Parliamentarians |
| NGO | Non-governmental organization |
| PLCU | Police Local Command Unit |
| RUF | Revolutionary United Front |
| SARC | Sexual Assault Referral Centre |
| SEA | Sexual Exploitation and Abuse |
| SLAUW | Sierra Leone Association of University Women |
| STI | Sexually transmitted infection |
| TRC | Truth and Reconciliation Commission |
| UNAMSIL | United Nations Mission in Sierra Leone |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| WHO | World Health Organization |
| WICM | Women in Crisis Movement |

EXECUTIVE SUMMARY

In 2005, Sierra Leone was still emerging from the effects of a decade-long war in the 1990s and struggling to consolidate peace. During the war years, gender-based violence was used as a strategy for war, with many thousands of girls and women subjected to abduction, exploitation and sexual violence by various factions. Scores were also tortured and mutilated. This study focuses on the prevalence of gender-based violence during and after the conflict, on programming efforts and on gaps in programming, concluding with recommendations for improving the nation's capacity to address gender-based violence.

The case study is based on qualitative and quantitative data collected from desk and literature reviews and field research conducted in Freetown, Kambia and Kenema, Sierra Leone, during August and September 2005. The study's findings make it clear that many of the factors that led to gender-based violence during the conflict and in the post-conflict era reflected traditional gender values, roles and responsibilities. Both men and women take the traditional patriarchal value system for granted. As a consequence, most people equate gender equality with peaceful conformity to socially prescribed gender roles. The failure to question gender stereotypes allows domestic violence to continue as a "normal" and accepted part of spousal relations. Given the deep-rooted nature of these perceptions, it is not surprising that institutional actions perpetuate the status quo.

Since the war years, however, the "culture of silence" that shrouded gender-based violence has been broken. There is more openness, and survivors have begun to speak out and seek support for protection, treatment and legal aid. Structures have been put in place and are working towards the prevention of gender-based violence. A National Sexual Violence Committee was established. In 2005, the committee, chaired by the Ministry of Social Welfare, Gender and Children's Affairs, included the United Nations Children's Fund (UNICEF) and a number of non-governmental organizations (NGOs) involved in providing services dealing with sexual violence. Several national and international organizations, including the International Rescue Committee (IRC), Action for Development – Sierra Leone, and United Nations agencies and organizations, including UNFPA, have aided the population and particularly those who were displaced by the war and those who suffered sexual or physical violence during the conflict.

In a series of post-conflict initiatives, one of the major issues that surfaced was the needs of the survivors of the conflict. Although the Government instituted numerous programmes to assist former combatants and perceived perpetrators, little was done for survivors. Many need assistance, including medical treatment, psychiatric help, psychosocial therapy, skills training, microcredit, education, resettlement, compensation and employment.

In addition, temporary havens are needed, along with counselling and medical services, especially in the rural areas, for those suffering domestic violence. There is also a need for research and data for ascertaining and monitoring trends in gender-based violence. Incidences of violence must be recorded by local people's committees, police, investigation bureaux, courts and medical facilities, and these records must be disaggregated by gender. It is recommended that a task force be established in the Ministry of Social Welfare, Gender and Children's Affairs to monitor gender-based violence routinely. Such a report would be used to lobby parliament to amend laws and make the legal system more responsive to the needs of abused women and girls.

Advocacy and awareness-raising through the mass media and other media are needed on legal issues and, generally, on the existence of gender-based violence and its consequences. Attitudes have changed only slightly, and survivors of sexual violence still experience the stigma of disclosing the violation.

Training is needed for many sectors of the society, including training for court and justice officials at the district level to help them avoid gender bias in interpreting laws and handling gender-based violence. Police attitudes towards the survivors of sexual violence are problematic. In many instances, women do not report the crime, recognizing that they may receive little sympathy from the police. The Government is aware of the problem and has tried to address it through the establishment of Family Support Units (FSUs) within the police force, designed to deal sensitively with women. The Government has also begun to provide training for the police in the handling of domestic and sexual violence.

I. INTRODUCTION AND BACKGROUND

A. IMPETUS FOR THE CASE STUDY

This case study is part of a multi-country UNFPA initiative to assess the progress made in field-based efforts to address gender-based violence since the adoption and implementation of United Nations Security Council resolution 1325. The case study focuses on the prevalence of gender-based violence in Sierra Leone, on programming efforts and on gaps in programming. It concludes with recommendations for improving the nation's capacity to address gender-based violence.

B. METHODOLOGY

The case study is based on qualitative and quantitative data collected from desk and literature reviews and field research conducted in Freetown, Kambia and Kenema during August and September 2005. The research included a preliminary review of the global literature on gender-based violence, focus-group discussions with abused women, in-depth interviews with victims and survivors and a selective review of some of the initiatives and projects that are under way to addressing gender-based violence in Sierra Leone (annex 1).

1. Literature Review

A desk literature review of published and unpublished as well as media reports produced during the post-conflict period in Sierra Leone informed the literature review. Findings from the literature review are highlighted in chapter III on the nature and scope of gender-based violence in Sierra Leone. A bibliography of published documents was compiled using the following resources:

- Key word searches were conducted using POPLINE and Medline Plus search engines. Key search terms included: “violence against women”, “violence prevention”, “violence control” and “Sierra Leone”.
- Reviews of interventions and strategies used worldwide to address violence against women served as springboards for identifying published and unpublished articles about strategies and interventions from around the world or in Sierra Leone. Key reports came from such organizations as the United Nations Development Fund for Women (UNIFEM), the Pan American Health Organization (PAHO), UNFPA, the Panos Institute, the Family Violence Prevention Fund, the World Health Organization (WHO) and the Inter-American Development Bank.

2. In-Depth Interviews and Focus-Group Discussions

Forty-eight victims and survivors were selected for in-depth interviews on a one-to-one basis. Respondents were assured of the strictest confidence, so their names were not recorded for the purpose of the interview (annexes 2 and 3).

Fifteen focus-group sessions were conducted, each with 8 to 10 persons selected on the basis of some homogeneous attributes, such as age, sex or religious affiliation. Participants included men, women, youths, religious leaders, medical personnel in school and out of school, teachers, and victims of gender-based violence (annex 4).

3. Review of Promising Programmes Addressing Gender-based Violence

The UNFPA country office, in collaboration with various consultants, compiled a list of 15 field implementing partners with a wide range of programmatic specialties in the area of gender-based violence. The programme managers were asked to provide information about their own programmes and the results of any programmatic evaluation related to gender-based violence. The intention was to group information into three categories: service delivery programmes (care and treatment), protection and prevention.

After reviewing the documents and carrying out discussions with colleagues in the field, the office selected three programmes, one in each category, for in-depth analysis. Many programmes and reviews have utilized multiple approaches, such as mass media for behaviour change and advocacy for policy reform and implementation. In this case, programmes were included under the categories that best describe the main focus of their approach. In the process of selecting programmes, the office took the following four criteria into consideration:

- The programme had been evaluated and/or well documented;
- The programme had been identified as promising by several respondents;
- The programme could potentially be scaled up or replicated; and
- Programme staff were able and willing to share relevant programme-related documents.

4. Limitations of the Study

This case study was limited to those programmes based in the three communities because of the short time period in which to conduct the research. Promising initiatives may exist in other areas or have not been documented for a variety of reasons. Additionally, although a good response rate was obtained, some key respondents were unable to comment. For these reasons, it is possible that some important programmes have been overlooked.

C. HISTORICAL BACKGROUND

Sierra Leone is located on the west coast of Africa, bound on the north by Guinea, the south-east by Liberia and the south-west by the Atlantic Ocean. The country covers a total area of 73,000 square kilometres and is divided into four regions: Northern, Southern, Eastern and the Western Area where the capital, Freetown, is situated. There are 12 districts, 149 chiefdoms and 394 wards. Sierra Leone's latest census figures (2004) show that the population was close to 5 million.

Political instability, which culminated in the rebel war of the 1990s, can be traced back to the late 1960s, when the country was about to make its first democratic transition from one ruling party to another. Beginning in 1967, the young independent State experienced a series of coups and counter-coups. Protracted armed conflict in Sierra Leone started when the Revolutionary United Front (RUF) tried to topple the constitutionally elected government by launching a guerrilla war from neighbouring Liberia in March 1991. The decade-long conflict resulted in tens of thousands of deaths and the displacement of more than 2 million people, many of whom are still refugees in neighbouring countries.

Throughout the conflict, and particularly between 1992 and 1997, the control of the Diamond Mining District of Kono see-sawed between RUF and government forces. Diamond exploitation and smuggling were carried out unabated. Testimony given to the Truth and Reconciliation Commission (TRC) indicated that dealers continued to do business with whoever had control of the territory. A management company in Kono at that time tried to arrange secure corridors to facilitate the continuation of business.¹ In 1999, an alarmed international community outlawed business in what came to be known as “blood diamonds”.

In May 1997, the Armed Forces Revolutionary Council (AFRC), in collaboration with the RUF, staged another coup d'état, ousting the elected president and the Sierra Leone People's Party from office. From May 1997 to February 1998, the military junta of the AFRC and RUF forces ruled the country. This period was marked by intense negotiations, mediation between the opposing forces and attempts by the international community to restore peace. These efforts culminated in the intervention of the Military Arm of the Economic Community of West African States (ECOWAS), ECOWAS Monitoring Group, which forced the military regime out and restored power to the democratically elected government.

In 1999, the Lomé Peace Agreement laid the foundation for continued peace and the final cessation of the war. In implementing the Lomé recommendations, the United Nations deployed one of the largest ever peacekeeping missions, with more than 17,500 peacekeepers in the United Nations Mission in Sierra Leone (UNAMSIL).

In addition to the efforts of UNAMSIL, the International Military Advisory Training Team contributed towards the efforts of consolidating peace by retraining the new army. The Disarmament, Demobilization and Reintegration Programme was instituted for ex-combatants, and both local and international NGOs launched programmes and projects aimed at assisting thousands of internally displaced persons (IDPs) and returning refugees.

Four years after the war was officially declared over, Sierra Leone was still struggling to put in place structures and systems that would consolidate peace. The UNAMSIL mission was preparing to draw down completely in December 2005, when the military wing was to be replaced by an Integrated Office that would continue with the consolidation of peace in Sierra Leone's transition from post-conflict to development.

D. SOCIO-DEMOGRAPHIC AND ECONOMIC CONTEXT

The devastating effects of Sierra Leone's protracted conflict cannot be underestimated. By 2005, Sierra Leone was second to last on the United Nations Development Programme's Human Development Index.² Life expectancy was 37.0 years for males and 39.0 years for females. Child mortality was 297 and 270 (males and females, respectively) per 1,000 live births.³

Rural-urban migration had always been common, although the rebel war greatly influenced the pace at which this occurred. Camps for the internally displaced were based in the peri-urban areas. At the end of the war, large portions of the rural areas were still sparsely populated compared with overcrowding and congestion in the towns and cities. Freetown, for example, which has an infrastructure sufficient to support 300,000-500,000, was struggling to cope with almost 1 million

¹ Jan Joubert, Sierra Leone Country Manager, Branch Energy Ltd; Truth and Reconciliation Commission (TRC) interviews conducted in Kono and Freetown, June 2003. Vol. 3 B, Chapter One, Mineral Resources section 50, p. 16.

² UNDP (2005) *Human Development Report, 2005*: Human Development Index.

³ Ibid.

people.⁴ The overburdened social welfare system was stretched beyond limits, thus increasing destitution and unemployment, especially in the western area of the country where social assistance was virtually non-existent.

About 75 per cent of the population was engaged in agriculture, the sector that is the largest contributor -- 45 per cent on the average -- to the gross domestic product (GDP). However, survey results and sector reviews show that farmers, especially subsistence food crop farmers, are among the poorest in the country. Rural-urban migration has adversely affected agriculture in terms of labour force participation and productivity because the rural population now consists mainly of the elderly and the very young, thus lowering total GDP.

E. GENDER IN THE SIERRA LEONE CONTEXT

According to the 2004 Population and Housing Census, females constituted the majority of the population (51.3 per cent). About 10 per cent of females were living below the poverty line (defined as living on less than \$ 1 a day), and 74 per cent of these were living on less than 50 cents a day. Women spend long hours in farming, petty trading, other economic activities and household chores. Most (89 per cent) lack access to gainful employment and education.

In 2004, local government elections were held to reinforce the democratic system. At that time, women made up about 11 per cent of the members of local government councils, and about 15 per cent of members of parliament. Both the local government and parliament provided avenues for women to advocate for their rights, employment and education about gender-based violence. However, laws and legislation had not been revised, updated or codified for a long time. Women and girls were inadequately protected from gender-based violence under the law, notwithstanding the existence of a Constitution, common law, statutory law, an unwritten customary law and a well-structured court system. Gender discrimination remained pervasive in Sierra Leone and was sanctioned and reinforced by traditional and cultural practices, including the culture of silence.

The situation of women continued to be characterized by their exclusion from development and from taking part in decision-making processes at local and national levels. This exclusion is in large part a result of the disparity in education between men and women and deep-seated cultural practices.

Sierra Leonean society is made up of 17 ethnic groups. The majority of the people are of the Islamic faith; others are Christians and animists. Sierra Leone's social and cultural norms are a blend of the traditional, indigenous and the Islamic as well as Christian belief systems. Many of these cultural beliefs need to be fully examined to understand how women are treated in Sierra Leone. The situation of women is made worse by some customary and religious practices, including those that limit women's reproductive rights and their participation in public life. In some cultures in Sierra Leone, a woman's identity is formed through her association with a man. Among one of the most prominent ethnic groups -- for example, some of the Mende -- every woman must be affiliated to a man if she is to find acceptance in the community. This is rooted in the belief that a woman's prayer goes to God through a man. As a result, the community considers a woman without a man to be not "complete".

⁴ Human Rights Watch in Jeanne Ward, *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings* (New York, Reproductive Health for Refugees Consortium, 2002).

II. NATURE AND SCOPE OF GENDER-BASED VIOLENCE IN SIERRA LEONE

The United Nations Declaration on the Elimination of Violence Against Women (1993), Article 2, states that violence against women encompasses, but is not limited to, “physical, sexual and psychological violence” as follows:

“in the family, including battering, sexual abuse of female children..., dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; ...[and] within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; [and] physical, sexual and psychological violence perpetrated or condoned by the State....” (Resolutions and Decisions of the Economic and Social Council, E/1993/93.)

This inclusive definition of gender-based violence is the basis for the various types of violence enumerated in this report. The discussion provides an overview of traditional practices that represent and/or promote gender-based violence as well as of domestic violence, sexual violence, violence in the context of armed conflict, and trafficking. The sources of information include data from police reports, NGO reports and focus-group discussions and interviews held with survivors of gender-based violence in three districts of Kambia, Kenema and Freetown.

Sierra Leone is a signatory to several relevant international instruments including the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),⁵ the Convention on the Rights of the Child, the African Charter on Children and the Beijing Declaration. Moreover, the Constitution of Sierra Leone aims at recognizing and protecting the fundamental human rights and freedoms of the individual and maintains that “. . . no law shall make any provision which is discriminatory either of itself or in its effect.” However, few laws are focused on protecting women against gender-based violence. The customary legal system is the prevailing system in rural settings. Conventional law does not filter out to the rural settings that often lack functioning justice and law-enforcement systems.

A. HARMFUL TRADITIONAL PRACTICES

Traditional practices in Sierra Leone that are harmful to women and girls include female genital cutting (FGC) and forced early marriage.

1. Female Genital Cutting

FGC is widely practised. The World Health Organization estimates that up to 90 per cent of Sierra Leonean women had undergone the procedure.⁶ Initiation into the cultural society takes the form of the removal of the clitoris, i.e., infibulation. Women heads of the “Bondo Society”, referred to as

⁵Sierra Leone signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on 21 September 1988. United Nations Division for the Advancement of Women. CEDAW State Signatories. Accessed 15 October 2005.

Web address: www.un.org/womenwatch/daw.cedaw/states.ht

⁶World Health Organization (2005). Country specific data: Sierra Leone. Accessed 15 October 2005. Web address: www.who.int/countries/sle/en/

oweis, perform the operation. *Soweis* are groups of women who go through traditional training for many years in how to do this delicate traditional non-medical operation.

Apart from the operation, initiates undergo long periods of training from senior members of the society as preparation for marriage and child-rearing. Initially, the ceremony was regarded as a rite of passage from childhood to womanhood and would normally be performed at the onset of puberty, between the ages of 12 and 15. In recent years, however, some ethnic groups initiated girls as young as 5 years.

The practice is sanctioned by custom, thus creating a situation in which it appears that the Government is silent on it. In the late 1990s, a group of *Soweis* came together to establish a council that made sanctions to deter members of *Soweis* and parents who preferred that their children undergo the process at a young age, without informed choice. The war made the council inactive.

Evidence from the focus-group discussions revealed that young girls see the ceremony as a necessary rite of passage, and they look forward to being initiated as soon as they attain the stipulated age. It was also revealed that nobody asked their consent or gave them any information on what was involved. Evidence from the focus groups in Kambia, Kenema and Freetown indicated that some girls regretted having been initiated, because they found it difficult to determine the usefulness of the process.

Viewing female FGC within the context of the spread of sexually transmitted infections (STIs), including HIV/AIDS, a number of respondents said that possibilities exist for the virus to be transmitted from person to person. The group of Maternal and Child Health Aides and medical doctors interviewed in Kambia expressed similar views. Members of a group of older women agreed that the possibility for young girls to be infected is a concern to them. Steps have already been taken to ensure that the same instrument is not used for more than one person. These women have benefited from sensitization campaigns on the mode of transmission and spread of infections, but the information has not changed their resolve to keep the tradition alive. The infibulation type of female circumcision is the most common among teenage girls for most of the ethnic groups in the country. Sometimes, there is a discussion of the issues with the girls for informed choice, but most of the time the girls have to accept the practice because that is what tradition demands.

2. Early Marriage

For young women and girls, there is no official age for marriage. Traditionally, among most ethnic groups, a girl is considered of marriageable age when she has attained puberty and has been initiated into the Bondo Society. Therefore, girls as young as 12 who meet these conditions are eligible for marriage, sometimes to men who are old enough to be their parents.

Many ethnic groups practise child betrothal. A man who betroths a baby girl pays the bride price at birth, in addition to providing labour and other services in cash or kind to the bride's family on a regular basis until the girl grows up. As the girl approaches puberty, the husband-to-be requests his wife. The marriage would then be arranged after her initiation and graduation from the Bondo Society. The husband-to-be would usually take responsibility for meeting the cost in full. Some girls in school would be withdrawn to fulfil the promise made several years ago. This situation has been one of the main causes of the high drop-out rate of girls from the educational system. Some girls who dropped out of school due to early and unwanted pregnancies and not due to forced early marriages now have the opportunity to continue their education at technical and vocational institutes or non-formal education centres. If, for any reason, the marriage breaks up, parents are sometimes required to pay the expenses incurred throughout the period of betrothal and marriage.

No consideration is given to compensate for the services rendered or for the children from such unions.

More than 80 per cent of marriages are contracted under customary law. The type of marriage contracted has important implications for women's relative social position within conjugal unions. Specifically, issues pertaining to spousal consent to the union, the payment of bride price, the age gap between the spouses and the practice of polygyny may condition social expectations regarding conjugal equality and women's perception about their rights and obligations within the marriage. Christian, civil law, customary and Muslim types of marriages provide varying degrees of protection and rights for women. Christian and civil marriages prohibit polygamy; customary and Muslim marriages permit it.

Although arranged marriages are still common for young women in traditional societies, some young women and girls, as they become empowered educationally and economically, particularly in urban areas, can now make their own decisions concerning their marriage and sex without their parents' knowledge or consent.

B. DOMESTIC VIOLENCE

1. Causes and types of domestic violence

The causes of domestic violence are embedded in customs and traditions and in people's attitudes and acceptance of gender inequity and inequality as the norm. Participants in the focus-group discussions confirmed that acts such as wife-battering, sexual assault and marital rape between intimate partners or the maltreatment of children by parents or other caregivers were common.

An unpublished Human Right Watch study revealed that, in the period 1998-2000, 70 per cent of urban women interviewed said that a male partner had beaten them and over 50 per cent reported being forced to have sexual intercourse. More than 60 per cent of the women still believed that a man had the right to beat his wife if she disobeyed him. Other empirical evidence indicated that it was a wife's duty to have sex with her husband, even if she did not want to. In rare instances, a wife may have perpetrated emotional and/or physical violence against her husband.

In a focus-group discussion, a group of women in urban and rural Sierra Leone disagreed with regard to the justification for a man to beat his wife. Some women were of the opinion that a man should beat his wife if she failed to regard him as the head of the household and if she refused him sex. The group of older women interviewed in Kambia expressed similar views. They stressed that husbands must deal with women who choose to be insubordinate. In their opinion, women should be submissive and respectful in order to earn blessings for their children.⁷ However, younger women were ready to stand up against being beaten because they believed that they were adults in their own right and must not be treated like children under parental care.

Traditional attitudes such as those above perpetuate the problem of domestic violence. Other common beliefs include the following:

- Beating one's wife or partner is a man's way of showing that he loves her;
- A married man who does not have extramarital affairs is weak and abnormal;

⁷ Gender-based violence focus-group survey, 2005.

- A wife who speaks out about her family is a disgrace to that family;
- A good wife is expected to accept patiently whatever treatment is meted out to her by her husband and his relatives;
- A survivor of gender-based violence who reports an incident to the police is blamed for embarrassing her husband; and
- Reports made by a woman against her husband may not be addressed or validated by the police because they consider such cases to be family matters to be settled at home.

Because domestic violence is considered normal in Sierra Leone, victims seldom report incidents to anyone other than close family members, who may mediate or encourage the perpetrator to stop the violence.

Domestic violence became an issue of serious concern during the last decade or so when groups began to speak out against it. Women were encouraged to report what they were experiencing to the Family Support Unit (FSU) of the Sierra Leone Police Force. Evidence abounds to show that the police are still somewhat hesitant about intervening in domestic assault matters unless the assault is perceived as serious as maiming, wounding or disabling.

In a recent example related by a member of a focus group in Kenema (2005), a man picked up his wife and threw her to the ground. She hit her head on a stone. She reported the matter to the police but was told that it was a family matter that they could not interfere with. After discussions at a family meeting, the husband was asked only to apologize and refund the medical bill.

Traditional rulers may treat cases of domestic violence with levity. In the Kenema District, some chiefs have been known to respond to domestic disputes between husbands and wives by locking up the women.

In an attempt to address the issue of impunity for perpetrators of domestic violence, the Law Reform Commission held a one-day consultative seminar in June 2005 entitled “Laws of Domestic Violence in Sierra Leone.” The workshop was the initial stage in the formulation of comprehensive legislation on domestic violence aimed at protecting survivors, reducing incidents and eventually ending the problem.

At this seminar, the Ministry of Social Welfare, Gender and Children’s Affairs highlighted the following issues for consideration in the formulation of legislation on gender-base violence:

- Domestic violence is a human rights issue;
- It includes any intentional act or acts, whether physical, sexual or emotional, which cause injury or degradation to the survivors;
- The key to determining whether an action is or is not violent is the stress caused by that action to another person;
- Survivors of domestic violence are placed under the supervision of the perpetrators of domestic violence;

- The most widespread forms of domestic violence are wife beating; verbal or emotional abuse or the use of invectives; sexual violence; and deprivation of access to rights;
- A husband who forces his wife to have sex with him is guilty of domestic violence;
- Sexual violence against children is a common form of domestic violence in Sierra Leone;
- It is difficult to record and investigate cases of domestic violence because the survivors keep quiet, as they often rely on the perpetrators for protection;
- Traditional leaders also commit and condone domestic violence, especially as committed against women and children; and
- Current laws are inadequate to address the problem of domestic violence in Sierra Leone.

2. Legal Context to Address Domestic Violence

Sierra Leone does not have specific legislation on domestic violence, limiting its recognition as a criminal offence. Consequently, women and girls, particularly educated women and girls in urban areas who have no recourse to customary law, continue to suffer in silence.

C. SEXUAL VIOLENCE

The incidence of sexual violence seems to be on the increase. In some African countries, the increased incidence of rape can be linked to a cultural belief that older men can be cured of their STIs, especially gonorrhoea and syphilis, if they have sex with a virgin. In Sierra Leone, many people attribute the perceived increase in sexual violence to the aftermath of the war, because sexual violence was one of the strategies used during the war.

1. Conflict-related Sexual Violence

The war in Sierra Leone is often described as the “war against women and girls”. Throughout the conflict, rape, sexual slavery and sexual assault were strategies of war, used to intimidate and subdue women. According to TRC statistics, more than 32 per cent of all violations recorded by the Commission were perpetrated against women. Of the total number of testimonies given by women and girls, 186 of them demonstrate what may have been a deliberate strategy to target them because of their gender. TRC received more than 800 statements from women and girls reporting and describing acts of rape. Girls between 10 and 18 years old constituted the largest number of survivors of war-related rape. Some were gang-raped whereas others suffered multiple rapes and/or sexual slavery. In many instances, women and girls were abducted and handed over to one or more of the fighters to serve as a sex slave.

The abductions and use of young girls and women as “bush wives” and “sex slaves” by armed groups during the war may be attributed to the traditional beliefs on this issue prior to the war. Some of the armed groups did not consider it an aberration to rape young women or use them as sex slaves. Testimony to TRC from a girl child who was captured during the conflict illustrates this point:

“I was a small girl and could hardly recall or have the experience of what was going on around me at that time. Unfortunately, my sister and I were captured at Mende Boima. I

remained under the guardianship of Morrie Sellu, who later sponsored my initiation into the Bondo Society. He then turned me into his wife afterwards....”⁸

More than 50 per cent of the survivors interviewed had experienced similar fates in the hands of the fighting forces.⁹ Many were forcibly married, unaware of the traditional marriage rites that would normally precede sexual activity, particularly in the rural areas.

In 2001, Physicians for Human Rights, an NGO based in Washington, D.C., conducted a prevalence study among 991 IDP women (heads of households) and their family members: 94 per cent of respondents reported some exposure to war-related violence and 13 per cent reported suffering incidents of war-related sexual assault.¹⁰ Half of the IDPs indicated that the perpetrators were part of the RUF forces. Thousands of girls, some as young as eight years old, were abducted, gang-raped and forced to remain with armed men for months. This resulted in a high number of unwanted pregnancies and unsafe abortions, in addition to the spread of STIs, which may have included HIV/AIDS. In some instances, acts of sexual violence resulted in the need for corrective vaginal surgeries, which were not readily available to the women affected.

Legislative procedures to address gender-based violence were weak and ineffective. Although interested NGOs later pressed for perpetrators to be prosecuted, few cases reached the courts and their logical conclusion. There were limited orientation programmes from which both perpetrators and survivors could benefit.

Women and girls were clearly singled out as targets of malice and violence during the conflict. They suffered abduction and exploitation at the hands of the various warring factions. Their vulnerability was deliberately exploited. They were taken from their homes and villages by force. Those who refused to comply were often killed. Besides being raped, forced into sexual slavery and forced to endure acts of sexual violence, scores of them were also mutilated and tortured. For those fortunate enough to escape, they were displaced and often separated from their families. Some fled to nearby countries and beyond as refugees. Many others were housed in camps as IDPs, some living with children born out of unwanted pregnancies. Even the camps were not always safe for women and girls. It was reported in the gender-based violence survey that the more than 10,000 women from Liberia who were living in refugee camps in and around Kenema continued to suffer some form of gender-based violence.

An unpublished study conducted in 2001 by the United Nations High Commissioner for Refugees (UNHCR) and Save the Children-United Kingdom reveals that most of the young women in refugee camps in Sierra Leone, Guinea and Liberia became mothers between the ages 13 and 16 years.¹¹

⁸ TRC statement, Bo Kakua, 16 December 2002.

⁹ Gender-based violence survey, 2005.

¹⁰ *War-related sexual violence in Sierra Leone: A population based survey* (Washington, DC, Physicians for Human Rights, January 2002). The report sampled 1,048 households in three IDP camps and one community with a large number of IDPs. A total of 991 female heads of household participated in the study.

¹¹ The summary of initial findings and recommendations may be found on line at: www.unhcr.ch/cgi-bin/texis/vtx/home/open-doc.pdf?id+3c7cf89a4&tbl=PARTNERS

The findings of the 2005 assessment indicate the following:

- Girls aged 4 to 12 years were sexually harassed, either verbally or through touching of their buttocks, breasts or genitals. Male adults were most often the perpetrators;
- Girls reportedly experienced attempted rape when they went to use the toilet or to take a bath. The bathrooms and toilets were all located in the same place and adult males would watch for girls who were going to one of these facilities and follow them with the intention of raping them;
- Even very young children, it was reported, were not exempt from sexual exploitation and violence;
- Most survivors of sexual violence suffered rape by penis or finger penetration of the vagina. To a lesser extent, cases of oral rape perpetrated by male parents on infants were reported;
- Incidents of rape among children by their grandparents were also reported. These occurred among children who had been left with grandparents by their parents;
- Girls living in female-headed households (no husband) were more vulnerable to sexual violence by neighbours, caregivers and male friends of the mothers;
- Children who would go out at night on their own unaccompanied by an adult were particularly vulnerable; and
- Children who hawked food or non-food items were also identified as being vulnerable to sexual violence because adults would often wait for them in isolated and abandoned buildings.

Alleged perpetrators of sexual violence against women and girls included male security personnel; adolescent boys and young men, against their peers; men with drug and/or alcohol addictions; people known to the children, including neighbours and relatives; unmarried men who could not afford to pay for sex; mentally ill people; ex-combatants; medical staff; policemen; and teachers. In addition, there were reports of violations by humanitarian workers, from whom women and girls expected respite and protection, in both IDP and refugee camps, using food distribution in exchange for sex. Frequently, perpetrators of sexual violence were relatives or neighbours of the survivors. A high proportion of reported cases involved children between the ages of 2 and 14 years.¹²

Although peace has returned to Sierra Leone, many of the wounds are still raw. Those who appear to have put some form of coping mechanisms in place still bear physical and psychological scars. Young girls and women who bore children as a result of conflict-related rape are reminded daily of their pain and suffering. Many of them are made to feel that they no longer have a place in their communities because they were in the company of rebels.

¹² TRC confidential statements recorded in Bo District, 24 March 2003. Vol. Three B, Chapter Three, Women and the Armed Conflict in Sierra Leone, p. 137.

Institutions such as the Forum for African Women Educationalists (FAWE) have provided support to young mothers by encouraging them to engage in skills training while providing day-care services for their children. Those who gained skills benefited from start-up kits, which enabled them to own their own businesses. These young mothers can now provide for their upkeep and that of their children and dependants.

2. Legal Context for Addressing Sexual Violence

Rape is an offence under the common law in Sierra Leone, with a maximum sentence of life imprisonment. It is defined as having sexual intercourse with a woman without her consent, by force, fear or fraud. As of 2005, the laws made provisions for incidents of rape against children 14 years of age and below to be treated as unlawful carnal knowledge, an offence that carries a maximum jail sentence of only 12 years. When sexual intercourse takes place with a girl under the age of 13 years, without her consent, the suspect is charged with unlawful carnal knowledge under Cap 31 of the Prevention of Cruelty to Children Act. Such an offender may be sentenced to up to 15 years in prison. If the girl is over 13 but under 14, the crime is classified as a misdemeanour rather than a felony, and the maximum sentence is two years.

Although rape is, in theory, punishable as an offence throughout the country, it has always been underreported, and relatively few prosecutions of rape or crimes of sexual violence have taken place. Survivors have been reluctant to report sexual crimes for fear of stigma. Many survivors suffer intimidation and are thus prevented from reporting crimes or from insisting on the prosecution of perpetrators. In addition, there is often little incentive to pursue an onerous prosecution in a judicial system that is not conducive to “just” outcomes. The rules of procedure in Sierra Leone’s courts require corroboration and cross-examination by formidable defence lawyers, a process that can discourage women and young girls from initiating legal proceedings. A perceived hostile environment in the courts often had the consequence of making survivors, without legal representation, feel that they were responsible for the abuse they suffered. Most of the reported cases end up not being prosecuted, as those responsible for prosecution prevailed upon the survivor to settle the matter out of court. The approach of the police and judicial officers suggests that they regarded rape and other gender-based crimes as lesser crimes not worth prosecuting.

The Law Reform Commission has produced a bill on “Sexual Offence”, which is now at the Attorney-General’s office, a significant step in the process of becoming a law.

D. TRAFFICKING

1. Definition and Types of Trafficking

In December 2000, the international community reached a consensus on a common normative definition of trafficking in human beings, developed in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children. It supplements the United Nations Convention against Transnational Organized Crime. This definition states that Trafficking in Persons is:

“ . . . the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation

or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

The protocol also has a specific definition for trafficking in children, which includes “the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation.” The provision stresses that trafficking of a child for exploitative purposes, no matter what means are used should be considered a crime.

In a recent report of the United Nations Children’s Fund (UNICEF) assessing child trafficking in Sierra Leone, an attempt was made to simplify the definition. The report adapted a framework developed as part of a Counter Trafficking Programme in Indonesia, funded by the United States Agency for International Development (USAID). The framework provided in the table outlines the components – the process, means and goals -- that constitute trafficking in persons.

Table 1. Trafficking in Persons: Processes, Means and Goals

| Process | + | Means | + | Goal |
|----------------|---|--------------------------------|---|----------------------------------|
| Recruitment | | Threat | | Prostitution/Sexual Exploitation |
| Or | | Or | | Or |
| Transportation | A | Coercion | A | Pornography |
| Or | N | Or | N | Or |
| Transferring | D | Abduction | D | Violence/Exploitation |
| Or | | Or | | Or |
| Harbouring | | Fraud | | Forced Labour |
| Or | | Or | | Or |
| Receiving | | Deception | | Slavery/Similar practices |
| | | Or | | |
| | | The Abuse of Power | | |
| | | Or a Position of Vulnerability | | |
| | | Or | | |
| | | Sale/Purchase | | |

Source: United Nations Children’s Fund, *Child Trafficking in Sierra Leone* (2005).

Human trafficking is not new to Sierra Leone. Parents sometimes voluntarily give their children to others for fosterage. Often the person is well known to the family, and the parents act on an understanding that giving their children to this person will give them a better future. It is not uncommon for such children to be taken miles away from their home and environment to live with another family as a full-time servant or as part-time house help, and the child may also attend school or some other institution to learn a trade or skill.

Civil conflict and economic hardship created an atmosphere in which trafficking thrived. The war saw large numbers of children abducted and forcibly made to fight alongside the rebels. Between 7,000 and 10,000 child soldiers may have been part of the fighting forces in Sierra Leone.¹³

After the war, people were trafficked into domestic servitude and forced labour in mines, in agriculture and as street hawkers. Islamic teachers (*Karamokos*) in some parts of the eastern and northern regions use children as farm labourers under the guise of teaching them Arabic.

Examples from Kissi Teng in the Kailahun District include children that are held for long periods in Arabic training homes as domestic workers. Sometimes, third parties pay the *Karamoko* for

¹³ Government of Sierra Leone, *Poverty Reduction Strategy Paper* (2005).

these children to be given out on contract to work on their farms. The children are deprived of their families and of education. Some individuals are even procured for their body parts, which are used in traditional/religious rituals.

Although men, women and children can be survivors of trafficking, most survivors are women and girls. Girls are believed to be best suited for work in the house or are linked to the household economy. Girls are the typical choice when some families are deciding which of their children should not be sent to school. They are not considered good investments in the future since they will most likely get married and leave home. Traffickers convince families to give up their daughters, promising to give them an education and a better future. Some traffickers have been known to offer to marry girls as a ploy to get them away from the protection of their families.

2. Legal Context for Addressing Trafficking

The Government adopted the protocol as a core reference for the definition of human trafficking in the 2005 Anti-Human Trafficking Act. According to this law, “exploitation” includes the following:

- Keeping a person in a state of slavery;
- Subjecting a person to practices similar to slavery;
- Compelling or causing a person to provide forced labour or services;
- Keeping a person in a state of servitude, including sexual servitude;
- Exploitation or the prostitution of another;
- Engaging in any other form of commercial sexual exploitation, including but not limited to pimping, pandering, procuring, profiting from prostitution, maintaining a brothel and child pornography; and
- Illicitly removing human organs.

Notwithstanding the existence of this law, there is little or no awareness regarding its implications for action. For example, an aunt who brings her niece to town to work as a domestic servant in her household and requires her to work 14 hours a day for no salary may view this action not as exploitation but rather as an opportunity for the child to learn how to care for a household. As this is a common scenario among many families and communities in Sierra Leone, it will be challenging for people to recognize this as exploitation and trafficking.

III. RESPONSES OF GOVERNMENT BODIES TO GENDER-BASED VIOLENCE

Gender-based violence was a major source of concern during and after the decade-long conflict. Below are the prominent government institutions that undertook actions to address gender-based violence either for service delivery, protection and prevention among the survivors.

A. MINISTRY OF SOCIAL WELFARE, GENDER AND CHILDREN'S AFFAIRS

The focal point for integrating women's participation and gender issues into governmental strategic planning is the Ministry of Social Welfare, Gender and Children's Affairs. This Ministry was created after the 1996 elections. It is mandated to monitor, coordinate and evaluate all issues related to the welfare and protection of women, children and other vulnerable groups.

In 2001, the National Policy for the Advancement of Women and the National Policy on Gender Mainstreaming were produced. In 2004, a Memorandum of Understanding was drawn up between the Family Support Unit (FSU) of the Sierra Leone Police Force and the Ministry to allow them to join forces to monitor and report incidents of domestic violence and child rights abuses. The Ministry trained social workers to collaborate closely with FSU staff at every police station where the unit existed. As of 2005, the Ministry had undertaken the following to deal with domestic and sexual violence:

- Collaborated with the Council of Churches in Sierra Leone, Defence of Children International and the Lawyers Centre for Legal Assistance (LAWCLA);
- Organized UNICEF-sponsored training for social workers and the police to enhance the investigation of domestic violence cases;
- Arranged for periodic visits to families by the staff of the Ministry's Family Mediation Unit;
- Provided skills training for abused women;
- Provided financial support to homeless battered women;
- Worked with IRC, Cooperazione Internazionale and GOAL Sierra Leone to assist women and girl survivors of domestic violence by providing care, psychosocial counselling skills training services and temporary safe places for battered women. IRC and its Rainbo Centres, in collaboration with the Ministry, also facilitated access to free medical facilities at the Princess Christian Maternity Hospital for sexual violence survivors; and
- Established Domestic Violence and Sexual Violence Committees at national and district levels and provided training for their members with support from UNICEF.

The Ministry and its partners were working on Children's Acts. The Ministry also had a Family Case-Work Section that dealt with problems of maintenance and domestic violence.

B. MINISTRY OF HEALTH AND SANITATION

As of 2005, women's access to adequate health facilities was limited. During the conflict, many health-care facilities were looted, vandalized or destroyed. The remaining facilities became largely dysfunctional, especially in the north, with devastating effects on vulnerable women and children.

Responses to address the situation include the training of health professionals on syndromic management of STI and the treatment of rape survivors. The Reproductive Health Division in the Ministry of Health and Sanitation, which collaborated with the IRC Rainbo Centres to provide services to survivors, is working with them also to address gender-based violence with service delivery actions, capacity-building and resource mobilization. It is preparing a National Reproductive Health Policy that includes a component addressing gender-based violence as a matter of priority in the phase II implementation of the gender-based violence programme of IRC. It also collaborates with IRC on emergency obstetric care.

The development of the National Reproductive Health Policy will address gender-based violence. However, the need for more advocacy and behaviour change and communication programmes to create awareness of gender-based violence cannot be overemphasized.

C. SECURITY, POLICE AND PEACEKEEPING FORCES

The establishment of FSUs within the Sierra Leone Police Force in 2001 contributed to the documentation of gender-based violence throughout the country. By 2005, the police force had established FSUs in 19 of their Police Local Command Units (PLCUs) in the four regions of the country. FSUs were originally set up to make it easier for women and girls to report domestic violence and to have a specific unit within the police department where survivors can go for appropriate assistance. Through sensitization campaigns and awareness-raising activities on gender-based violence in communities around the country, FSUs encouraged women to report their experiences of gender-based violence. The police also established a Women's Help Line. FSUs teamed up with the social workers of the Ministry of Social Welfare, Gender and Children's Affairs to investigate reports of gender-based violence. Between 2004 and August 2005, the efforts of FSUs, together with their partners, resulted in 21 convictions of perpetrators of gender-based violence, with prison terms ranging from 6 months to 22 years.

The PLCUs aimed at combatting sexual and physical violence against women and children. PLCUs deal with offences in three categories: physical assault, sexual assault and cruelty to children. By 2005, 105 staff members, including police officers and social workers, had been trained in the following: awareness-raising; human rights; media and communication skills; record-keeping and files/job-tracking systems; and sexual investigation and joint police and social workers' investigation of sexual offences, with cases referred to the FSU thoroughly reviewed and prosecuted if the survivor so desired. The training was sponsored by the Sierra Leone Police, UNAMSIL, and Civilian Police in Peacekeeping, Department for International Development (DFID), UNHCR, UNICEF, IRC, the Ministry of Social Welfare, Gender and Children's Affairs and other agencies.

Those providing the services were also trained in positive attitudes towards survivors, especially with respect to possible STIs and HIV/AIDS. As of 2005, it was mandatory for all recruits in the uniformed services personnel group to be trained on these issues, including gender relations. A syllabus for police training had been developed to create awareness of measures to prevent such infections. As the syllabus is updated, there will be an opportunity for gender-based violence issues

to be infused in the training package. The training of police officers on gender-based violence should be a matter of urgency to the management and training units of the police force.

Peacekeepers also benefited from HIV/AIDS/STIs, gender-relations training of trainers during the peacekeeping period in Sierra Leone. This training was designed to create awareness and gender sensitivity among peacekeepers and an understanding of how they should relate to the host communities where they were deployed. They also benefited from the information on the code of conduct, Standards of Accountability and Sexual Exploitation and Abuse (SEA) training. SEA issues were being shared with peacekeepers and other civilians working in the peacekeeping operation. A SEA policy is also being developed.

Notwithstanding the above measures, the training on gender-based violence is not yet adequate. Guidelines and protocols to facilitate police and security interventions are yet to be developed or adapted. Moreover, there is a need to enact laws that address gender-based violence to the advantage of the vulnerable women and girls who survive.

IV. RESPONSES OF NATIONAL AND LOCAL NON-GOVERNMENTAL ORGANIZATIONS TO GENDER-BASED VIOLENCE

Addressing gender-based violence in Sierra Leone is still relatively new. Before the war, in 1991, no national NGOs were working on the issue. After the conflict ended, several organizations addressed aspects of gender-based violence, although some of these were unable to sustain themselves due to funding gaps and weak interest and support from key stakeholders.

A. FORUM FOR AFRICAN WOMEN EDUCATIONISTS

FAWE is one of the primary national organizations engaged in the care of survivors. The organization provided emergency assistance to many female survivors of abduction and rape and vulnerable males after the 1999 rebel invasion of Freetown. FAWE provided medical assistance to a total number of 1,168 cases of abductees and rape victims, especially from the north, east and western areas. The gender and occupational breakdown of these cases is as follows:

| <u>Gender</u> | |
|----------------------|-------------|
| Females | 901 (77.1%) |
| Males | 139 (11.9%) |
| Gender not specified | 128 (11.0%) |

| <u>Occupation</u> | |
|-----------------------|-------------|
| School girls/students | 541 (46.3%) |
| Trader/Business | 190 (16.3%) |
| Occupation not stated | 437 (37.4%) |

Of the 1,168 patients, 99 per cent were abductees, most of them captured in Freetown during the January 1999 invasion; fewer were abducted from Makeni and Kono. The types of violence reported by the abductees included:

- *Sexual.* A total of 648 (55.5 per cent) of the abductees had been raped, some by 2, 3 or even 10 men. Two women reported that they had been raped by 15 and 30 rebels, respectively. The former had given birth to a baby only two weeks before she was raped. Both patients suffered from a prolapsed uterus two days after the incidents;
- *Physical.* A total of 274 (23.5 per cent) had been beaten because they refused sex or refused to carry heavy goods. The degree of violence ranged from slaps to severe and brutal beating;
- *Psychological.* A total of 114 (9.7 per cent) clients suffered psychologically. These clients were referred for counselling and trauma healing or psychiatric treatment;
- *Not Ascertained.* A total of 132 (11.3 per cent) did not indicate type of violence.

Clients revealed that their abductors often made them take drugs. Fifty-two (4.4 per cent) revealed that the abductors gave them drugs such as Valium and cannabis, while a few were given cocaine. Some were given alcohol in the form of totapak or palm wine. STIs were also prevalent among the clients: 281 (24.1 per cent) complained of vaginal discharge and 327 (27.9 per cent) also had pelvic inflammatory diseases. A total of 200 (17.1 per cent) of the abductees were pregnant, and 79 (6.7

per cent) did not carry the pregnancy to term due to either induced or spontaneous abortions. The majority of the patients had a spontaneous vaginal delivery. Most of the pregnant women were teenagers, in the age range of 14 to 18 years.

At that time, the FAWE programme's response focused, in addition to emergency medical assistance, primarily on skills training. In 2005, the programme had components for general reproductive health and primary health care through a referral system for beneficiaries to available health-care facilities. FAWE also followed up cases reported to FSUs for prosecution.

B. ACTION FOR DEVELOPMENT—SIERRA LEONE

Action for Development -- Sierra Leone (AFD-SL) was established in 2003 and has since been a pioneer in mental health services based on a community model in order to avoid institutional care. As of 2005, AFD-SL was focusing on three main groups: survivors of human rights violations, women and children. It continued to be the principal provider of community-based preventive and therapeutic care, through referrals, for the population. AFD-SL sought to address the psychological needs of its target groups and also to provide them with support in developing their potential through skills training. Beneficiaries could thus use their skills to generate income.

The women's and children's departments were working actively in local communities, conducting home visits as well as regular workshops and public meetings on issues relating to the basic rights of women and children in accordance with the Convention on the Rights of the Child and CEDAW. Safe Motherhood committees had been established in 22 communities to address women's reproductive rights as contained in CEDAW.

The organization addressed adolescent reproductive health through the "HIV/AIDS Prevention and Reproductive Health Promotion for Young People" programme, which had a drop-in-centre in the most populated part of Eastern Freetown. The centre addressed gender-based violence through outreach to schools and communities, the provision of psychosocial counselling services to survivors of gender-based violence, and referrals to other NGOs that provide support systems for appropriate medical and legal assistance.

C. NETWORK OF WOMEN'S MINISTERS AND PARLIAMENTARIANS

The Network of Women Ministers and Parliamentarians (NEWMAP) is a chapter of the African Women Ministers and Parliamentarians Network, established in 1999. One of its main aims is to advocate on reproductive health issues, including gender-based violence and the prevention of maternal mortality and morbidity.

As of 2005, NEWMAP was collaborating with the Reproductive Health Division of the Ministry of Health and Sanitation, the Ministry of Social Welfare, Gender and Children's Affairs and the Planned Parenthood Association of Sierra Leone. Thus far, NEWMAP work was focused on community advocacy on gender-based violence, women's empowerment and gender equality.

D. WOMEN IN CRISIS MOVEMENT

The Women in Crisis Movement (WICM) was aiming primarily at rebuilding the lives of abused women who survived various forms of violence. The women were trained for better lives in a programme concerned with "Rebuilding the lives of vulnerable women of the war." WICM also addressed gender-based violence.

E. LAWYERS CENTRE FOR LEGAL ASSISTANCE

Lawyers Centre for Legal Assistance (LAWCLA) and other NGOs were providing legal support to women and girls who had been abused and did not have any legal support.

F. RELIGIOUS ORGANIZATIONS

The Faith Consortium is a local Sierra Leonean NGO working as an implementing partner of World Hope International. In 2005, it was conducting a two-year project to investigate reported cases of trafficking, especially the internal trafficking of children. Its aim is to form service provider networks and to return children to their rightful families. Service provider networking has been challenging because other NGOs and government agencies have their own mandates and are unwilling to take on added responsibilities. Faith Consortium's first task involves raising public awareness about the dangers of child trafficking. In July 2005, it conducted sensitization activities in six locations in Kenema Town. It also travelled to 40 villages in Makeni and to other places around Freetown, including Goderich, Waterloo and Lumpa. These initial outreach efforts resulted in the identification of children who would have been trafficked to the United States. Some children already had forged adoption papers or U. S. passports. The case is under investigation. Between August and September 2005, Faith Consortium conducted a six-week training programme on trafficking for 300 key government staff in six locations around the country. The organization is now working on legal advocacy to address issues relating to the prevention of such acts.

G. LOCAL LEADERS

Until now, gender-based violence has been more agency-driven than community driven. This is primarily because of the long-standing instability, insecurity and continuous crises and population movements. Partners in anti-gender-based violence programmes were unable to fully engage the leadership of communities for prevention and response to gender-based violence. Besides this, local leaders are traditional in their outlooks. Community leaders seldom recognize that the issues elsewhere considered gender-based violence are indeed that. Hence, local leaders seldom initiate programmes to lessen the incidence of gender-based violence in their communities.

H. COORDINATION

Several key organizations were engaged in eradicating gender-based violence in Sierra Leone. Yet, there was no established, coherent strategy. Services are in place in Freetown and, to some extent, in Bo and Kenema, but in most of the country, there are no services. Where they do exist, there are large gaps and some duplication; nearly all have been response-driven – that, is, services are provided after the act has been committed. Only recently has attention been paid to prevention aspects of gender-based violence, through awareness-raising and advocacy.

Regular coordination of interagency gender-based violence programming has occurred only in Freetown, Bo and Kenema with little, if any, communication between the locations. For this reason, the Sexual Violence Committee was formed. The purpose of this Committee is to provide technical support to all actors and to strengthen coordination of activities and practices among the implementing agencies. This includes advocacy for improved medical and legal services and processes. Implementing agencies such as FSU, Social Welfare, Rainbo Centre, and WICM work with communities as much as possible to build their capacity to address issues of sexual abuse and gender-based violence and, in the long term, promote community-ownership programmes.

V. RESPONSES OF INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS TO GENDER-BASED VIOLENCE

A. INTERNATIONAL RESCUE COMMITTEE

In 1999, IRC added assistance for survivors of gender-based violence to its reproductive health programme serving refugees and IDPs in the Bo and Kenema areas of Sierra Leone. The IRC gender-based violence programme has grown significantly since then. In September 2002, IRC began the Sexual Assault Referral Centre (SARC) project. The SARC project, popularly known as the Rainbo Centres, is a three-year DFID-funded project aimed at providing holistic services to survivors of sexual assault. The project's objectives are: to respond to the multiple needs of survivors of sexual assault through direct service delivery; to raise awareness and educate the community and all partners about sexual assault and other forms of violence against women; to encourage structural reforms in the health and the legal systems that would improve survivors' access to the judicial system; and to advocate for longer term efforts for legislative reform.

IRC established Rainbo Centres in Freetown and Kenema in 2003 and in Kono in 2005. The centres provided free initial medical, counselling and legal advocacy services for more than 1,400 sexual assault clients. From January 2004 to July 2005, the centres handled 1,140 cases.

The Rainbo Centres were partners with the FSU. FSU sent survivors of rape or other forms of sexual assault to the nearest Rainbo Centre for free medical examinations and counselling. Staff at the centres provided treatment for STIs and other problems and issued medical certificates that the FSU could use as part of its investigation if the survivor wanted to pursue the matter. Rainbo Centres also provided follow-up care service to clients.

Almost all (99 per cent) of the clients in 2004 and 2005 were female; more than half the cases were treated for STIs. In 2004 and 2005, only 388 cases out of 1,140 were actually prosecuted in court. For both 2004 and 2005, a total of 34 cases of sexual assault were prosecuted in court, with the perpetrator convicted and serving a jail sentence.

Under Sierra Leone law, everyone below the age of 18 is a child. Of the 1,140 survivors of sexual violence, 92 per cent were under 20 years of age; 85 per cent were under 18 years; 43 per cent were under 10 years; and 17 per cent were under 5 years.

Most of the perpetrators were known to the victim. Only 15 per cent were strangers. Slightly more than half were neighbours or acquaintances; and the balance were family members/friends and teachers. Rape accounted for more than 80 per cent of the caseload, and 20 per cent of the clients got pregnant as a result of rape. Approximately 16 per cent clients were survivors of incest or indicated a history of incest. About half of the child-abuse clients who were abused in their homes and treated at the centres went back to live in the environment where the abuse took place; and 40 per cent of the children were re-abused by the same perpetrators and returned to the centres for more services. Approximately 70 per cent of the clients were referrals from FSUs.

B. GOAL SIERRA LEONE

In Freetown, GOAL Sierra Leone (formerly GOAL Ireland) was focused on working with children who had been sexually abused. In collaboration with IRC, UNICEF and the Ministry of Social Welfare, Gender and Children's Affairs, the organization provided non-formal primary education and skills to reintegrate these children into society as well as services to help families trace lost

children. Specific activities of the organization included: placing children in formal education settings when they were ready; providing health, nutrition and hygiene education; and providing peer education and community work.

GOAL Ireland made a shift from direct service delivery to building the capacity of local NGOs so that they can take over the operations of GOAL when it leaves. The organization also hired a consultant to undertake a study on trafficking.

C. UNITED NATIONS ORGANIZATIONS AND AGENCIES

1. United Nations Population Fund

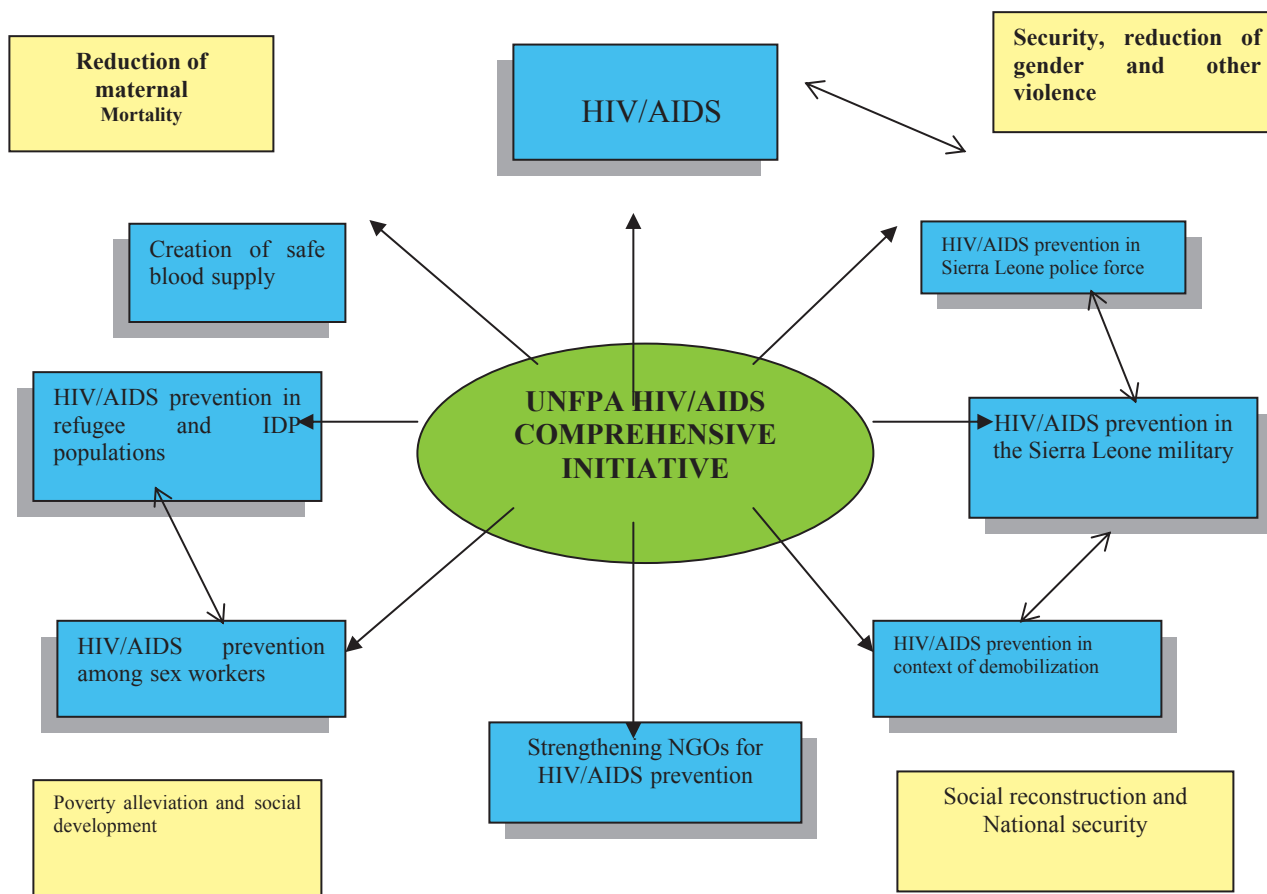
The UNFPA country office in Sierra Leone, in responding to the threat of HIV/AIDS, began an initiative in early 2002 aimed at various national groups and government offices. The overall goals were to reduce the risk of contracting STIs/HIV/AIDS, reduce gender-based violence, reduce poverty, enhance family life, improve community security, empower beneficiaries and reduce commercial sex work, especially among young women and girls. The UNFPA HIV/AIDS projects that have components on gender-based violence include the following:

- Projects with NGOs aimed at vulnerable women and young girls: WICM; Centre for the Development of Women Association in Sierra Leone; Centre for Community Youth Empowerment; AFD-SL, including boys; and
- Projects with NGOs and other agencies aimed at uniformed services personnel; ex-combatants and youths: “HIV/AIDS Prevention among Peace Keepers undertaken by UNIFEM/UNAMSIL/UNFPA”; “Ex-combatants HIV/AIDS Project”; “HIV/AIDS Sierra Leone Police, including Family Support Unit”; “Ex-combatants Project” (now Community Integrated Development Association (CIDA)); and “HIV/AIDS and the Military; Police, Prisons, Fire Force, Customs and Excise”.

In designing all HIV/AIDS-prevention projects, the UNFPA country office uses a model for comprehensive initiatives developed by the International Centre for Migration and Health (see figure). In using the model in Sierra Leone, UNFPA was mindful of sociocultural issues and used a human-rights-based approach to reproductive health and HIV/AIDS in the design and implementation of projects. As the model indicates, gender-based violence has been identified as a component and integrated into the overall context of project design and implementation. The projects included: sensitization/risk awareness-raising, peer education training and the use of peer leaders. For example, WICM, the Centre for the Development of Women Association in Sierra Leone, AFD-SL and the Centre for Community Youth Empowerment used peer leaders to encourage open discussion of sociocultural issues affecting sexual health and sexual and gender-based violence. Religious institutions were used in reaching out to community leaders with messages aimed at the reduction of risk for HIV/STIs and sexual and gender-based violence.

Economic vulnerability has been recognized as a risk factor that can inhibit women from developing their internal focus of control and positive self-esteem, which can influence their ability to negotiate safe sex. Actions being promoted to reduce such risks include the setting up of training centres for livelihood skills development, access to income-generation activities and reproductive health, literacy programmes, counselling services and support groups.

Figure: Model for Comprehensive Initiatives, International Centre for Migration and Health



UNFPA is working with NEWMAP and media alliance groups (advocacy, information, and education and communication groups) on integrating gender issues into media programmes.¹⁴ It is also designing training for uniformed services personnel – the police, army, prison, customs and fire forces – who are used as peer educators.¹⁵

2. United Nations Children’s Fund

After the attack on Freetown in 1999, UNICEF and other international and national NGOs initiated programmes to provide emergency and follow-up services to the many women and girls who had been abducted and sexually abused. The programmes operated for some time, although many have since lost funding. As of 2005, UNICEF was overseeing a network of child protection programmes in several areas of the country. The child-protection network includes a focus on war-related violence and forms of gender-based violence affecting children. The UNICEF office in Sierra

¹⁴ NEWMAP was mobilizing parliamentarians for the adoption of CEDAW for local action. NEWMAP also advocated for a law banning trafficking in young people out of the country for sexual exploitation.

¹⁵ An example of the comprehensive training being provided for the various uniformed services and youths is found at the following web site:
<http://www.unaids.org/MultimediaPublications/PeerEducationKit/pages/peerabou.htm>

Leone commissioned and in 2005 published a comprehensive study on child trafficking in Sierra Leone. The report “is an effort to consider the extent to which trafficking impacts children in Sierra Leone and its importance as a child protection issue in the country.”¹⁶

Recently, UNICEF in Sierra Leone took the lead in preparing a policy on Sexual Exploitation and Abuse (SEA) as a requirement for the United Nations Mission in Sierra Leone in training programmes on the “Prevention of Sexual Exploitation and Abuse in United Nations Missions” (see section 3 below).

3. United Nations High Commissioner for Refugees

During and after the conflict, humanitarian assistance in both IDP and refugee camps was marred by claims and counterclaims levied against humanitarian workers for soliciting and using their positions of power to demand sex from the young, vulnerable beneficiaries. In February 2002, the United Nations system, as a first step in preventing sexual exploitation by humanitarian workers, engaged an external consultant together with an inter-agency group -- the Coordination Committee on Sexual Exploitation and Abuse -- to formulate a training module for United Nations and NGO staff. The module covers basic gender concepts, human rights, the definition of sexual exploitation and guidelines for humanitarian workers, including a code of conduct, the basic tenet of which is the policy of zero tolerance with regard to acts or threats of sexual exploitation by humanitarian workers. The United Nations Country Team prepared Standards of Accountability as a guide for humanitarian workers and their beneficiaries. Subsequently, more than 400 United Nations and NGO staff and government officials were trained. All new United Nations staff underwent two days of training on the Standards of Accountability. Working agreements or Memoranda of Understanding with Implementing Partners were amended to incorporate a guarantee that the Implementing Partner would not condone any acts or threats of sexual exploitation or other abuses on the part of any of its staff, and that it would take strong action against the staff member should this occur. Training of Trainers (TOT) courses on Sexual Gender-Based Violence were also instituted for selected staff from Implementing Partner agencies.

UNHCR launched projects in the Kono District to improve the access of gender-based violence survivors in refugee and IDP camps to health and legal services, a programme expected to complement that of IRC Rainbo Centres. The prevention and response approach to gender-based violence continues in camps, urban centres and returnee areas. Drop-in centres were set up in each camp to provide survivors with a place of refuge. As of September 2005, although the incidence of rape had not declined, reporting and prosecution had increased.¹⁷

4. United Nations Development Fund for Women

TRC entered into an important partnership with UNIFEM, which led to the “Initiative for the Truth and Reconciliation Commission” under the UNIFEM Peace and Security Programme. The initiative made available training for commissioners, UNIFEM staff and its NGO partners. UNIFEM assisted the NGO community in preparing written and oral statements on issues affecting women and other submissions to TRC and helped mobilize women’s groups to provide witnesses, attend hearings and otherwise participate in TRC hearings. UNIFEM funded some of the facilities used in the Special Hearings and provided two international gender consultants to assist TRC and women’s organizations in writing the TRC report and formulating recommendations.

¹⁶ United Nations Children’s Fund, *Child Trafficking in Sierra Leone* (UNICEF, 2005).

¹⁷ United Nations High Commissioner for Refugees, *Sierra Leone Briefing Paper* (UNHCR, 2005).

VI. SUMMARY OF ACCOMPLISHMENTS AND CONTINUING CHALLENGES IN ADDRESSING GENDER-BASED VIOLENCE

A. ACCOMPLISHMENTS

Several important steps have been made in addressing gender-based violence:

- The “culture of silence” that shrouded gender-based violence in the past has been broken. There is more openness, and survivors -- especially those in urban areas -- have begun to speak out and seek support for protection, treatment and legal aid;
- Women and girls who have benefited from the available support are now networking to make inroads in the country’s attitudes towards gender-based violence issues;
- Structures have been put in place and are working towards the prevention of gender-based violence; and
- A National Sexual Violence Committee had been established. In 2005, the committee, chaired by the Ministry of Social Welfare, Gender and Children’s Affairs, included UNICEF and a number of NGOs involved in providing services dealing with sexual violence.

B. LIMITATIONS, CHALLENGES AND LESSONS LEARNED

1. Assistance to Conflict Survivors

In a series of post-conflict initiatives, one of the major issues that surfaced was the needs of the survivors of the conflict. The Government put in place numerous programmes to assist former combatants and perceived perpetrators. However, little was done for survivors. As a result of the violations committed against survivors, many need assistance. Their needs include: medical treatment, psychiatric help, psychosocial therapy, skills training, microcredit, education, resettlement, compensation, creation of employment, shelter and help for displaced persons and refugees to return home. Some organizations stressed that a Special Fund for War Survivors needs to be established to assist survivors, as mandated by the Lomé Peace Agreement.

2. Continuing Need for Attitudinal Change

Attitudes have changed only slightly. Survivors of sexual violence still experience the stigma of disclosing the violation. The society has not really woken up to issues of sexual violence, which is taken as a way of life. Structures meant to deal with issues of sexual violence do not take the crimes seriously. As a consequence, survivors of sexual violation underreport these crimes.

Police attitudes towards the survivors of sexual violence are problematic. In many instances, women do not report the crime, as they are aware that they will receive little sympathy from the police. The Government is aware of the problem and has tried to address it through the establishment of FSUs within the police force, designed to deal sensitively with women. The Government has also begun to provide training for the police in the handling of domestic and sexual violence.

3. Need for Increased Donor Attention to, and Focus on, Women

Current programmes addressing gender-based violence are directed at girls and not women. Women are generally disadvantaged by the complete focus on girls. The United Nations Rapporteur on Violence against Women, during her visit to Sierra Leone in the early 2000s, lamented donor apathy towards the cause of women as well as the fact that most programmes dealing with sexual violence are tilted heavily in favour of children.

4. Need for Data

Statistics are a major problem for gender-based violence service providers. It is extremely difficult to plan appropriate responses without adequate statistics to indicate the magnitude of the problem. The Government's only programme that generates some statistics is the FSU. For proper programmatic planning, other partners must work together in gathering the statistics required for programme implementation.

5. Need for Coordination

A number of local and international agencies are working on issues emanating from the conflict, and a significant number of local and international NGOs are working on aspects affecting civil society. The impact of the conflict, the poverty engendered and the Government's inability to take on all aspects of reconstructing the society have made civil society's initiatives more pronounced in all areas.

A major factor that hinders significant progress in the field is the lack of effective coordination. Many NGOs work with limited resources. In order to prevent the duplication of services, it would be useful to establish a register listing local and international NGOs and government agencies working on programmes dealing with gender-based violence. Government must take the lead in the coordination in gender-based violence programme implementation.

VII. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

The findings of this study suggest that gender-based violence is a complex process influenced by multiple factors. The severity and frequency of violence are difficult to measure, as violence can take many forms and be of varying intensity. However, it is clear that many of the factors that led to gender-based violence during the conflict and the post-conflict era reflect traditional gender values, roles and responsibilities. Both men and women in Sierra Leone take the traditional patriarchal value system for granted. As a consequence, people equate gender equality with peaceful conformity to socially prescribed gender roles, and an improvement in a woman's status is one that helps her fulfil this traditional role better. The failure to question gender stereotypes allows domestic violence to continue occurring as a "normal" and accepted part of spousal relations. Given the deep-rooted nature of these perceptions, it is not surprising that institutional actions perpetuate the existing status quo.

However, actual data indicate that domestic and other forms of violence are a real and widespread issue, affecting women from all social and geographical groupings. Any approach created to address domestic violence must be integrated with existing programmes. The extent of domestic violence is still unrecognized. Communities must be made aware that domestic violence exists as a problem, and that violence is not an acceptable way of resolving conflicts. Other strategies could stem from this campaign, such as improved legal regulations and better knowledge and counselling skills within community organizations. The institutions entrusted with intervening in family conflicts provide a valuable entry point for action.

B. RECOMMENDATIONS

1. Gaps in Prevention and Response

Because UNFPA has been at the forefront of addressing reproductive health issues and gender-based violence during the armed conflict, it should also increase support for gender-based violence initiatives being implemented by many partners during the post-conflict era. The support should encompass many of the recommendations made below on training and awareness-raising and it should respond to the gaps identified with respect to the organizations listed below.

- *WICM*. There is usually little protection for rape survivors and battered women. There are no homes for battered women and no safe houses for rape survivors. There is a need to create safe houses as protection to rape survivors while assisting them in receiving legal aid;
- *FAWE*. FAWE should scale up its support to the beneficiaries because many more young girls could benefit from their support;
- *Rainbo Centre*. The counselling and treatment programmes of Rainbo Centres should be extended to abused girls and women in other districts; and
- *LAWLCA*. Funding and administrative support should be made available to LAWLCA so that it can increase its legal aid to more vulnerable women and girls.

The issue of legislation on gender-based violence should be pursued more vigorously. Even when legislation has been passed and conclusions ratified, implementation has not been as effective as it should be.

2. Advocacy Programme

Despite its widespread prevalence, gender-based violence has not yet received priority attention from policy makers. An effective advocacy programme is, therefore, needed to heighten the awareness of policy makers at all levels and to create a favourable institutional environment for combating gender-based violence. For gender-based inequality and violence to be adequately addressed by policy makers, fundamental changes must be made in the way people view gender roles and gender equality in Sierra Leone.

3. Awareness-raising

Many men and women accept gender-based violence as the norm. Solving family conflicts by violence is still considered justified if the woman is “at fault”. For example, violence against women is largely considered a private matter, and there is little awareness that women can take collective action to combat the problem.

Although gender equality is guaranteed by the law, many women are deprived of the fundamental right of being respected and physically protected. Women continue to endure violence in silence, in part because of a lack of knowledge about their rights as well as a lack of public condemnation of all forms of violence. The creation of a new environment in which all forms of violence against women are condemned would require numerous measures. Foremost among these should be an active awareness-raising campaign in the mass media as well as awareness drives through community-based activities, such as meetings, target-group discussions and the distribution of brochures and leaflets. In such a campaign, messages should be differentiated by gender, and violence messages should be integrated with broader concepts of gender equality as well as the ongoing programme for raising public awareness of legal issues.

4. Training

A social network exists at the grass-roots level but there is a general lack of gender sensitivity, counselling knowledge and skills, limiting the effectiveness of community institutions. It is, therefore, recommended that a training programme be developed to increase the capacity of women’s organizations like NEWMAP to make significant contributions in this area. It is also recommended that special training workshops be held for court and justice officials at the district level to help them avoid gender bias in interpreting laws and handling gender-based violence cases. Such a programme could be organized to train initially a small group of national specialists, who would then help to train practitioners at lower levels.

5. Counselling Services

Information from agencies with counselling centres indicates that women who are survivors of violence value counselling services. Professional counselling services are limited in the country. It is, therefore, recommended that existing centres be better resourced, so that counselling services can be expanded to other locations, particularly in rural areas. Existing centres may need an active awareness programme to make their services widely known. The process of expanding counselling services to other places may take time, and special programmes for training counsellors may be needed before counselling centres can be expanded.

6. Temporary Refuges

Many cases of physical violence occur at night, mostly when the perpetrators are drunk. In some instances, women are forcibly ejected from their homes. In these and other situations, the survivors may need a temporary refuge to avoid being beaten. Respondents reported that some women seek temporary refuge in their parents' house. This option is not available for all women in need of a temporary refuge. One reason is that many women live far away from their places of origin, as more women migrate to other provinces to work and get married. The establishment of temporary refuges would require a series of legal and administrative arrangements in addition to funding. Nevertheless, it is recommended that this option be considered, possibly starting with small pilot projects in strategic places in the country where the incidence is highly reported.

7. Research

The study results suggest that more research is needed to shed light on many important aspects of gender-based violence. It is recommended that a national representative survey be carried out to investigate the forms of gender-based violence; its prevalence and frequency; and its determinants and consequences. This study should form a baseline from which to measure changes in both the scope and intensity of violence and social attitudes towards violence. A separate study on legal practices and the activities of social organizations involved in dealing with violent incidences would also be valuable.

8. The Monitoring of Prevalence and Trends

For policy makers and researchers to combat gender-based violence effectively, they require reliable and gender-sensitive tools for monitoring the prevalence of violence and its trends. One way to do this is to improve the existing civil registration systems of the relevant institutions. Incidences of violence must be recorded routinely by local people's committees, police, investigation bureaus, courts and medical facilities, and these records must be disaggregated by gender.

It is, therefore, recommended that relevant systems for record-keeping, analysis and reporting be developed, reviewed and revised. It is also recommended that a task force be established in the Ministry of Social Welfare, Gender and Children's Affairs to monitor gender-based violence routinely, including its levels and trends. Such a report would be used to lobby parliament to amend laws and to make the legal system more responsive to the needs of abused women and girls. It would also be aimed at publicizing the need for legal reform and would be useful as a resource material for groups working on these issues.

It is imperative that the Government concentrate on rebuilding a just and fair society that seeks to eliminate all forms of discrimination against women.

ANNEXES

ANNEX 1. LIST OF INSTITUTIONAL RESPONDENTS

Individual Interviews

In-depth interviews were conducted with 45 victims and survivors of gender-based violence in selected areas. They were selected with the assistance of personnel working in the area of gender-based violence. The researchers were required to give assurance that the names of respondents would not be disclosed. For this reason, only the institutions from which respondents were chosen are included in this report.

1. The Sierra Leone Red Cross
2. The Family Support Unit of the Sierra Leone Police Force
3. Government Hospital
4. Sierra Leone Islamic Federation
5. Ministry of Social Welfare, Gender and Children's Affairs
6. Planned Parenthood Association of Sierra Leone
7. Reproductive Health Group
8. Network Movement for Justice and Development - Tobanda Camp
9. United Nations High Commissioner for Refugees (UNHCR) - Largo Camp

Focus Group Discussions: The following groups participated in focus group discussions:

1. Magbema Agricultural Development Association, Older Women (Kambia)
2. Magbema Agricultural Development Association, Younger Women (Kambia)
3. SABENTE GROUP-mixed (Kambia)
4. Secret Society Initiators-Women (Kambia)
5. Sierra Leone Islamic Federation-Teachers (Kambia)
6. Maternal and Child Health Aides (Kambia)
7. Rural Men (Kenema)
8. Muslim Jamaat-Men (Kenema)
9. Muslim Jamaat-Women (Kenema)
10. Maoloma Women's Organization (Kenema)
11. Commercial Sex Workers (Freetown)
12. Christian Youths-Male (Freetown)
13. Christian Youths -Female (Freetown)
14. Vegetable Gardeners (Freetown)
15. Cultural Group (Freetown)

Institutions Working in the Area of Gender-Based Violence

1. The Sierra Leone Red Cross
2. The Family Support Unit of the Sierra Leone Police Force
3. The Medical Officer Kambia Government Hospital
4. Ministry of Social Welfare, Gender and Children's Affairs
5. Planned Parenthood Association of Sierra Leone
6. Network Movement for Justice and Development - Tobanda Camp
7. The Rainbo Centre, Kenema

ANNEX 2. QUESTIONNAIRE FOR GBV VICTIMS/SURVIVORS

SECTION 1: BACKGROUND INFORMATION

1. Age (in completed years) -----
2. Ethnic Affiliation:
 1. Mende
 2. Themne
 3. Limba
 4. Loko
 5. Krio
 6. Fullah
 7. Madingo
 - Other (Specify) -----
3. Education:
 1. None
 2. Primary incomplete
 3. Primary complete
 4. Secondary incomplete
 5. Secondary complete
 6. Tech/Voc Incomplete
 7. Tech/Voc complete
 8. Tertiary
4. Marital Status:
 1. Never married (Go to section 2)
 2. Currently married
 3. Widowed
 4. Separated
5. Type of Marriage:
 1. Polygamous
 2. Monogamous
6. Age at first marriage (in completed years) -----
7. If ever married who chose your partner?
 1. Self (Go to Section 2)
 2. Parents
 3. Relatives
 4. Other (specify)
8. What choice did you have about your marriage?

SECTION 2: SEXUAL VIOLENCE

1. How old were you had your first sexual intercourse? _____
2. Did you give your consent to have sex at that time? _____
3. How did you feel about having sex at that time? _____
4. Has anyone ever forced you to have sex? _____
5. If yes, how old were you when it happened the first time? _____
6. What is the relationship between you and the perpetrator? _____
7. Can you briefly describe the circumstance? _____
8. Did you report the incident to anyone? _____
9. To whom did you report? _____
10. If you did not report, what might have prevented you from reporting? _____
11. Has anyone ever demanded sex in exchange for rendering a service to you? _____
12. Can you describe the circumstance? _____
13. How did you respond to the request? _____

SECTION 3: PHYSICAL VIOLENCE

1. Has your partner ever punished you physically? _____
2. If yes, what type of punishment? _____
3. How often has this punishment occurred in the last six months? _____
4. Why did he punish you? _____
5. Have you ever sustained injuries and/or body pains because of the punishment? _____
6. What were the pains and/or injuries like? _____
7. Did you seek medical treatment? _____
8. If you did, who paid the bills? _____
9. If you did not seek medical attention, what kind of things may have prevented you from doing so? _____
10. Did you report to the Police and why? _____
11. If you did not report, what may have prevented you from doing so? _____
12. What was the action taken by the police? _____
13. Do you normally talk to friends and family members about incidences when they occur? _____
14. What was the action taken by friends and relatives? _____
15. Did you report anywhere else? State where _____
16. Were you satisfied with the way the matter was settled? _____
17. For how long did you suffer such violence before reporting? _____
18. What prompted you to report? _____
19. What steps did you take when you did not report? _____
20. Why did you take that step? _____

SECTION 4: PSYCHOLOGICAL VIOLENCE

1. Has your partner ever
 - a. Humiliated you or shamed you in public? _____
 - b. Prevented you from visiting friends and relatives? _____
 - c. Refused to give you food? _____
 - d. Refused to eat your food? _____
 - e. Refused to talk to you? _____
 - f. Refused you sex? _____
 - g. Threatened you, insulted you and shouted at you? _____

2. Has your partner ever hurt you by
 - a. Staying away from home? _____
 - b. Isolating you? _____
 - c. Refusing you money for your upkeep? _____
 - d. Refusing you money for the upkeep of the children? _____
 - e. Threatened to kick you and your children out of the house? _____
 - f. Threatened to leave you? _____
 - g. Staying out late? _____
 - h. Preventing you from talking to persons of opposite sex? _____

SECTION 5: HARMFUL TRADITIONAL PRACTICES

1. Are boys and girls treated equally in your community? _____
2. Are you aware of specific instances when boys and girls are not treated equally? _____
3. Should boys and girls be given equal access to education? _____
4. What do you think about the view that boys should be sent to school while girls remain at home to help with household chores? _____
5. What are your views on early marriage and child bearing? _____
6. How do these relate to Female Genital Mutilation (FGM)? _____
7. Are you a member of the society that practises FGM? _____
8. If yes, how old were you when you were initiated? _____
9. Who took the decision for you to be initiated? _____
10. If you have another opportunity, would you like to be initiated again? _____
11. Give reasons for your response to question 10. _____
12. What views does the community hold with regard to this practice? _____
13. 10. Do you think the practice should be stopped? _____

SECTION 6: DETERMINANTS OF VIOLENCE

1. On which issues do you often experience misunderstanding with your partner? _____
2. How do you normally resolve misunderstandings? _____
3. Are you normally happy with the way misunderstandings are resolved? _____
4. Do you require permission from your spouse to step out the house? _____
5. For which activities would you require permission? _____
6. What happens if you fail to request for permission? _____
7. Does your partner take alcohol, smoke cigarettes or take harmful substances? _____
8. What kind of substance/s does he take? _____
9. Has any of the above caused problems between you and your partner? _____
10. What kinds of problems? _____
11. What other factors would normally result in conflict in the home? _____

SECTION 7: ATTITUDE TO VIOLENCE

1. How does the community view the following acts of violence? Give reason for your answer.

- a. Parent hitting a female child _____
- b. Parent hitting a male child _____
- c. Teacher hitting a pupil _____
- d. Man hitting his partner _____
- e. Man hitting a woman who is a stranger _____
- f. Man hitting a female relative _____
- g. Foreman hitting a worker _____
- h. Man hitting his sister _____
- i. Woman hitting her sister _____

ANNEX 3. SELECTED CASES OF GENDER-BASED VIOLENCE

The following cases were selected from the study, through interviews conducted in Kenema in the Eastern province, Kambia in the Northern province, and the Western Area. The need to enhance an understanding of gender-based violence and its scope in conflict and post-conflict Sierra Leone cannot be overemphasized. Before now, it was argued that victims of rape and other forms of violence would not talk; however, the war and the ability to provide some protection, prevention and service delivery are changing attitudes and slowly breaking the culture of silence, as the cases below demonstrate.

Case 1

My name is ABC. I am 19 years old. I am attending school and I am in SSS II. I was 17 years when I had my first sexual intercourse and I gave my consent. Soon after that, I was in the village when my uncle, much older than I, lulled me into his home where he raped me. He used a pillow to cover my mouth so I could not shout.

The village was deserted because it was harvest time and all the villagers had gone to their farms. During the struggle I sustained fingernail scratches and bruises all over my body. He succeeded in raping me because I was weakened and he was a strong man.

I reported to the Gender-Based Violence Centre where I was treated because I was bleeding and feeling pain all over my body. I latter learnt that I was pregnant. The baby is now two years old and I have gone back to school. The matter was reported to the police. My uncle left the village and has since not returned, so the police cannot track him down.

I do not have a partner because I am scared. I want to concentrate on my education to be self-reliant so I can take proper care of myself and my daughter in the future.

Case 2

I am BT and I am 21 years old. I was abducted by rebels. I was gang-raped by four men when I was 13 years old. That was the first time I had sex. Even though I was bleeding, they insisted to take turns to rape me. I was tied up to four used tyres, so I was even unable to resist. After that I was left in the sun for along time. During the five months I spent with them, the commando treated me as his second wife. The first wife was unhappy about that. She told me she was going to teach me a lesson. I pleaded with her that I didn't want to stay with her husband and that she should just let me go. She refused and insisted she was going to teach me a lesson.

One day when the commando was not around she instructed that I should be tied to a stump in the vicinity of the camp. After tying me tightly to the stump, she used a small knife to inflict a cut about three inches long on my stomach. The scar is Y shaped with marks indicating that I received at least ten stitches. After a few hours government troops attacked the area and I was helped by a small girl to free myself. The wound became infected because I was in the bush for about seven days before I surfaced in Zimmi, where I received medical treatment.

There was no point reporting because it was wartime. I recovered slowly as a result of the treatment I received. But I have still not completely recovered. At first I thought I would not start another relationship but two years ago, I started having an affair with a man I thought loved me. All was fine until I got pregnant. I was happy because I had nursed the idea that my reproductive

organs were destroyed during the incident of rape. My partner was unhappy and wanted me to abort the pregnancy. I refused, so he got annoyed and did not own up. He abandoned me and left for Liberia without telling me.

After two months he came back and continued with the idea of aborting the pregnancy which was then about three months old. I refused to give approval and an argument will always ensue when the issue comes up. On one occasion he beat me up and I aborted spontaneously. He begged me not to report to the Police and I listened to him. His parents took me to hospital, settled the matter and we became friends again. I received bruises and a deep cut on my right arm. I am pregnant again and since he learnt about it, he left for Liberia. He has been away for about five months. Although I feel bad about his absence, I pray that he does not come back until I deliver my baby.

Case 3

BQZ is my name. I am 30 years old. I was 15 years old when I had my first sexual intercourse. I am a Mandingo. I got married at age 15 to a man of my choice, but my parents did not like him. We are now separated because of the treatment he meted on him, when I was married to him because he impregnated me before marriage. The marriage lasted only eight years.

While we were married he punished me for an uncountable number of times. In fact beating was a regular action he took when something went wrong. When this happened, I sustained bruises and pain all over my body. On one occasion, I received an injury that resulted in 17 stitches. He had kicked me earlier on, for which I was admitted for four days, on that occasion I almost died, I had hardly recovered from that when he beat me and injured me severely. That was when I left him. He paid the bills in most cases. I would never dare to leave the house without his permission, because that will result to beating.

I never reported to the police because I fear he would take more drastic action against me. Also, I loved him. I did not report to my parents in the first instances because I fear they would have an opportunity of laughing at me for not [listening] to their advice not to marry him. But when the situation became worse, I reported to my relatives who threatened to take me from his house.

Apart from the beatings, he also punished me psychologically by refusing to give me food, to talk to me and to have sex with me. He prevented me from associating freely with friends and relatives and will scold or even beat me when I talk to persons of the opposite sex. He took alcohol but the problem we had was not due to alcohol. He beat me even when he had not taken any alcohol. I became a member of the secret society which carries out FGM when I was 11 years. Although the community sees it as a tradition which should be present, I see it as a wicked practice which causes suffering for women. I think it should be abolished. Some men would not marry women who are not members of the society because they would be mocked by their friends and relatives.

Case 4

I am ATH. I am Mandingo by tribe. I have never attended school. I was initiated at age 9; I got married at age 10 and had my first sexual intercourse as soon as I got married.

My first sexual experience was terrible. After the marriage I was to sneak out of my husband's house and run to my parents. They always brought me back after much scolding and sometimes beating.

At some point I agreed to have sex with the man of their choice. I do not even want to remember how it happened. I gave my consent for fear of reprisals from my parents, but the man turned out to be rough so I bled continuously for three days. My relatives were jubilating while I was in pain. On the third day, I could not stand on my legs or even walk on my own. It was then that they realized that the problem I had was serious so I was taken to an herbalist who treated me. After the treatment, I went back to my husband and had regular sexual contact with him. Although I did not enjoy sex, it was no longer painful.

By age 14, I was ready to have my first baby. It was a very difficult delivery, carried out by the women in the community; the child and I were critically ill and had to be rushed to a government hospital where we were treated. I had to live with an abnormal condition for several years for which I travelled the length and breadth of the country in search of treatment. I do not even know how I got healed because I received all manner of treatment side by side. I am now 45 and have reached menopause. I did not have another child since then. I continued in the union until my husband died.

... The relationship between my husband and me turned sour when he realized I had this condition. He ceased having sex with me because I was never called into his room. Even minor issues would end in a quarrel and he would end up beating me up mercilessly, after insulting and humiliating me. Because he did not care about me, I spent a lot of time outside the home. I never reported to anyone because I didn't want people to know about my condition. I knew the public already knew, but I wasn't going to let it come from me. ...

Because there were cases of injury, sometimes I would report to my parents but I never told them about the reason why, I was being treated that way. Their usual conclusion was that I do not want to remain in my husband's house. He was a Muslim so he did not drink or smoke. He chewed kola-nuts a lot. I was not sent to school for fear that I will get pregnant and drop out. All my brothers were sent to school, both modern and Arabic.

Because of that, I am now unable to help myself. I think boys and girls should be given equal access to education because the benefits are enormous for both of them.

Beating is bad and must be discouraged. It is even worse when an adult beats another. Ladies in particular must not be beaten because they are delicate and must be handled with care. I wish I was a Christian. I appreciate the way Christians treat their fellow human beings.

Case 5

BTQ is my name, and I am 18 years old. I am a Susu by tribe and I have never attended school. I have been married once but now I have a partner whom I choose for myself. I was 14 years old when I gave consent for my first sexual intercourse. I did not like the experience because it was painful and messy. My parents knew and were annoyed with me, so for a long time I did not engage in any sexual activity. But at age 15, a man in the neighbourhood raped me. He was my regular customer as I was hawking a few items of foodstuff. He had earlier expressed interest in having an affair with me, but I discouraged him from continuing with the thought.

One day, when I least suspected it, he asked me to hand over some doughnuts to him whilst seated in the sitting room. He got up as if he was going to his room to bring me my money. He then dragged me into his room and forced me to have sex with him. He threatened to kill me if I shouted. In fact he brandished a machete at me. I then undressed. He scolded that I was too slow and that I should hurry up. So he raped me.

There was no bleeding but I felt pain. He did not release me. Instead he went out, brought in my tray of doughnuts and spoke gently to me begging that I should not report the matter. He even advised that sex would always be painful as long as I do not engage in it regularly. So he insisted to have another go at me. I broke down after the second round. I found it difficult to stand on my legs but after some time I was able to walk home with an empty tray because he had paid for all that was remaining of the ware, so I reported the matter to my mother.

She took it up with the man in a manner I did not like. I expected my mother to be forceful considering the seriousness of the crime committed against me. My father had travelled to Kenema and was not expected back in the next week or two. The next thing I knew was that this man was going to marry me. I resisted but I did not succeed in letting my parents know why I should not get married to that individual. But he was relatively rich and was showering gifts on my parents on my behalf. That was how I got married at age 15 years.

No report was made about the rape incident to the police or anyone. I only told my friends who advised that I should report to the police. But I did not see reason for that because I did not want to annoy my parents or even disobey them. I was treated in hospital and my mother paid for the treatment. I believe she got money from my assailant for that treatment.

As far as I was concerned, the rapport that developed between my parents and this man was unusual and I concluded that they had treated me unfairly. But they continued with the arrangement and I joined my husband in his home, which he shared with other unmarried friends. I had to sleep on the same bed on which he raped me. The first few days were difficult. I made up my mind that this was my fate and decided to cooperate.

For the first six months or so, I enjoyed his company because he spent most of his leisure time with me. I had developed some trust in him. That position did not last long, I suspected he was having an affair and he stayed out late. It became a crime to ask where he had been. So we started quarrelling. He insisted that my duty was to stay home to cook and take care of the house and not to question his movement. As the quarrels became frequent, he would leave the house without giving money for food and I was not expected to complain.

Apart from complaining, I challenged his authority openly and even refused him sex. He drank alcohol, smoked cigarettes and cannabis. I hated his offensive mouth odour. He resorted to beating me almost every week. I endured his beating for almost a year before reporting to my parents. Much to their dismay, I quit the home after two years of marriage without having a child.

I suffered all types of violence – psychological, sexual and physical, sometimes resulting to injury. I did not seek medical attention for most of the time because I did not have money, and I did not want my parent to know.

I am a member of the secret society that carries out FGM and I was initiated at age twelve. Initiation was painful but I hold fond memories of the good things the society offers. For example the training to become good housewives, plenty of food and new clothes at graduation as well as the singing and dancing are all things that I liked. The service of the waiters who prepared and served food is also very memorable. I think it is tradition and all women should be initiated. The community looks down on those who are not initiated.

Until recently boys and girls did not receive equal access to education. The situation has changed slightly because of the girl child campaign. In our days boys were sent to school while girls were

expected to take care of household chores. In spite of the campaign, boys and girls are still not treated equally in the home or community. Boys get more time to study than girls. Boys are only disadvantaged when they do not stay with their parents. I think they should be treated equally because they are all children.

As much as possible beating should be avoided but for some children, unless they are beaten by their teachers, they will not pay attention in school, so they should be flogged cautiously.

Case 6

I am PQR and I am currently married in a monogamous union. I chose my husband myself at age 17. I completed primary school and dropped out because I was not doing well and my parents discontinued their support. I gave consent for my first sexual intercourse at age 15. Because I was young, it was painful. But the pain and bleeding did not last long because my partner was quite gentle. I had regular sexual intercourse and I got pregnant and I am now nursing my second child. Currently 20 years old.

Since the birth of the second baby, I have been having problems with my husband. He does not take care of us any more. I am reliably informed that he is having an affair outside, and that is why he stays out late and he has almost abandoned us. I believe he is free to go wherever he wants because I am a nursing mother and cannot engage in sex but that does not mean he should not take responsibility for his family. As a human being, I feel jealous so I question his actions; whenever I do, he shouts at me and insults me. We exchange invectives and he would hit me when he cannot put up with the level of confrontation; he would beat me mercilessly because I would normally refuse to let him go.

Such beatings often result in injuries and pains all over my body. I would run to my parents for help to meet my medical bills. They would threaten to report to the police or terminate the union but will eventually appeal to me to go back home.

The beating has not stopped but is no longer regular as it used to be. After making a report to the FSU, he now provides support for the children and the home, but at the same time spends a lot of time outside and comes home late everyday.

My husband is a Muslim. He has the right to marry more than one wife. He has never stated that he would take a second wife, so I will not stop him from going out. For now I am his only wife and I insist that I should be recognized as that. That is how I get the beating. I do not have any intention of leaving him because I have started having children with him.

Early child bearing and early marriage destroy the future of girls. Girls engage in sex as soon as they have graduated from the society. That is why initiation should be delayed until girls are mature. I am a member of the society and I do not even remember when I was initiated because I was too young. I had just started walking when the initiators sneaked into the bush with me. I am told it did not create any problem. My view is that it must be stopped even though the community sees it as a tradition that should be preserved.

People should avoid hitting one another. It could be dangerous. We are never sure of how healthy an individual is. So we should avoid physical contact as much as possible.

Boys and girls should be treated equally and given equal access to education. It is wrong to send boys to school while girls are left in the home to help with household chores because girls take

better care of their parents and they are better prepared to play that role when they are educated. Boys concern themselves with their families or girl friends.

Case 7

FT is my name, I am 17 years old and a Themne by tribe. I dropped out of secondary school because of the war. I have never married.

I started having sex at the age of 12, when I was captured and raped by rebels. I stayed with them for over a year during which I had regular sexual intercourse with a number of boys and men. I cannot remember that I ever gave my consent. I got pregnant at age 13 but lost the baby a few hours after birth. I did not report the incident to anybody. When it happened I had become a rebel myself because I was living with them. There was nobody to turn to because similar actions happened before my eyes everyday and were therefore considered normal.

After losing my baby, I was forcibly married and my sexual activity becomes restricted to one partner. At least I received protection from one man who was now my husband. I had regular contact with him. He provided me food, money and security. But because I did not like him, I occasionally refused him sex.

He would treat me roughly because he thought I was ungrateful. He believed he was doing me a favour and I should reward him by agreeing to have sex with him whenever he wanted, and that was too frequent. Any form of refusal will lead to humiliation and beating. He would abuse me and threaten to hand me over to the ruffians who had abused me earlier.

Because I didn't want that to happen, I would yield even after receiving a thorough beating from him. He would always provide me with painkillers, which he bought from a friend who was dealing in patent medicines. This marriage lasted for about four months.

My so-called husband did not know I was planning my escape. It was after one merciless beating that I succeeded in gaining freedom from my captors. When I joined my parents three weeks after my escape I was still nursing a fracture of my left index finger. That finger is disabled to date. My parents provided immediate medical treatment but the wound on that finger was already infected and healing became protracted. I also contracted STIs for which I am still receiving treatment.

I was initiated into the secret society for women at age 4 years. I am very happy I was initiated because I believe that those who are not initiated suffer from pain and itching around their private parts. They also lose grip at a very early stage in their sexual life. Non-initiates also experience serious problem with their clitoris during delivery.

The community believes in the process and will endeavour to initiate their girls to save them from all the problems mentioned above. No amount of condemnation would make them think otherwise.

Early marriage and child bearing cause problems for families who marry their children off before they are able to take care of themselves. Some of these things happen because of poverty. Many girls would delay sex until they are initiated. So people should postpone initiation, which would in turn delay marriage and childbirth.

Boys and girls should be treated equally and given equal access to education. This will help both the family and country to grow.

Beating in all its forms should be avoided, especially when adults are involved.

Case 8

I am CBT. I am 17 years old and I belong to the Themne ethnic group. I dropped out of school during the war but I have restarted and I am now in JSS III. I was abducted by rebels at the age of 10 and was raped. That was my first sexual experience so I bled a lot. I did not receive any proper medical treatment but I recovered somehow.

Subsequent sexual contacts were not as painful but were not pleasant either; so I never gave my consent. By the time I was 11, I had escaped from the rebels and was living in the camp. At first, the men and boys avoided me because they thought I was too young. But because I needed money for food and clothes, I had sex with all those who made the request. I had unprotected sex, so I got pregnant and delivered at age 14. The child is now 3 years old and is living with my parents in Port Loko. None of the men I was going with took responsibility for the pregnancy. My parents now provide care for my son and me.

Currently, I do not have a partner because I am not well, even though I look very healthy. I will not tell you the problem I have because you will not understand; I am receiving traditional treatment here in Kambia. I had to leave my former place of residence because I am ashamed of myself for having lived such a rough life in the past.

I believe boys and girls should be given equal opportunity to attend school. I agree some will get pregnant before they finish but some will do well. For me I have learnt my lesson. I will concentrate on education in order to live a better life in the future. The idea of sending only boys to school is not good and must be dropped because what boys can do girls can also do.

Case 9

[Male Survivor]

My name is ACT. I am 18 years old and currently in JSS II. I had my first sexual contact at 15 with a woman who must have been in her mid thirties. She called me to bed and I became her regular partner. I was supposed to report to her every day, failing which I would receive serious scolding.

At the start, we enjoyed the episodes. But as time went on I realized that her demand on my time and energy was far more than I could provide. She became suspicious that I was having an affair with someone else. The funds and resources I received were dwindling but I did not care because I was already getting fed up with the affair.

She would not let me go. She hired two strong men to frog match me to her after I had absented myself for about a week. She brought out a cane and gave me a number of hard lashes. The crime was that I was insubordinate. My mind was made up so I did not look back. It was during the war so I could not report because there was no one to report to. I got some blisters, which I concealed, with my clothes.

In this community, FGM is considered very important and many men like me will not marry women who are not initiated because our friends and relatives will frown on it.

Boys and girls should be given equal access to education because they are just as capable as boys. Beating of one person by another should be prohibited because it is dangerous particularly for adults. It is sometimes necessary to smack young children because they can be stubborn and it is stated in the bible that you will spoil the child if you spare the rod.

Case 10

I am STP. I am currently a student in JSS III and I am 17 years old. At age 14, I had my first sexual experience with rebels who gang-raped me in the presence of my younger brothers and sisters. They then took me with them; they abused me regularly against my wish. I feel nasty each time I think of the incident -- that is why I do not want to talk about it. Thank God I am completely cured of the STI I contracted. My parents took me to hospital immediately I arrived from the bush. That helped me a lot.

I have a partner now. We quarrel a lot on issues relating to sex. I am not very excited about sex so he gets cross when I refuse him sex. He has never raised a finger at me. We argue a lot on the issue but eventually the matter is only resolved when I give in to him. Otherwise I am having a very healthy relationship with him.

Early marriage and child bearing are very common in this community. They have no relationship with FGM. Each of these took place irrespective of the other. Long ago girls would not engage in sex unless they had graduated from the society. This is not the case any more. Some girls even bear their first child before they are initiated.

In my view boys and girls should be given equal access to education because girls have the same ability as boys. Many parents do not treat their boys and girls equally. This is unfair because, in the sight of God, they are all children so they must enjoy equal rights. It is wrong for one person to hit another so it must be avoided.

Case 11

I am OPQ and 15 years old. I gave consent for my first sexual intercourse when I was 14 years old. I am married. My parents chose my husband and I did not have a say in the matter. My husband treated me well at the start, but after one year, he did not trust me any longer. He suspected every move I made and the people I associated with. If I disobey his instructions, he will lock me up in the house and beat me up. Members of the neighbourhood have often cautioned him to desist from such action. He would dismiss them as being inquisitive and warn that they should not poke their noses into somebody else's business. The last time he beat me I bled through my nose. I now suffer from frequent and severe headaches for which I have received treatment. I am currently living with my parents. I am yet to make a final decision as to whether I would go back to the house or not.

Meanwhile he offered to pay the medical bills and has been begging me to go back home with the promise that he would not beat me again. Even my parents have threatened to annul the marriage if the beating continues. They think I should give him another chance and they are impatient with me for failing to give my consent.

I was four years old when I joined the society so I do not quite remember what it was like and who took the decision. I, however, know from the cases I now witness that it is very painful. I do not like it, but members of the community hold strongly to the tradition and would do anything to preserve it.

With regards to equality between boys and girls, I strongly believe that they should be given equal access to education. Women face a lot of problems currently because they are not educated. So parents should also send their girls to school to ensure a better life for them and their children in the future.

Beating is not a good practice. We beat our children, but that does not mean it is good. Parents should desist from such action. Adults should not be beaten. It is demeaning and could be dangerous for the health of the individual, particularly when a man beats a woman. Beating of children in school may prevent them from going to school. It can also disturb them emotionally.

Case 12

[Male Survivor]

I am ABJ, and I am 26 years old. I am a widower. My wife died last year by childbirth. I lost both the mother and child. [When I was] age 17, my aunt, with whom I was staying, called me to bed when my uncle was away. It was a very terrible experience and I was unhappy. At first I was reluctant to engage in such act, but then she told me outright that she was going to make me uncomfortable if I defied her instruction.

My ration of food was drastically reduced and she continuously scolded me around the house. I yielded to her demands when I realized that the stance I had taken would not take me anywhere. We made love over and over until it became a regular activity between us. In return I enjoyed more than a fair share of food in the house. We were lucky – my uncle did not suspect. After about six months, I noticed I had sores around my penis and was feeling pain when urinating. I spoke to my aunt about it and she bought me some capsules. I felt better but got scared of continuing the affair.

My aunt got mad with me and threatened she was going to report to my uncle that I had made advances to her. By now my ration of food had again dwindled to the dearest minimum. On some occasions, I was starving. I no longer received the gifts she used to shower on me. She accused me of seeing another woman. She even gets annoyed when I talk with young girls in the vicinity. She commented to my uncle that I had a girlfriend around and if he was not watchful, I would impregnate a woman. My uncle believed her and cautioned me.

That did not improve our relationship. To make matter worse, I spent less time in the house leaving very early and coming home late at night. This was too much for her. She constantly picked a quarrel with me and eventually stabbed me on my back. She framed me that I had made advances to her. So my uncle sent me out of the house without taking care of my wound. My mother insisted I should not report to the Police in order not to tear the family apart. I was then in form III. I joined my parents in the village and could not continue with my schooling. I reported the matter to my mother who took it up with my uncle. The truth was never revealed because nobody listened to my story. Even my mother did not believe me. I was blamed for creating a wedge in the family. I sought treatment from the Red Cross for the sexually transmitted infection that I had contracted, without telling my story.

My mother got me a wife and I got married at age 23 years. My wife proved to be insubordinate and rude. She took alcohol and smoked cigarettes. When she drinks she creates a lot of problems. She also misbehaves when she wants money for alcohol. She would prevent me from going out, abuse my parents and me and even refuse to prepare food for the household. She came home late and threatened to leave me for another man. She refused me sex, stressing she was tired of the

relationship because I was unable to make her pregnant after two years of marriage. She would rough me up and tear my clothes to pieces.

Eventually she got pregnant and everything changed. She became docile and subdued but, unfortunately, she lost her life during delivery. Even the baby did not survive.

Boys and girls are treated equally in this community because Child Protection and Human Rights Agencies sensitize us on these issues. We now give them equal access to education. Girls should no longer be kept in the house while boys are in school.

With regards to FGM, I will not think of marrying a woman who is not initiated because my relatives would not approve of the relationship. As an individual, I do not see the need for initiating women because white people do not engage in it but they still live and bear children.

Case 13

I am 30 years old. I attended school, but did not complete primary level. I am currently widowed. I chose my partner myself and my first sexual intercourse was at 18. My distant cousin attacked and raped me in the bush when we went to fetch firewood. We were staying in the same house and he would touch my buttocks when no one was looking. I did not like the action but I did not report to our guardians either.

On the day it happened, he threatened me with the machete, which he took along. He raped me. I did not like it but I did not report the matter.

My aunt however suspected that something had gone wrong. In the first place she questioned us about the unusual long period we spent in the bush, and later realized that I was slow and sluggish. I told the story of what happened to my aunt and uncle and my mother who had been called in. All my mother could say after listening to me was, 'he wants a woman so he is going to marry her'. I gazed at her with utter surprise and asked her whether that was all she had to say. I burst into tears and accused them of treating a serious matter like that with levity.

In fact they didn't want members of the community to hear because they would request for the bush to be cleansed and consecrated. He was almost finishing school so they quickly arranged the wedding. We continued to stay with the same couple who continued to treat us just like two small kids. I did the cooking and washing while the rest of the household went to work.

Somewhere along the line, another uncle of mine paid us a visit and I had to deliver water for his bath and his food. He started playing games with me, touching my breast and buttocks and telling me how beautiful I was. I warned him to stop failing, which I was going to report the matter to my husband and guardians. He persisted so I worked out a strategy of not getting near him when he is alone in the house.

He never gave up but he realized that I was not in for such adventures. Whenever I meet him he asks me for reasons why I keep on refusing his advances. He threatened to press on because he believed he would one day succeed. Before he did, I reported to my aunt who ensured that he did not put up with us anymore. We, however, moved out into our own home so I have not seen him since.

What disgusted me about the incident was that my aunt never said a word to the perpetrator. It means that on two occasions I have suffered in the hands of male relatives without anybody

thinking about how I feel. Their major concern has always been the family reputation, which should not be tarnished. My own image and the stress I went through did not mean anything to anybody.

During the 10 years of marriage, we had six children. Unfortunately, my husband died in a road accident two years ago and his family suggested that his younger brother should take over the family and the property. We had built a house of our own and my husband was in business. I also had my own business. Together we were able to meet the basic needs of the family.

Trouble started when his younger brother took us over. In the first place neither the children nor I accepted him as the head of the family. He was arrogant and aggressive and wanted to order us around. After some time though, I accepted to sleep with him. That was occasional because he came around only after doing his round of three nights to each of his other two wives.

I decided to use a contraceptive because I did not want another child. This was unacceptable and we started having a misunderstanding, which ended in a struggle between us. The pills I was taking had some side effects, so I suggested we use condoms. I insisted that I would rather abstain than have sex without a condom. This was when he became brutal and would beat me up. The kids did not like it but they were too young to fight back. This was a regular occurrence each time he comes to me. The visits always ended in a quarrel or fight. I received several slaps which sometimes left fingerprints on my face. I now live with one ear that is defective. I also suffer from headache and pains around my waist and back.

After the quarrels he would hold back the meagre amount he was giving for our sustenance so I would refuse him sex on the grounds that I was hungry. Now it seems he has accepted the reality that I wasn't going to have another child, so I must use a contraceptive. Also sensitization sessions for the community emphasises family planning and reproductive health as well the reasons why we should use condoms. He is beginning to cool down his temper. We now use condoms and fighting was considerably minimized. We now quarrel over my association with people in the neighbourhood. He accuses me of being promiscuous since I had developed a special liking for condoms.

In spite of all the beatings and injuries I received, I never reported to the police. My friends with whom I discussed the problem always advised that I report to the police. I refused because of the provision he makes for the kids. I was worried about how to take care of the children if he is apprehended and kept in police custody. I did not even tell my relatives -- both my parents had died earlier.

Case 14

I am KSC and I am 17 years old. I am currently enrolled in a secondary school in Kenema. I have never married. At age 10, I was raped by a neighbour who realized that I was in dire need of clothing, which my uncle, with whom I was staying, failed to provide. He exploited my situation by offering me some items and clothing and money to meet my basic need. Occasionally he gave me money for lunch. It was while delivering these gifts one evening that he raped me. I had no intention to report the matter, but the pain became severe and unbearable. I reluctantly narrated the story to my uncle and his wife.

They took it up with the perpetrator who promised to pay the medical bills and I received medical treatment from the government hospital. I was admitted for seven weeks and went for follow-up treatment for God knows how long. By the time I finished the treatment all my friends had learnt

about what happened to me. So I decided to stay away from school. I am not quite aware of how the matter was settled, but it was never reported to the police. I feel very bad when I think of the incident so I have not been courageous enough to ask about how the matter was settled.

Currently, I have a partner who physically punishes me all the time. We fight almost once every week. During the last episode, I sustained wounds on several parts of my body and a bloodshot eye. The wounds are not yet completely healed. This is the second time in the last six months that he has beaten me this seriously. The main reason for the misunderstanding that leads to the fight is that he comes home late. If I refused to open the door to let him he would broke the door open and beat me for not opening the door. Sometimes I reported to the police but he has never been prosecuted. The police would normally invite him to the station for questioning after which he would be released. When I report to the police I never mean to get him charged to court. Going to court would mean spending the little money that is available for our upkeep on a trivial matter which should be handled at home. The police consoled me and sent me to the hospital where MSF [Medecins sans frontiers] assisted with medical support.

I am not a member of the society for women because my relatives are not yet ready. Members of the community have high regard for the practice and believe that it should continue. I am interested in becoming a member and look forward to the initiation.

Men should avoid beating their wives. I do not like the way my partner beats me but I have to endure his beatings because I love him but more so because I do not want to lose him now that he is helping me with my schooling and other requirements. I am not yet married to him; if he continues this way I would leave him later on.

ANNEX 4. GUIDELINES FOR FOCUS-GROUP DISCUSSIONS

1. What do you understand by gender-based violence?
2. Is the incidence of gender-based violence common in your community?
3. Why would people beat their spouse?
4. Do men think it is right to beat their wives?
5. Do women think it is right for men to beat their wives?
6. In general do people in the community believe that a man should beat his wife?
7. In your opinion is it right for a man to beat his wife?
8. In your opinion is it right for a woman to beat her husband?
9. Can you give some examples?
10. Do women look for help after the husbands beat them? Who would they turn to or talk to?
11. Are incidences resulting in injury normally reported to the police?
12. What kinds of things might keep people from reporting to the police?
13. How do the police normally treat women when they report such incidences to them?
14. What other channels of complaint are there in the community?
15. Who are women most likely to turn to?
16. Are you aware of cases of rape or sexual violence in your community?
17. When and where does rape occur?
18. Who are the perpetrators?
19. What normally happens to the perpetrators?
20. What normally will prevent a woman or girl from reporting?
21. In your opinion what should be done to the rapist?
22. What role should the following play when an incident of rape or other forms of violence occurs?
 - i. The Police?
 - ii The Family?
 - iii The Community?
23. Are you aware of any institution in your community or its environs that works for the prevention, treatment or provision of services to victims of rape and other gender-based survivors?
24. Are you aware of perpetrators of GBV in your community?
25. What is the relationship between perpetrators and members of the community?
26. What are the common perceptions on equality between men and women?
27. Do people in your community feel women and men should have equal rights?

REFERENCES

- Heise, L., M. Ellsberg and M. Gottemoeller. "Ending Violence Against Women," *Population Reports*, 1999.
- Joubert, Jan [Sierra Leone Country Manager, Branch Energy Ltd.]. Truth and Reconciliation Commission (TRC) interviews conducted in Kono and Freetown, June 2003. Vol. 3 B, Chapter One, Mineral Resources section 50.
- Marin, L., H. Zia and E. Soler. *Ending Domestic Violence: Report from the Global Frontlines*. San Francisco, 1998.
- Sierra Leone, Government of. *Poverty Reduction Strategy Paper*. 2005.
- _____. Ministry of Social Welfare, Gender and Children's Affairs. *National Policy on the Advancement of Women*. 2001.
- _____. Ministry of Social Welfare, Gender and Children's Affairs and Partners. *Protocol Procedures, Responses to and Prevention of Sexual and Gender-based Violence in Sierra Leone*. June 2004.
- _____. Ministry of Social Welfare, Gender and Children's Affairs, IRC and the Law Reform Commission in collaboration with UNIFEM and UNICEF. *Building a Women's Law Reform Agenda*. 8-10 July 2003.
- _____. Sierra Leone Central Statistics. *Government of Sierra Leone Survey Report on the Status of women and children (MICS II)*. 2000.
- Singhal, A., S. Usdin, E. Scheepers, S. Goldstein and G. Japher. "Entertainment-Education Strategy in Development Communications." In *Development and Communication in Africa*, ed. by C. Okigbo and F. Eribo. Lanham, Maryland: Rowman & Littlefield Publishers, 2004, pp. 141-153.
- United Nations. *Convention on the Elimination of All Forms of Discrimination against Women*, adopted by the General Assembly of the United Nations, resolution 34/180 of 18 December 1979.
- United Nations Children's Fund. *Child Trafficking in Sierra Leone*. 2005.
- United Nations Department of Public Information. *Women speak out against sexual violence, formerly 'Africa recovery'*. Vol 18, No. 4, January 2005.
- United Nations Development Programme. Gender-related Development Index: Monitoring Human Development Enlarging People's Choices. 2000. Last accessed: 15 October 2005. Web address: www.undp.org/hri2000/eng/presskit/gdi/pdf
- _____. *Report of the Committee on the Elimination of Discrimination against Women*, 16th and 17th Sessions. 12 August 1997.

United Nations High Commissioner for Refugees. *Sierra Leone Briefing Paper*. September 2005.

_____. *How to Guide Sexual and Gender-Based Violence Programme in Liberia*. January 2001.

_____. *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced persons, Guidelines for Prevention and Response*. May 2003.

_____. “Sexual and Gender Violence Prevention and Response.” Country Planning Workshop, Draft for Field Testing, September 2000.

Unequal Rights: Discriminatory laws against women in Sierra Leone, A report by the Lawyers Centre for Legal Assistance (LAWCLA)-Sierra Leone published with support from the United Nations Development Programme, Sierra Leone.

“The Value of Advocacy in Promoting Social Change: Implementing the New Domestic Violence in South Africa.” By S. Usdin and others. *Reproductive Health Matters*, 8(16), 2000:55-65.

War-related sexual violence in Sierra Leone: A population based survey. Washington, D.C.: Physicians for Human Rights, January 2002.

Ward, Jeanne. *If Not Now, When? Addressing Gender-based Violence in Refugee, Internally Displaced, and Post-conflict Settings*. New York: Reproductive Health for Refugees Consortium, 2002.

“World Health Day 2001: Mental Health Gets Global Attention.” *WHO Newsletter*, 16, No. 1, March 2001.

World Health Organization (WHO). *Medical eligibility criteria for contraceptive use*, Third Edition. 2004.

Web Sources

Soul City 4. Impact Evaluation; Violence against Women Volume 1. 2001
Available at <http://www.soulcity.org.za/downloads/SC4percentVAWpercentVolumepercent1.pdf>
Reviewed 10 February 2004.

Soul City 4. Impact Evaluation; Violence against Women Volume 2. 2001.
Available at <http://www.soulcity.org.za/downloads/SC4percentVAWpercentVolumepercent1.pdf>
Reviewed 10 February 2004.

Media Materials Clearinghouse, The John Hopkins University, Centre for Communications Programme

To access the index, search “materials” for “violence.” The John Hopkins University Centre for Communications Programme has created an online resource of documents, reports, journal articles, policy documentation, training materials, posters, radio programmes, novelty items and other information related to gender-based violence. The site was developed to provide researchers, health communication specialists, policy makers and others with the information and materials they

need for their work to end violence against women. Many of the resources come from developing countries.

Available in English, Spanish, French, and many other languages at <http://www.hcpartnership.org/index.php>

Review by UNIFEM

UNIFEM, *Picturing a Life Free of Violence: Media and Communications Strategies to End Violence against Women*. New York: United Nations Development Fund for Women, 2001. This report, a collaborative effort by UNIFEM and Johns Hopkins University, presents a variety of media and communications strategies used in different parts of the world to reduce violence against women.

Available in English only at <http://www.unifem.org>

Review by UNFPA

UNFPA. "Communication/Behaviour Change Tools: Entertainment-Education."

Programme Briefs No. 1. New York: UNFPA, January 2002. This issue of *Programme Briefs* reviews the lessons learned from entertainment-education programmes throughout the world, many of which address the issue of violence against women. The issue profiles programmes such as *Sexto Sentido*, Nicaragua, and Soul City, South Africa.

Available in English only at

<http://www.unfpa.org/upload//libpub/file/160 filename bccprogbrief1.pdf>

The White Ribbon Campaign

Kaufman, M. *The AIM Framework: Addressing and Involving Men and Boys to Promote Gender Equality and End Gender Discrimination and Violence*. 2003. The White Ribbon campaign (WRC), which began in Canada in 1991, seeks to mobilize the voices of men and boys. Participants wear or display a white ribbon in public to pledge never to commit, condone or remain silent about the violence against women. It is a call for Governments and other institutions controlled by men to address the issue seriously. The WRC basic philosophy is that while not all men are responsible for committing violence against women, they must take responsibility for helping end it. WRC is non-partisan and attempts to include men from across the social and political spectrum. It works with women's organizations and urges men to listen to the voices and concerns of women, conducts public awareness campaigns and involves high-profile men in speaking out against the violence, and provides resources for work in schools. There are currently or have been WRC activities – or use of the WRC symbol – in at least 35 countries, including Brazil, Cambodia, China, India, Namibia and South Africa. For more information, go to <http://www.whiteribbon.com>
Available in English at <http://www.michaelkaufman.com/articles/pdf/the-aim-framework.pdf>

The Nicaraguan Network of Women against Violence

Ellsberg, M., J. Liljestrand and A. Winkvist. "The Nicaraguan Network of Women against Violence: Using Research and Action for Change." *Reproductive Health Matters* 10:82-92, 1997.

The Nicaraguan Network of Women against Violence has used several of the key strategies highlighted in this report, including mass media campaigns to reduce violence against women. During the 1990s, it carried out mass media campaigns on an annual basis. *Full article available in English only: summaries available in Spanish and French.*

