

Cycle 4: UPR of SIERRA LEONE



Fact Sheet 3: SEXUAL AND GENDER BASED VIOLENCE

SUMMARY OF KEY ISSUES FROM THIRD UPR CYCLE

Key Theme 1: Combating Sexual and Gender-Based Violence against Women and Girls: Focuses on prevention, accountability, survivor support, and justice for sexual and gender-based violence (SGBV).

States: Russian Federation; Tunisia; Costa Rica; Croatia; Cuba; Gabon; Malaysia; USA; Mozambique; Sweden; Philippines; Slovenia; Nigeria

Key Theme 2: Ending Child and Early Marriage: Addresses legislative reform, enforcement, prevention, and protection of girls from child marriage.

States: Belgium; Togo; Chad; Bolivia; Gabon; South Africa; Mozambique

Key Theme 3: Awareness-Raising, Funding, and Survivor Support Mechanisms: Emphasizes resources, education, and services to prevent abuse and support survivors.

States: Costa Rica

NATIONAL FRAMEWORK

- ❖ The establishment of the **National Committee on Gender-Based Violence (NAC GBV)** and the **Spotlight Initiative in 2017**, which is responsible for coordinating and implementing policies and programs to prevent and respond to SGBV.
- ❖ The government has also enacted the **Sexual Offences Act of 2019**, which provides for the prosecution of perpetrators of SGBV and offers protection and support to survivors. It has also amended the Sexual Offences Act to strengthen penalties and establish specialized courts.
- ❖ The government has implemented a number of **programs** aimed at preventing SGBV, including community-based initiatives, school-based education, and awareness campaigns.
- ❖ The government has also **provided support services** for survivors of SGBV, including medical and psychological care, legal assistance, and shelter.
- ❖ The **National Male Involvement Strategy** prioritizes the participation of men and boys in SGBV prevention

CHALLENGES AND THEIR IMPACTS

- ❖ **Deep-seated cultural and social norms:** SGBV is often perpetuated by deep-seated cultural and social norms that normalize violence against women and girls. These norms can make it difficult for survivors to come forward and seek help, and can also create a hostile environment for those who do. Around 57% of Sierra Leoneans consider gender-based violence a private family matter rather than a crime.
- ❖ **Weak legal framework:** Despite the enactment of the Sexual Offences Act of 2018, the legal framework for addressing SGBV in Sierra Leone remains weak, with many cases going unreported or unpunished. Despite the 2019 declaration of rape as a national emergency, judicial delays and lack of evidence contribute to low conviction rates. Only a small percentage of victims seek help from the police (roughly 4% as of 2019 data).
- ❖ **Limited resources:** The government's efforts to address SGBV are often hampered by limited resources, including inadequate funding, lack of trained personnel, and insufficient infrastructure. Only 41.7% of indicators needed to monitor SDGs from a gender perspective were available as of late 2020, with significant gaps in documenting unpaid care and economic abuse.
- ❖ **Limited access to support services:** Survivors of SGBV often face significant barriers in accessing support services, including medical and psychological care, legal assistance, and shelter.

- ❖ **Limited community engagement:** The government's efforts to address SGBV have often focused on top-down approaches, with limited engagement with communities. This can make it difficult to address the root causes of SGBV and to ensure that interventions are culturally appropriate and effective.

2024 SGBV Data

Over 2,771 survivors received medical and psychosocial support. 94.1% of reported cases were sexual assaults, with survivors aged 2 months to 97 years. Sexual assault accounted for 94.1% of cases, while physical assault made up 5.9%. Women and girls made up 99% of survivors, while men/boys accounted for 1%. Freetown (Western Area) recorded the highest number of cases (33.2%), followed by Kenema (14.6%) and Bo (14.5%).

Impacts include long-lasting mental health issues, including post-traumatic stress disorder (PTSD), anxiety, depression, low self-esteem, and suicidal ideation. Sexual assault, leads to traumatic physical injuries, unwanted pregnancies, and a high incidence of sexually transmitted infections (STIs), including HIV. For girls, sexual abuse is a major driver of school dropout, as they may become pregnant or face severe stigma. This perpetuates a cycle of poverty and economic disempowerment.

RECOMMENDATIONS

The Christian Brothers Development Office, Sierra Leone; Edmund Rice International and VIVAT International **urge Member States to recommend** that Sierra Leone:

1. **Continue efforts** to effectively implement the Sexual Offences Act of 2018 by strengthening the legal and institutional framework to prevent and combat sexual and gender-based violence, including through enhanced investigations, prosecutions, accountability of perpetrators, and the provision of adequate financial and human resources to relevant institutions, including the National Commission on Violence Against Women.
2. **Strengthen access** to comprehensive, survivor-centred support services for victims of sexual and gender-based violence, including medical, psychosocial, legal and shelter services, ensuring their availability and accessibility across the country, in particular in rural and underserved areas.
3. **Intensify prevention efforts** to address sexual and gender-based violence, including by promoting gender equality, addressing harmful social and cultural norms, engaging communities, traditional and religious leaders and civil society organizations, and strengthening data collection and monitoring mechanisms to inform evidence-based policies and programmes.

ADVANCE QUESTIONS

1. What measures are being taken to ensure that the Sexual Offences Act is consistently enforced across all regions, particularly in rural areas, and what measurable progress has been made in investigations, prosecutions and convictions of SGBV cases since the last UPR cycle?
2. What steps are being taken to sustainably finance and decentralize survivor-centred SGBV services (medical, psychosocial, legal, and shelter) and how are communities, including traditional and religious leaders, being systematically engaged to address harmful social norms driving SGBV?

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