



**REPORT ON THE STATUS OF IMPLEMENTATION OF
THE SEXUAL OFFENCES ACT 2012 (AS AMENDED IN 2019)
FOR THE PERIOD 2020- 2024**



**JOINT REPORT BY THE HUMAN RIGHTS COMMISSION OF
SIERRA LEONE AND THE MINISTRY OF GENDER AND
CHILDREN'S AFFAIRS**

**Submitted to Parliament pursuant to Section 45 of the Sexual Offences Act
2012 (as Amended in 2019)**

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LIST OF ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AWC	Aberdeen Women Centre
CRC	Convention on the Rights of the Child
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSOs	Civil Society Organisations
DGCA	Directorate of Gender and Children's Affairs
DM&R	Directorate of Monitoring and Research
DPP	Director of Public Prosecutions
DSC	District Steering Committee
FGD	Focused Group Discussion
FSU	Family Support Unit
GoSL	Government of Sierra Leone
GR	General Recommendations
HRCSL	Human Rights Commission of Sierra Leone
LOD	Law Officers Department
MDAs	Ministries, Departments, and Agencies
MoGCA	Ministry of Gender and Children's Affairs
MSW	Ministry of Social Welfare
MoU	Memorandum of Understanding
NaC-GBV	National Committee on Gender-Based Violence
NGOs	Non-Governmental Organisations
NRP-SGBV	National Referral Protocol on Sexual and Gender-Based Violence
OSC	One-Stop Centre
RCRC	Ravera Children's Rehabilitation Centre

RC	Rainbo Centre
RI	Rainbo Initiative
SAS	Sexual Assault Syndicate
SLP	Sierra Leone Police
SG	Sentencing Guidelines
SGBV	Sexual and Gender-Based Violence
SOAA	Sexual Offences Amendment Act 2019
SOMC	Sexual Offences Model Court
SP	Sexual Penetration
WHI	World Hope International

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FOREWORD



Following public outcry on the increased spate of reported cases of sexual and gender-based violence and a proclamation by the President of Sierra Leone on 7th February 2019 of a State of Emergency over sexual and gender-based violence, the Sexual Offences Act 2012 was amended by the passage of the Sexual Offences (Amendment) Act 2019. The Amendment was passed in Parliament on 19th September 2019 and assented to by President Dr. Julius Maada Bio on 7th October 2019.

The Human Rights Commission of Sierra Leone (HRCSL), by virtue of its broad mandate to protect and promote the rights of all in Sierra Leone, was assigned under the Sexual Offences (Amendment) Act 2019 with the responsibility to collaborate with the National Committee on Gender-Based Violence (NaC-GBV) of the Ministry of Gender and Children's Affairs (MoGCA) to monitor the status of implementation of the Act and report annually to Parliament, in pursuance of Section 45 of the Sexual Offences Act 2012 (as Amended in 2019).

Since the amendment in 2019, the HRCSL and the Ministry of Gender and Children's Affairs, with funding from UNDP and Irish Aid, have actively engaged with key stakeholders and partners to assess the implementation of the Act's key provisions. This report represents the first consolidated comprehensive assessment since the Act's Amendment and considers the efforts made by both State and Non-State actors in fulfilling their obligations outlined in this Act and contributing to the enjoyment of human rights.

The report covers the five-year period from 1st January 2020 to 31st December 2024 and documents the progress made by the government in empowering the judiciary and the executive branches to effectively implement this law. Notably, the establishment of the Sexual Offences Model Court (SOMC) in July 2020 has contributed to the protection of victims' confidentiality and the expeditious handling of court proceedings. An important outcome of the SOMC's introduction has been the increase in the number of

verdicts delivered, thus reducing the backlog of pending cases. Additionally, the six One-Stop Centres (OSC) set up by the Ministry of Gender and Children's Affairs with support from UN Women and UNFPA have played significant roles in providing comprehensive support services to survivors of sexual offences.

The report also highlights the challenges faced by several institutions tasked with implementing the Sexual Offences Act as well as the detrimental impact of the absence of a Forensic Laboratory in-country, which should be set up as provided for in Section 44(2)(e) of the Act. The absence of the Lab has on numerous occasions affected the outcome of verdicts and compromised the principles of "beyond all reasonable doubt" and natural justice.

The findings and recommendations presented in this report will provide a roadmap for addressing the challenges faced by institutions in addressing sexual violence in Sierra Leone. By implementing the recommendations outlined in the report, stakeholders can work towards creating a safer and more supportive environment for survivors of sexual violence. It is hoped that this report will also serve as a valuable resource for policymakers, civil society organisations, and other stakeholders working to address sexual and gender-based violence.

HRCSL and MoGCA therefore advocate for a dedicated budget to be allocated to the Ministry in collaboration with HRCSL for monitoring implementation of the Act to ensure timely fulfilment of Section 45 of the Act. Various factors, including this need, have affected the timely production of this report. HRCSL remain committed to collaborating with stakeholders and partners to address these challenges and ensure the effective protection and enforcement of the rights enshrined in the Act.



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Patricia Narsu Ndanema (Mrs)

Chairperson,

Human Rights Commission of Sierra Leone

ACKNOWLEDGMENTS



The Ministry of Gender and Children’s Affairs (MoGCA) is pleased to present this report in compliance with Section 45 of the Sexual Offences Act 2012 (as amended in 2019). This report seeks to outline steps the government and partners have taken to implement the provisions of the Act and, more importantly, provide protection for our vulnerable women and girls who have suffered too long from

sexual and gender-based violence without strong penalties being meted out against perpetrators.

The Ministry would like to acknowledge the strong support of the President of the Republic of Sierra Leone for championing the strengthening of the Sexual Offences Act 2012 through His initial proclamation of the State of Emergency on Sexual and Gender-Based Violence and for giving speedy assent to the Bill once it was passed in Parliament. His action of separating the Ministry of Social Welfare, Gender and Children’s Affairs into two Ministries, so that the new MoGCA could focus more on addressing SGBV matters, was laudable. We also thank the Parliamentarians for passing the Bill, as well as all the civil society and other organisations and institutions that gave contributions that enhanced the provisions in the Bill that was sent to Parliament.

The Ministry commends the staff of the Ministry and of the One-Stop Centres (OSC) for the hard work in providing services to victims and survivors and for the monitoring role undertaken. We also heartily appreciate the work done by staff of the Rainbo Centres (RC), Aberdeen Women’s Centre (AWC), Government hospitals and all other healthcare providers that provide free services to victims of sexual and gender-based violence. The role of the Family Support Unit (FSUs) within the Sierra Leone Police (SLP) and that of staff at the Sexual Offences Model Court (SOMC) are critical in seeking justice for victims, and we thank them gratefully for the support provided to the victims and their witnesses during the prosecution process.

Finally, the Ministry appreciates the partnership with the Chairperson and staff of the Directorate of Gender and Children's Affairs (DGCA) within the Human Rights Commission of Sierra Leone (HRCSL), and the Consultant Commissioner Simitie Lavalay without whom this report would not have been completed.

The Ministry remains committed to supporting access to justice for victims and survivors of sexual and gender-based violence.

A handwritten signature in green ink, consisting of a long horizontal stroke followed by a vertical stroke that loops back to the left.

Isata Mahoi PhD

Minister of Gender & Children's Affairs

EXECUTIVE SUMMARY

This report is jointly produced by the Human Rights Commission of Sierra Leone (HRCSL) and the Ministry of Gender and Children's Affairs (MoGCA) to delineate the status of implementation of the Sexual Offences Act 2012 (SOA) as amended in 2019.

The report is divided into five Sections:

- **Section One** sets out the background to the passage of the Amendment Act, the scope of the report, the methodology used and limitations of the report.
- **Section Two** analyses the Legal and Institutional Framework, including Local, International and Regional Legal Standards, Policies, and Institutional arrangements to support the implementation of the SOA.
- **Section Three** states the findings and challenges in implementing the SOA, looking at it under the rubrics of investigation, support services available, prosecution and sentencing, as well as proffering recommendations. Under investigation, statistics provided by the One Stop Centres (OSC) and the Family Support Unit are set out. For support services, the data from OSCs, Rainbo Centres (RC), Aberdeen Women's Centre (AWC) and Interim Care Centres (ICC) are outlined. Data from the Sexual Offences Model Court highlights the prosecution and sentencing of perpetrators. The challenges for each institution are shown; some of these challenges include inadequate or unavailable funding, insufficient logistics in operating certain centres, delays in completion of cases in court and the absence of police and FSUs in strategic locations across the country.
- **Section Four** provides the status of implementation of the Sexual Offences Act (2012 as amended in 2019) and outlines recommendations.
- **Section Five** provides concluding remarks.

SECTION ONE

1.1 Background

The prevailing incidence of Sexual and Gender Based violence (SGBV) in Sierra Leone presents grave challenges to the enhancement of women and children's rights. This has been heightened by a perception that the justice system is inefficient and ineffective in tackling the scourge.

In 2012, the Government of Sierra Leone (GoSL) passed into law the Sexual Offences Act 2012 (SOA). The Act was part of a series of legislation passed by GoSL in compliance with its commitment to domesticating provisions under the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW). The other legislations passed were the Domestic Violence Act 2007, the Devolution of Estates Act 2007 and the Registration of Customary Marriage and Divorce Act 2009 (commonly called the "Three Gender Acts"). GoSL also ratified without reservation the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (known as the Maputo Protocol), wherein women have rights to dignity and protection from all forms of violence, particularly sexual violence.

The SOA clearly sets out a list of sexual offences and outlines punitive measures for punishing perpetrators of sexual offences. Support services for victims and survivors were also included in the provisions. In 2018 and 2019 alone, there were nearly 3,000 reported cases of sexual offences, of which only 39 were prosecuted. Concerns with regard to the increase in the number of reported cases, delays in dispensation of justice, and compromise on the side of relatives and family members grew as the number of reported cases could not resonate with the number of cases charged to court and eventually completed by the judiciary.

Advocacy from the HRCSL, Rainbo Initiative, Purposeful, the media and other key stakeholders, including the Office of the First Lady (whose "Hands off our girls" campaign was launched in December 2018 and sparked national interest), called for more rigid and stiffer sentences to be handed down to perpetrators. This advocacy led to the review of the SOA. In February 2019, His Excellency President Bio reacted to the calls by proclaiming a State of Emergency against Sexual and Gender-Based Violence. The Ministry of Social Welfare, Gender and Children's Affairs was then split into two Ministries- the Ministry of Social Welfare and the Ministry of Gender and Children's Affairs. The latter Ministry was then tasked with overseeing the implementation of the SOA (as amended). The SOAA was drafted by then

Attorney-General and Minister of Justice (Dr. Priscilla Schwartz) and taken to Parliament. Following inputs from HRCSL, civil society and non-governmental organisations the Bill was substantially amended by Parliament and eventually passed on 19th September 2019. It was assented to by President Dr. Julius Maada Bio on 7th October 2019 and printed and published by the Government Printing Department, Sierra Leone, Gazette Extraordinary No. 84 of 4th November 2019.

The objectives of the amendment were stated as follows:

- Make provision for the increase of the maximum penalty for rape and sexual penetration of a child from fifteen years to life imprisonment;
- To make provision for the introduction of the offence of aggravated sexual assault;
- To make provision for an alternative conviction of aggravated sexual assault;
- To make provision for the prosecution of offences under the Act;
- To make provision for the making of rules by the Rules of Court Committee;
- To further regulate the practice and procedure under the Act and to provide for other related matters.

Parliament took cognizance of the contribution of the HRCSL in amending the Act and thus added a new function in Section 45 of the Amended Act that “*the Human Rights Commission of Sierra Leone in conjunction with the National Committee on Gender-Based Violence (NAC-GBV) of the Ministry of Social Welfare, Gender and Children’s Affairs shall produce and present to Parliament an annual report of the state of implementation of the Sexual Offences Act, 2012 (as amended) throughout Sierra Leone including recommendations to Parliament.*”

In compliance with this function, the HRCSL and the Ministry of Gender & Children’s Affairs (MoGCA) have since 2020 been monitoring and engaging key institutions within the Sierra Leone Police, Judiciary and the Ministries of Justice and Health. Monitoring has also covered partner non-governmental institutions such as the Rainbo Centres and Aberdeen Women’s Centre that provide free medical and psycho-social support to victims and survivors.

This report is accordingly a product of the findings of monitoring reports and stakeholder engagements undertaken by HRCSL and the MoGCA.

1.2 Scope

This report is a consolidation of five annual monitoring reports undertaken to facilities and institutions in each of the 16 districts nationwide handling SGBV cases related to the SOA as amended. These facilities and institutions included: the Family Support Unit (FSU) of the Sierra Leone Police (SLP), the Rainbo Initiative (RI), the Aberdeen Women’s Centre (AWC), the Sexual Offences Model Court (SOMC), the Law Officers Department, the Ministry of Social Welfare, Safe Homes/ Interim Care Centres (ICC) and One Stop Centres (OSC).

1.3 Methodology

Desk research was conducted, through which articles, reports and information gathered from key individuals and institutions, newspapers and online on the status of implementation of the SOAA were compiled and input into the report. The report also relied on data from monitoring questionnaires, field monitoring and observation, focus group discussion meetings, and Key informant interviews.

A monitoring questionnaire was developed and used to solicit information from the different stakeholders working to promote and protect women’s and children’s rights and on the implementation of SOA (as amended). A pre-test of the questionnaire was done within the Western Area before it was rolled out in all 16 districts. A total of 480 questionnaires were completed by participants identified.

In-depth interviews were conducted with victims/survivors of SGBV and professionals in various fields working on SGBV and implementation of the SOAA, 2019. The professionals were identified regarding their experiences and the knowledge they had on SGBV cases based on the reports provided at the Police Stations/Posts in their respective communities.

During field monitoring, questionnaires were completed, and observations were made during the facilities visited, and safety measures were provided for victims and survivors, and the homes and surroundings they found themselves in.

Additionally, there was a comprehensive, multi-level engagement strategy to address sexual and gender-based violence (SGBV) nationwide. Four community-level discussion meetings were convened in hotspot communities, complemented by twenty stakeholder meetings across

the regions. The Focus Group Discussions (FGDs) were conducted in four identified SGBV hotspot communities—Bo (Bo District), Moyamba (Moyamba District), Kabala Town (Koinadugu District) and Grafton (Western Rural District).

The broader stakeholder engagement meetings were held in the regional headquarter towns across all five regions and brought together local authorities, representatives of relevant Ministries, Departments and Agencies (MDAs), civil society organizations (CSOs), youth leaders, traditional and religious leaders, and community members with practical insights into SGBV trends, root causes, reporting barriers, and response systems.

Table 1- Summary of field visits, questionnaires, FGD and KIIs done

Region	No. of visits	No. of questionnaires	No. of FGDs and KII
South	20	20	20
North	20	20	20
East	20	20	20
Northwest	20	20	20
Western Rural	20	20	20
Western Urban	20	60	60
	120	160	160

1.4 Timeframe

This consolidated report covers the five annual periods from 1st January 2020 to 31st December 2024.

1.5 Limitations

Due to limited funding, monitoring visits were conducted at most three times per year, and did not cover all relevant institutions annually. In addition, access to data from some justice sector institutions was constrained.

1.6 About the HRCSL and the MoGCA

Human Rights Commission of Sierra Leone

The HRCSL is a statutory body created by the Human Rights Commission of Sierra Leone Act No. 9 of 2004. Its mandate, found under Section 7 of the Act, is to promote and protect human rights in Sierra Leone.

In 2008, as part of its operational framework, the Commission established the Women and Children's Rights Unit and the Different Abilities and Non-Discrimination Unit under the Directorate of Monitoring and Research to address violations affecting women, children, persons with disabilities, and other vulnerable groups. Over time, the Commission recorded a persistently high number of complaints involving abuses against women and children, including sexual and gender-based violence, underscoring the need for a more focused and coordinated institutional response.

To tackle these emerging and ongoing challenges, the Commission established a dedicated Directorate to address gender and children's rights comprehensively. On November 27, 2019, the Directorate of Gender and Children's Affairs (DGCA) was formally launched. This Directorate serves as the Commission's specialised mechanism for advancing gender equality and the rights of children, men and boys, persons with disabilities, and other vulnerable populations. In fulfilment of the statutory responsibility given by Section 45 of the SOAA, HRCSL, through the DGCA, HRCSL undertakes monitoring exercises, stakeholder engagements, and reporting on the implementation of the Sexual Offences (Amendment) Act 2019, with a focus on strengthening accountability and protection for survivors of sexual and gender-based violence.

Ministry of Gender & Children's Affairs

The MoGCA was created by the President in 2019 to respond to the need for a Ministry dedicated solely to Gender and Children's issues. It is particularly tasked with the following:

- Lead the development, implementation and monitoring of the policy and legal framework for issues relating to Women and to children below 18years of age
- Lead on development and monitoring of policies related to Gender and Children issues
- Take necessary actions to achieve full participation of women in development
- Address issues of violence against Women and Children

- Liaise with development agencies and NGOs addressing the needs of Women and Children
- Collaborate with the relevant Ministries, Departments and Agencies working on Gender and Children's Issues
- Mobilization of resources in support of Gender and Children related projects
- Ensure Gender and Child responsive national development framework
- Provide oversight to the National Commission for Children.

In the midst of the limited staff, the few staff have been selfless in ensuring that they provide the much-needed service to women and children.

The Gender Affairs Directorate within it is tasked with monitoring the implementation of the SOA (as amended).

SECTION TWO

2.1 Legal and Institutional Framework

Sierra Leone is a party to several international treaties and instrument such as the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Convention on the Right of the Child (CRC), the African Charter on the Rights and Welfare of the Child, the African Charter on Human and People’s Rights on the Rights of Women in Africa (Maputo Protocol). Chapter III of the Constitution of Sierra Leone 1991 recognises the need for the protection of fundamental human rights of all.

2.1.1 National Framework

- **Sexual Offences Act 2012, as amended in 2019**

In 2012, Sierra Leone passed into law the Sexual Offences Act, which was amended in 2019. The Act is divided into five (5) parts:

- **Part 1- Preliminary section.** This section contains the interpretation section and defines key words such as child, child pornography, indecent material, sexual manner and sexual penetration. The issue of consent and circumstances wherein a person cannot consent are explained. It clearly states that a person under 18 years cannot consent to sex and marriage is not a defence to lack of consent.
- **Part II- Sexual Offences generally.** This section outlines the 13 sexual offences that can be committed against adult females or males (the Act itself is gender neutral) and includes rape, indecent assault, incest, harassment and a newly created offence of “solicitation by person in authority”, which was included by the amendment. The amendment also increased the penalty for rape from a maximum of 15 years to a maximum of life imprisonment. More critically, it removed the minimum age for which a child could be criminally liable for a sexual offence. Sentencing penalties were now set for children, young people and a person above the age of youth for a charge of rape, while the other offences retained their maximum penalty of 15 years. The penalty for the new solicitation offence was set at a minimum penalty of 15 years imprisonment.

- **Part III – Offences Involving Children.** This section outlines 14 offences involving children, i.e. persons below the age of 18 years. The offences include sexual penetration, sexual touching of a child, meeting a child for sexual purposes and the new offence of “aggravated sexual assault”, which was added by the amendment. As with Part II, the amendment also increased the penalty for sexual penetration from a maximum of 15 years to a maximum of life imprisonment and removed the minimum age for which a child could be criminally liable for a sexual offence. Sentencing penalties were now set for sexual penetration and aggravated sexual assault for children, young people and a person above the age of youth, while the other offences retained their maximum penalty of 15 years. An alternative penalty was also introduced whereby a person who is acquitted of rape or sexual penetration could still be convicted of the charge of aggravated sexual assault.
- **Part IV- Sentencing.** Although labelled as “Sentencing”, this section contains other provisions within it. It provides guidelines to Judges and Magistrates on aggravating factors that would warrant the maximum sentence and to take into account any oral or written victim impact statements. Compensation could also be awarded in addition to the sentence. During the trial, the court could order special measures to protect a vulnerable victim or witness, such vulnerable person being a child, mentally disabled or an adult who is in fear. The section then requires police officers to provide necessary assistance to victims and that the victim is entitled to free medical services. It concludes with instituting a publication ban on reporting that identifies a victim under the Act and that the Attorney-General shall prosecute offences under the Act in the High Court. The Rules of Court Committee of the Judiciary are empowered to make Rules and the Chief Justice is to issue compulsory sentencing guidelines. The Amendment Act added the steps for prosecution and for the Chief Justice to issue the compulsory guidelines.
- **Part V. Miscellaneous.** This section creates additional two offences of attempted conspiracy and settlement & compromise. It empowers the Minister responsible for Social Welfare to develop regulations necessary or expedient for giving effect to the Act, along with a new requirement for HRCSL and the National Committee on Gender-Based Violence (NaC-GBV) of the Ministry of Gender and Children’s Affairs to monitor the status of implementation of the Act and to report annually to Parliament. It

concludes with the repealing of certain sections of Cap. 31, Laws of Sierra Leone (the Prevention of Cruelty to Children Act).

- **Sentencing Guideline January 2020**

On 6th January 2020, Chief Justice Desmond B. Edwards issued the compulsory Sentencing Guidelines (SG) to guide implementation of the SOAA. The SG defined the age of a child offender, a young person offender and the “*above the Age of Youth offender*”. It then sets out the minimum threshold and maximum for each category of offender as set out in the Amendment Act, but highlights what aggravating factors would trigger a higher sentence than the minimum for the offences provided for, namely sexual penetration, rape and sexual aggravated assault.

- **Criminal Procedure Act 1965**

The Criminal Procedures Act 1965 outlines the procedures for prosecuting criminal matters in courts across the country. Sexual offence prosecutions must comply with it. A new CPA was passed in 2025.

2.1.2 National Institutional Framework

The Sierra Leone Police (SLP) is the primary institution responsible for investigating criminal matters within the country. The Sexual Assault Syndicate (SAS) division with the Family Support Unit (FSU) of the SLP is specifically tasked with investigating offences under the SOA. After investigation, the file is sent for advice from the Law Officer’s Department of the Ministry of Justice. If the advice directs the suspect to be prosecuted, the matter is charged to Court, and the matter may be prosecuted by the Law Officers Department or the Police prosecutors either at the Sexual Offences Model Court in Freetown, or other Magistrates or High Court nationwide. Magistrates or Judges preside over sexual offence matters in court. Accused persons are usually remanded in custody during their trial and kept in the Correctional Centre until the matter is concluded.

Medical support services for victims of sexual offences are provided by the government-run One-Stop Centres located in government hospitals nationwide or at the partner institutions such as the Rainbo Centres or the Aberdeen Women’s Centre.

Victims can also be referred to Safe Homes/ Interim Care Centres run by partner institutions.

- **The Family Support Unit**

The FSU division of the SLP is mandated under Section 38 of the SOA (as amended), to provide comprehensive assistance to victims of sexual offences. This includes receiving and recording complaints in detail, interviewing parties and witnesses, facilitating access to medical treatment and reports, ensuring the safety and protection of victims, assisting in the retrieval of personal belongings, preserving evidence and advising victims of their rights and available services. The Sexual Assault Squad (SAS) handles serious and complex sexual assault cases, while other domestic violence or abuse cases are managed by other units within the FSU.

As outlined in the *National Referral Protocol on Gender-Based Violence (2024)*, the FSU is tasked with ensuring timely, survivor-centred investigations; referring survivors for medical, psychosocial, and legal services through MoGCA; maintaining confidentiality and securing evidence for prosecution; and compiling disaggregated data on all SGBV cases.

On 6th August 2020, the First Lady of the Republic of Sierra Leone witnessed the signing of a Memorandum of Understanding (MoU) between the FSU and three non-governmental organisations (Rainbo Initiative, Aberdeen Women’s Centre and Don Bosco Fambul) to strengthen coordination and harmonise efforts in the fight against gender-based violence in Sierra Leone.

The FSU is also responsible for engaging schools on reported abuse cases, supporting prosecutions in court, and participating in national and district-level GBV coordination mechanisms through representation on the National Committee on Gender-Based Violence (NaC-GBV) and District Steering Committees.



HRCSL with FSU staff at Kailahun Police



HRCSL with FSU staff at Mountain Division Police, Freetown

- **One-Stop Centres**

In June 2020, the MoGCA, in collaboration with development partners, established OSCs in government referral hospitals in Freetown and 5 district headquarters towns- Port Loko, Moyamba, Pujehun, Kabala, and Kailahun. This initiative was part of the government’s broader commitment to implementing Section 39 of the SOA as amended, which entitles victims of sexual offences to free medical treatment, counselling, and psychosocial support at designated healthcare facilities accredited by the Ministry of Health.



Gender Committee of Parliament members at Kailahun OST
(Photo Credit, Premier Media)

The overarching aim of the One Stop Centres is to ensure survivors of SGBV receive comprehensive, survivor-centred, and confidential services in a single location, thereby reducing the need for multiple disclosures and minimising trauma. Survivors can access medical, legal, psychosocial, and policing support through an integrated

response model aligned with the National Referral Protocol on SGBV (2024).

- **National Referral Pathway Protocol on Sexual and Gender-Based Violence (2024)**

On 5th August 2024, the MoGCA, in collaboration with various partners, launched the 2024 National Referral Protocol on Sexual and Gender-Based Violence (NRP-SGBV) in Freetown.

The 2024 NRP- SCBV is a technical guidance framework developed to provide a structured, coordinated response for survivors of SGBV. The Protocol aims to ensure that survivors receive timely and comprehensive coordinated medical, legal, psychosocial, and protection services in a manner that is child-friendly, gender-sensitive, and disability-inclusive. It outlines the roles and responsibilities of service providers to ensure a confidential, timely, and survivor-centred response.

- **National Committee on Gender-Based Violence**

The National Committee on Gender-Based Violence (NaCGBV) is a multi-stakeholder body comprising key players in GBV prevention and response in Sierra Leone. The committee is housed in the MoGCA and was established in November 2006 by the International Rescue Committee, originally as the Project Coordinating Committee, to facilitate the integration of Rainbo Centre sexual assault services within the Ministry of Health and Sanitation's primary health care system. Given the need for the introduction and integration of GBV services within national structures to meet the holistic needs of survivors, in February 2008, at a team-building retreat, the committee changed its mandate and renamed it NaC-GBV. The committee is currently chaired by the MoGCA and co-chaired by the SLP. Its membership includes government agencies and civil society organizations.

NaCGBV seeks to streamline interventions, reduce duplication of efforts, and strengthen the MoGCA's mandate in promoting gender equality, women's empowerment, and child protection. It has an objective to establish a national capacity-building framework to enhance the competencies of government and civil society organizations implementing GBV prevention and response programs across all sectors for effective and survivor-centred service delivery, as well as harmonize SGBV prevention and response approaches across sectors with international best practices and existing national policies, protocols, procedures, and strategies.

- **District Steering Committees (DSC)**

At the district level, NaC-GBV works with district-level GBV committees to ensure harmonized implementation, information sharing, and accountability in the delivery of GBV prevention and response services across all levels. The constitution of the District Steering Committee (DSC) on the Operations of One-Stop-Centres for sexual-gender-based violence is conceived against the backdrop that sexual-gender-based violence requires a multi-sectoral approach to service delivery aimed at delivering prompt, holistic and coordinated services to survivors and victims of sexual violence in the country. The synergy of partners and key stakeholders in the justice, health, social welfare, local government and security sectors will enhance effective coordination of service delivery for victims and survivors. DSCs are required to meet monthly and review all reported rape and sexual violence cases and make recommendations to the Central Steering Committee, assist with the development and implementation of systems and processes and support community interaction, liaison and consultation.

- **Rainbo Initiative**

Rainbo Initiative (RI), through its six Rainbo Centres located in Freetown, Kenema, Kono, Makeni, Bo and Kambia, provides comprehensive, free medical treatment, sexual assault



counselling, dignity kits, refunds for transportation expenses, legal support and referrals, where necessary, to survivors of SGBV. They can also assist with reporting incidents to the police. The Centres operate in partnership with the FSU, government hospitals, One-Stop Centres, and community stakeholders to enhance survivor protection and care.

- **Aberdeen Women's Centre**

Aberdeen Women's Centre (AWC) offers services such as fistula repair, maternity, family planning, outpatient children's clinic, SGBV and adolescent care. The Centre normally admits

victims through voluntary visits, FSU referrals, the MoGCA and Don Bosco. They offer free medical services to victims, provide psychosocial support and counselling services to victims.



Aberdeen Women's Centre, Freetown (Photo Credit: Aminata Conteh via LinkedIn)

The Centre is fully equipped and they have expertise in obstetrics, gynaecology, and paediatrics to provide medical response to victims and survivors. They also provide surgery if needed and laboratory

examinations. Disability cases are treated with high priority.

- **Ravera Children Rehabilitation Centre (RCRC)**

Established in 2014, RCRC provides a model of clinical, rehabilitation, and educational intervention for children and adolescents with mental health and protection concerns. The Centre caters for both community children (residing permanently) and referrals from FSUs and the MoGCA. It works in partnership with four Police Stations—Congo Cross, Lumley,



HRCSL staff with RCRC staff at the Centre

Aberdeen, and Adonkia—as well as with juvenile correctional centres (Remand Home and Approved School). Children under 13 years are catered for at the Centre, while those above 13 are referred to World Hope International, which has dedicated shelters for boys and girls.

- Don Bosco Fambul



Photo Credit: Suntia Ronald on YouTube

Don Bosco Fambul is a child protection organisation established by the Catholic Mission, operating in Sierra Leone with the mission to "*Build and Prevent Children in Crisis*" through a range of social and moral interventions. The organisation implements eight (8) key projects:

- Child Care Department, Family Tracing, Unification Centre, Rehabilitation Centre, Street Children's Project, Girls Shelter, Hope Project / Hope Plus Project and Group Home

Admissions to the Centre are made through referrals from the Family Support Unit (FSU), MoGCA, HRCSL, community stakeholders, concerned citizens and other child protection actors.



Law Courts Building, Freetown. (Photo Credit: Judiciary of Sierra Leone)

Sexual Offences Model Courts

The Sexual Offences Model Court (SOMC) was established in July 2020 and became operational in August 2020 as a specialised division of the High Court of Sierra Leone. Its creation was in direct response to growing public concern over the prevalence of sexual offences and delays in accessing justice within the normal court system, despite the enactment of the Sexual Offences (Amendment) Act of 2019. The primary objective of the SOMC is to ensure the swift prosecution and sentencing of perpetrators, while simultaneously protecting and supporting survivors through a trauma-informed and survivor-centred approach.

Functioning under the authority of Sections 42 and 44 of the SOA (as amended), the SOMC gives priority to sexual offence trials, bypassing preliminary committal proceedings, and applying special measures for vulnerable witnesses in accordance with Section 40. The court's proceedings are guided by compulsory sentencing guidelines, as mandated by Section 42B, and are designed to uphold the principles of access to justice, fair trial, and protection of survivor dignity, in line with international human rights standards such as the ICCPR and the African Charter on Human and Peoples' Rights.

2.2 Regional Framework

African Charter on the Rights and Welfare of the Child

Sierra Leone is a signatory to this Charter and has domesticated it through the passage of the Child Rights Act 2007 and the new Child Rights Act 2025.

Article 16(1) of ACRWC says that “*States Parties to the present Charter shall take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment... including sexual abuse, while in the care of the child.*”

Article 27(1) further states that “*States Parties to the present Charter shall undertake to protect the child from all forms of sexual exploitation and sexual abuse and shall in particular take measures to prevent:*

- (a) the inducement, coercion or encouragement of a child to engage in any sexual activity;*
- (b) the use of children in prostitution or other sexual practices;*
- (c) the use of children in pornographic activities, performances and materials.”*

The African Committee of Experts on the Rights and Welfare of the Child is the body responsible for the implementation of the Children’s Charter.

2.3 International Framework

United Nations Convention on the Rights of the Child (CRC)

Sierra Leone is a signatory to this Convention and has domesticated it through the passage of the Child Rights Act 2007 and the new Child Rights Act 2025.

Section 34 states that “*States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:*

- (a) The inducement or coercion of a child to engage in any unlawful sexual activity;*
- (b) The exploitative use of children in prostitution or other unlawful sexual practices;*
- (c) The exploitative use of children in pornographic performances and materials. ”*

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

Sierra Leone is a signatory to this Convention and has domesticated it through the passage of the Gender Justice Laws, the SOA and other legislation pertaining to sexual and gender-based violence. The CEDAW Committee was formed to implement the Convention and has issued directives, called General Recommendations (GR). GR 12 and 19, on the issue of violence

against women, recommend to the States parties that they should include in their periodic reports to the Committee information about:

1. The legislation in force to protect women against the incidence of all kinds of violence in everyday life (including sexual violence, abuses in the family, sexual harassment at the workplace, etc.);
2. Other measures adopted to eradicate this violence;
3. The existence of support services for women who are the victims of aggression or abuses;
4. Statistical data on the incidence of violence of all kinds against women and on women who are the victims of violence.

Gender-based violence is defined within the GR as violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.

States parties are required by Article 6 to take measures to suppress all forms of traffic in women and exploitation of the prostitution of women. States parties should ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women, and respect their integrity and dignity.

Appropriate protective and support services should be provided for victims. Also, gender-sensitive training of judicial and law enforcement officers and other public officials is essential for the effective implementation of the Convention.

SECTION THREE

FINDINGS ON THE IMPLEMENTATION OF SOAA FROM 2020 -2024

The findings of this report were reached through consistent monitoring and engagements with key stakeholders and institutions working on the protection and mitigation of SGBV cases, with a focus on sexual offence-related matters. Key among these institutions was:

- The Sierra Leone Police – Family Support Unit
- Sexual Offences Model Courts
- One Stop Centres
- Rainbo Initiative
- Aberdeen Women’s Centre
- Safe Homes

3.1 Reporting and Investigation

Victims of sexual offences can make a report to the nearest police station or to the One-Stop Centres located in a government hospital in their district.

It was noted in 2023 that there was a decrease in the number of cases reported compared to the previous year. According to the FSUs at various police stations and staff at Rainbo Centres, this was a result of their continuous community sensitization and school outreach programmes on sexual offences and other related matters. The aspect of compromise as an offence was emphasized during these outreach programmes.

One-Stop Centres and the 116 Hotline

There are 6 One-Stop Centres in the country, out of 16 districts nationwide:

1. Freetown (Western Area Urban District),
2. Port Loko (North-West region, Port Loko District),
3. Moyamba (Southern region, Moyamba District),
4. Pujehun (Southern region, Pujehun District),
5. Kabala (Northern region, Koinadugu District), and
6. Kailahun (Eastern region, Kailahun District).

This initiative was introduced to implement Section 39 of the SOA (as amended) to enable victims of sexual offences to free medical treatment, counselling, and psychosocial support at designated healthcare facilities accredited by the Ministry of Health.

The 116 toll-free hotline was established by the MoGCA in April 2020 with funding from UNICEF as a mechanism to prevent, report and respond to sexual and gender-based violence in Sierra Leone. It continued in operation until 2025, when it was temporarily shut down for maintenance.

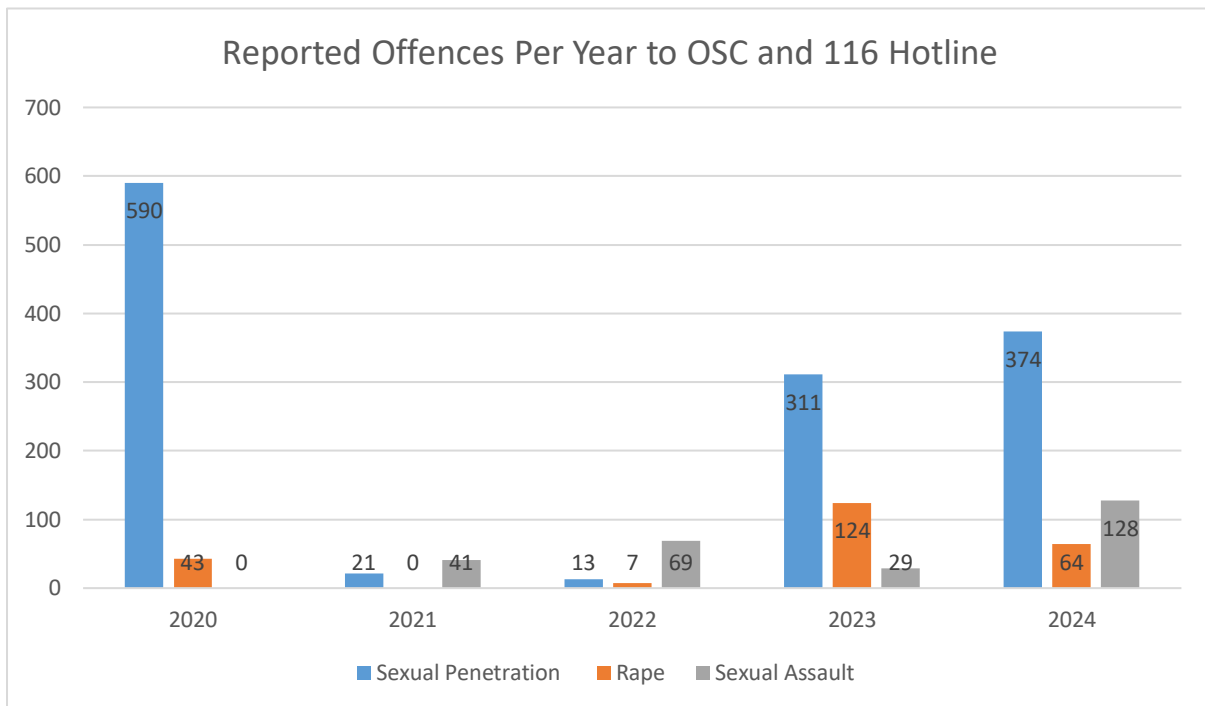
Table 2 and Figure 1 below show cumulative data from 2020 to 2024 of Sexual Offence reports received at the OSC and the 116 Hotline.

Table 2: SGBV Data from OSCs and 116 Hotline 2020-2024

Data on reported incidents of SGBV related to SOA at the One- Stop Centre and the 116 Hotline						
Categories of offence	2020	2021	2022	2023	2024	Total
Sexual Penetration	590	21	13	311	374	1309
Rape	43	0	7	124	64	238
Sexual Assault	0	41	69	29	128	267
Total number of cases reported and categories	633	62	89	464	566	1814

Source: Ministry of Gender & Children’s Affairs

Figure 1: Reported Offences Per Year to OSC and 116 Hotline



From the Table and Graph, it can be seen that reporting was highest when the initiatives were introduced in 2020, but drastically declined in 2021 and 2022, before reports started gradually increasing again in 2023 and 2024.

The most reported offence was sexual penetration of a person under 18 years old.

Common strengths observed at all the OSCs:

1. Provision of free medical examinations and treatments, including HIV, STI, pregnancy tests, and basic medications.
2. Availability of psychosocial counselling and support, although often provided by untrained staff.
3. Effective collaboration between the FSU and health, legal, and social welfare actors.
4. Use of the 116 toll-free line and police referrals as entry points for survivor admission.
5. Commitment to confidentiality and survivor protection across all centres.

Challenges prevalent in most Centres:

1. Inadequate and inconsistent medical supplies and drugs. The Freetown centre, previously reliant on UNFPA support, had ceased operation in 2022.
2. Withdrawal of UNFPA donor funding in 2022.
3. Limited staffing capacity, with many Centres operating largely on volunteers except for the Centre Managers. There is only one government staff attached to each OSC who is also a district officer of the MoH. The supporting staff are volunteers.
4. Inadequate availability of trained psychosocial counsellors to provide specialised trauma-informed care, with some Centres relying on partner-supported personnel to meet these needs.
5. Absence of safe homes or shelters to refer vulnerable victims to, notably in Kailahun, where staff provide informal care.
6. Unique to Pujehun is the high proportion (91%) of cases involving victims under 18 years.
7. Referral systems for advanced medical care exist but may delay treatment and follow-up.
8. Limited access to paediatricians or child health specialists to support the medical management of child survivors.
9. Absence of sign language interpreters, affecting access to services for persons with hearing impairments.

Recommendation

- MoGCA and the Ministry of Finance to increase logistical and staffing support to the existing OSCs and ensure that the 116 Toll line continues in operation.

GBVIMS+ Findings

In 2020, UNICEF and UNFPA, supported by the GBVIMS Steering Committee, started developing a GBV data system for governmental use. The first global deployment with a government actor was in Sierra Leone in May 2023, led by UNICEF and the MoGCA. The GBV Information Management System (GBVIMS) was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyze their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the GBVIMS is both to assist service providers to better

understand the GBV cases being reported as well as to enable actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination.

The GBV dashboard is being developed to improve data management, policy decisions, and interagency coordination.

For 2024, the GBVIMS+ findings showed the following:

Total documented incidents	536, with 241 incomplete due to missing data	
Profile	Child 88%	Adult 12%
	Male 1%	Female 99%
	Few had disabilities	
Incident Type	Nearly half were sexual violence, with rape and sexual assault being the most common	69% involved child sexual abuse.
Referrals	45% of rape cases were referred within 0–3 days	55% reported over 3 days

Source: NaCGBV Minutes 22nd May 2025

Challenges

- Data quality and timeliness of referrals remain challenging due to missing data

Recommendations

1. More training and supervision for reporting organisations.
2. Organisations to share quarterly statistics at NaCGBV meetings
3. The GBVIMS Report should be discussed quarterly to improve data-driven decision-making.

Family Support Unit

The FSU reported to HRCSL that in 2020, they received 3,230 reports of sexual offences, with the number dropping to 2,802 in 2021. Reports further declined in 2022 to 2,079 in 2022 and to its lowest of 1,466 in 2023. In 2024, the reports started increasing, reaching 1,711. See Table 3 below.

Table 3: SGBV Crime Data recorded by FSU from 2020-2024

	Categories of FSU Cases	YEAR				
		2020	2021	2022	2023	2024
1	Child Offences	4,569	1,208	3,689	251	385
2	Domestic Violence	5,031	7,805	5,210	6,257	8108
3	Sexual Offences	3,230	2,802	2,079	1,466	1711
TOTAL		12,830	11,815	10,978	7,974	10204

Source: Sierra Leone Police Crime Statistics

Summary of Findings:

- Sexual offences are mostly reported by parents, the community, victims, or through social media.
- A specialized unit, the Sexual Assault Syndicate (SAS), handles sexual offences with trained and experienced officers.
- Victims, perpetrators, and witnesses have their statements read back to them, with child-friendly interview protocols followed.
- Sign language interpreters are provided for persons with special needs when required.
- Victims are often accompanied by parents or guardians to the Aberdeen Women's Centre for medical care.
- Child victims are referred to the RCRC for safety while investigations are ongoing.
- Confidential interviews are conducted with both parties, and witnesses are traced based on the victims' accounts.

- Risk assessments are conducted, and victims facing high risks are referred to interim care centres.
- Widespread sensitisation campaigns and school outreach programs to prevent SGBV.
- Documentation of cases in specialised diaries and increased community collaboration in reporting.

Challenges:

- Inadequate logistical support, particularly vehicles for investigations.
- Absence of holding centres for juvenile offenders, leading to juveniles being detained with adults.
- Delays in case files sent to the DPP for advice, prolonging justice for victims.
- Inadequate staffing, lack of female officers, and absence of sign language interpreters.
- Inadequate office space and confidentiality-compromising infrastructure.
- Insufficient social workers.
- Limited safe homes for victims, particularly in cases of threats.
- Inadequate resources for daily operations.
- Compromises by victims' families due to delays and lack of trust in justice processes, and sometimes after accepting money from perpetrators.
- Inadequate number of police stations with FSUs in strategic locations across the 5 regions. In Moyamba, there are only two police stations with FSUs to cover nine chiefdoms.

Recommendations:

1. Allocate a dedicated budget line for FSUs' SGBV-related operations within the SLP budget.
2. Provide vehicles and ensure trained personnel are deployed to all FSUs.
3. Construct confidential interview spaces and ensure disability access.
4. Strengthen coordination with the DPP and introduce case-tracking systems.
5. Enhance community engagement and scale-up training of officers.

3.2 Support Services

In addition to the initial legal advice and assistance provided by the FSU and the OSCs (see 3.1 above), the MoGCA and the Ministry of Health and their partners have been providing medical treatment, psychosocial support and safe homes to victims and survivors.

Section 39 of the SOA (as amended in 2019) provides for free medical treatment for a victim of a Sexual offence and a free medical report from any Government Hospital in Sierra Leone. Medical treatment shall include counselling, psycho-social support, and mental health services. In Section 44 (a) – (f) of SOAA, the Act empowers the Minister responsible for Social Welfare, Gender and Children Affairs to make rules for Compulsory counselling of victim, the setting up of child panel under Part 5 of the Child Rights Act of 2007, setting up of approved schools, making provision for rape kits and the training of forensic experts and setting up of Forensic Laboratories.

3.2.1 Free Medical Support Services

Rainbo Centres

In addition to the six OSCs nationwide, the non-governmental organisation Rainbo Initiative (RI) has six Rainbo Centres (RC) nationwide providing comprehensive, free medical and psychosocial services to survivors of SGBV:

1. Freetown (within Princess Christian Maternity Hospital),
2. Freetown (SS Camp at IMATT)
3. Kenema (within Kenema Government Hospital, Eastern region, Kenema District),
4. Kono (within Koidu Government Hospital, Eastern region, Kono District)
5. Makeni (within Makeni Government Hospital, Northern region, Bombali District)
6. Bo (within Bo Government Hospital, Southern region, Bo District) and
7. Kambia (within Kambia Government Hospital, North-West region, Kambia District)

This leaves Karene District in the North-West region, Falaba District in the Northern region and Waterloo in the Western Area Rural District without either an OSC or an RC.

Table 4 below indicates the data received from RI during the period under review. As seen with both the OSC and FSU data, the highest number of reported cases for sexual assault was in 2020, with 3,339 cases; this dropped to 2,966 in 2021 and 2,705 in 2022, respectively. It started

to increase slightly in 2024 to 2,607. The majority of cases handled were referrals from the FSU

Table 4: Rainbo Initiative Data – 2020-2024

INDICATOR	2020	2021	2022	2023	2024	TOTAL
# of sexual assault cases	3,339	2,966	2,705	2,561	2,607	14,178
# of physical assault cases	209	236	234	201	164	1,044
# of psychological assault cases	0	0	2	0	0	2
# of pregnancy cases	559	537	451	420	432	2,399
# of HIV/AIDs cases	10	18	4	3	9	44
# of other STIs	2,498	2,351	1,885	1,917	1,959	10,610
# of referrals from FSU	3,174	2,960	2,762	2,530	2,595	14,021

Source: Rainbo Initiative

The monitoring visits to all the RCs revealed the following:

Common Services and Strengths:

1. Provision of free medical examination and treatment, including issuance of medical reports to FSU.
2. The response time in preparing medical reports at the Rainbo Centres has been shortened. Initially, it took weeks to prepare a single report; however, with the increase in the number of medical practitioners at the Rainbo Centres, reports were being processed within a week.
3. Psychosocial counselling for survivors and, where appropriate, their caregivers.
4. Dignity kits containing hygiene items, clothes, and other essentials.
5. Transportation and food support in some centres based on assessed needs.
6. Confidential case handling, with victim consent guiding family involvement during sessions.
7. Daily case intake in most centres, with adherence to Standard Operating Procedures (SOPs).

8. Inclusive service delivery, with efforts underway to improve accessibility for persons with disabilities (PWDs), including staff training in sign language.
9. Strong inter-agency collaboration, including with Commit and Act Foundation, Handicap International, and Don Bosco for interim care.

Location-Specific Highlights:

1. **Freetown (PCMH):** In addition to standard services, it refers pregnant victims for antenatal care and advanced cases (e.g., fistula) to Aberdeen Women’s Centre; interim care is provided through Don Bosco.
2. **Makeni:** Offers financial support for “takeaway packages”; collaborates with Commit and Act for safe home arrangements.
3. **Bo:** Recorded severe cases requiring surgical intervention in 2022 (an 8-year-old victim); the centre is accessible to PWDs and has a well-equipped medical team.

Challenges Identified:

1. Absence of safe homes in certain locations, notably Kenema, limits secure interim placement for survivors. Victims are occasionally placed under the care of nurses or the Ministry of Social Welfare.
2. Limited capacity for sign language interpretation across most centres.
3. High volume of daily SGBV cases, including presentations with severe sexually transmitted infections (STIs), as seen in Table 3 above.
4. Continued stigma and community-level compromise undermine survivor reporting and case progression.
5. Inadequate funding and insufficient logistics for running the RC.
6. Lack of a forensic laboratory for DNA testing.

Findings further indicate that the Rainbo Initiative has played a complementary role in strengthening the overall SGBV response system, including through the deployment of trained psychosocial counsellors to selected One-Stop Centres and the provision of ongoing technical support. While these interventions have enhanced service delivery in some locations, they also underscore existing capacity gaps within the OSC framework, particularly in relation to the availability of specialised personnel and sustained government support.

Recommendations:

1. MoGCA and partners should ensure the availability of interim shelters, especially in districts like Kenema, where no such facility exists.
2. Government and its partners should accelerate the training and deployment of sign language interpreters in all Centres to improve access for survivors with hearing impairments.
3. All centres should have disability-friendly infrastructure and services, ensuring equity in access.
4. Establish dedicated in-house psychosocial units to manage complex trauma and facilitate long-term rehabilitation.
5. Strengthen Community Sensitisation: Increase efforts to discourage compromise and encourage timely reporting of SGBV cases through targeted public education.
6. Improve collaboration between FSUs, Rainbo Centres, MoGCA, and local civil society actors to strengthen the referral and case management process.
7. Standardise the collection of disaggregated data across all centres to inform policy and programming decisions.

Aberdeen Women's Centre

Through an MOU with the MoGCA and MOH, the Aberdeen Women's Centre (AWC), in the Western part of Freetown, provides free medical services to victims of sexual offences referred to them.

Table 5 shows the breakdown of SGBV cases referred to them during the period under review. The largest age group of victims receiving services from them are children aged from 11-17 years (443), followed by children 10 years and below (133).

Unlike with the OSC, FSU and RC data, the number of SGBV cases handled by AWC has risen from 30 in 2020 to 55 in 2021. It rose sharply to 174 in 2022, with a slight dip in 2023 to 163, before continuing its increase in 2024 to 210. Out of the 632 cases handled, 609 (96%) are sexual penetration cases, and the majority (70%) of cases are of children aged from 11 to 17 years. The vast majority of cases are referrals from the FSU, with very few from walk-in patients or partner organisations, except for 2020, where 67% of referrals were from the latter.

Table 5: Summary of SGBV Cases Reported to AWC (2020–2024)

Category	2020	2021	2022	2023	2024	Total (&%)
Total Cases	30	55	174	163	210	632
Age range of victims						
0–10 years	13	12	46	29	33	133 (21%)
11–17 years	12	28	111	124	168	443 (70%)
18 years & above	5	15	17	10	9	56 (8.9%)
Source of Admission						
FSU	10	47	169	156	208	590 (93.1%)
Walk-in Patients	10	1	2	7	1	21 (3.3%)
Partner Organisations	10	7	4	1	1	23 (3.6%)
Type of Case reported						
Sexual Penetration	21	47	170	162	209	609 (96.5%)
Female Genital Mutilation	3	2	0	0	0	5 (0.8%)
Physical Abuse	6	6	4	1	0	17 (2.7%)

Figure 2: AWC Total Cases and Breakdown by age of Victims per annum

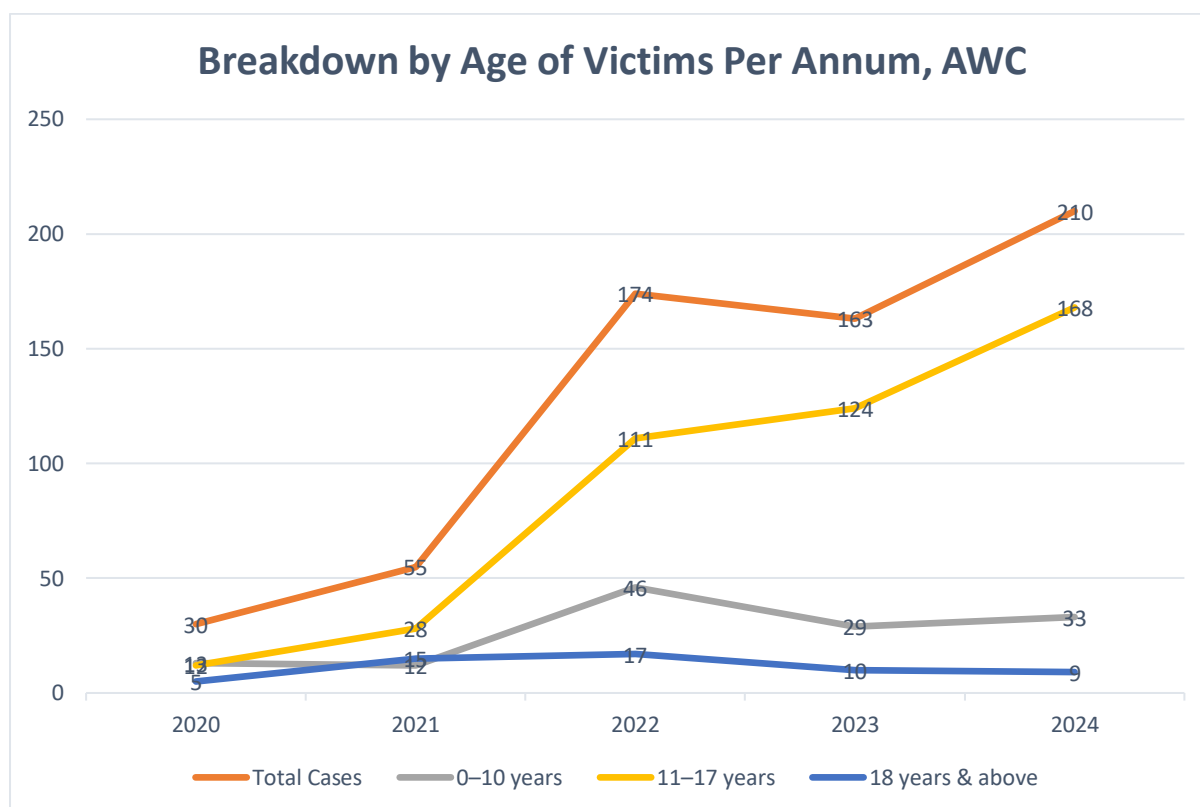


Table 6 highlights the institutional partners that AWC has collaborated with over the period.

Table 6: AWC Partner Organisations and Referrals (2020–2024)

Year	Partner Organisations / Referrals	Total Referrals
2020	Don Bosco Fambul (1); MSF (1); Rainbow Centre Initiatives (1); Lawyers (1); Victory Teens Safe Home (1); Smart Women Initiative (1); Emergency Hospital (1); Kingharman Road Govt Hospital (2); Matru Govt Hospital (1)	10
2021	Emergency Hospital (1); World Hope Int. (1); Kambia Govt Hospital (1); Choices & Voices Foundation (4)	7
2022	Human Rights Commission SL (1); Choices & Voices Foundation (2); Marina–House of Birth Centre & Women's Health Services (1)	4
2023	Ministry of Gender and Children’s Affairs (1)	1
2024	World Hope International (1)	1
	Total	23

Source: Aberdeen Women's Centre

3.2.2 Safe Homes/ Interim Care Centres

There is no government-owned interim care centre (ICC) for vulnerable children; all centres are run by non-governmental organisations or community-based organisations registered with the Ministry of Social Welfare and the MoGCA.

The number of ICCs nationwide that were recognised by the MoGCA as of Feb 2024 were as follows:

Table 7: Number of ICCs Per District

No.	District	No. of recognised centres
1	Bo	10
2	Bonthe	03
3	Moyamba	03
4	Pujehun	02
5	Kenema	02
6	Kailahun	01
7	Kono	02
8	Koinadugu	01
9	Falaba	-
10	Tonkolili	02
11	Bombali	03
12	Kambia	03
13	Karene	01
14	Western Rural	32
15	Western Urban	22
16	Port Loko	08
	Total	95

There are also no government-run safe homes for vulnerable adults. Safe homes are inadequate or unavailable, except for the Koinadugu and Kailahun districts recently. Safe homes are run by CSOs—like Commit and Act Foundation, Don Bosco Fambul, World Hope International and individuals. The safe home built in Koinadugu recently is owned by GoSL, but it's yet to start operations.

The monitoring team visited major ICCs in Freetown and Bo.

Ravera Children Rehabilitation Centre, Freetown

The Ravera Children Rehabilitation Centre (RCRC) is located in the Western Area Rural and accepts referrals from FSUs and the MoGCA. Children under 13 years are catered for at the Centre, while those above 13 are referred to World Hope International.

Key Findings:

1. A total of 94 cases were recorded at the Centre between 2020 and 2024, excluding 2021 for which no data were received. Of these, 64 were girls, and 30 were boys. Only two cases of sexual penetration were recorded during the period under review, both in 2022.
2. The majority of cases admitted to the Centre relate to child cruelty, foundling cases, abandoned children, safekeeping, and child custody or dispute matters.
3. The Centre has 6 social workers assigned to provide care and supervision.
4. Community children attend nearby public schools, while children in temporary care receive lessons within the Centre. Those in examination classes are escorted to school by an assigned social worker.
5. A resident doctor is available; however, cases requiring advanced medical care or surgery are referred to Lumley Government Hospital or Life Care Hospital, with all costs covered by the Centre.
6. Children are provided with three meals per day.

Challenges:

Several challenges were identified, which include:

1. Family members encourage compromises in cases.
2. Non-availability of medical services at the centre.
3. Two children remain untraceable.
4. Limited support from the government.

Recommendations:

1. Strengthen collaboration between the Centre and referral agencies for the timely and appropriate placement of children.
2. Explore expansion of facilities to cater for older children above 13 within the same system.

3. Increase psychosocial and recreational activities to support mental health recovery.
4. Provide continuous professional development for social workers assigned to the Centre.

Don Bosco Fambul, Freetown

Don Bosco Fambul is a child protection organisation established by the Catholic Mission, operating in Sierra Leone with the mission to "Build and Prevent Children in Crisis" through a range of social and moral interventions. The organisation implements 8 key projects: Child Care Department, Family Tracing, Unification Centre, Rehabilitation Centre, Street Children's Project, Girls Shelter, Hope Project / Hope Plus Project and Group Home.

Admissions to the Centre are made through referrals from the FSU, Ministry of Social Welfare, MoGCA, HRCSL community stakeholders, concerned citizens and other child protection actors.

Key Findings:

1. The boys' shelter has 4 non-government teachers funded by the Catholic Mission.
2. In the girls' shelter, social workers accompany girls in formal education, particularly those in examination classes, to and from school.
3. Don Bosco provides scholarships for school-going children and offers skills training (e.g., hairdressing, tailoring, catering) for girls who cannot return to school.
4. The Centre has three nurses, two German doctors, and two Sierra Leonean doctors providing medical care.
5. Medical supplies are not provided by the government; all supplies are funded by the Mission's internal projects.
6. The organisation has MOUs with Aberdeen Women's Centre and 34 Military Hospital for medical referrals.

Recommendations:

1. Strengthen government collaboration to support the Centre with basic medical supplies.
2. Explore possibilities for formal government recognition and support for teachers working at the Centre.
3. Provide psychosocial training and well-being programs for staff and caregivers.

4. Increase livelihood and vocational training partnerships to further expand options for girls unable to return to formal schooling

3.3 Prosecution

Complaints of a breach of the sexual offences act are investigated by the FSU and then sent for advice from the Law Officer's Department within the Ministry of Justice. SOAA 2019 has created two categories of offences: (i) offences that were created prior to the passage of the SOAA 2019 and should be tried under the normal Criminal Procedures Act 1965, and (ii) those that are now to be tried in the High Court under the hand of the Attorney-General (Section 42).

Further, Section 42 (6) prioritises the '*trial of any offence under this Act of hearing in the Court over any other indictment except an indictment for treason, murder or other capital offence*'. The Amendment also required the Chief Justice to produce sentencing guidelines within 3 months of the passage of the Amendment.

The monitoring visits revealed that prosecution to conviction is challenging with ill-equipped FSU, overstretched State Counsel, and prolonged court sittings in non-SOAA matters where the preliminary investigation process was still applicable.

In addition, as there is no long-term support for survivors available during the investigation and prosecution process, this leads to a compromise of cases due to a lack of trust in the government systems.

Law Officers Department

The Law Officers Department (LOD) is the prosecutorial wing of the Ministry of Justice. The Attorney-General and Minister of Justice is the head of the Ministry, whilst the Director of Public Prosecutions (DPP) supervises the State Counsel in the LOD.

State Counsel reviews files sent for advice on Sexual Offence matters from the FSU and also drafts the indictments for cases that are prosecuted in the SOMC. The LOD is understaffed, with only 1 State Counsel per region handling all criminal matters in a particular region. In Freetown, there are more State Counsel, but they are overwhelmed with the workload. Delays in receiving advice from LOD, as well as delays in preferment of indictments, have affected speedy justice for victims and survivors.

Recommendations

- Recruitment of more State Counsel, especially for the regions, to handle sexual offence matters.
- A further review of the SOA to ensure there is a unified process for prosecution of all SOA matters, not just those covered by the SOAA 2019.

Sexual Offences Model Court (SOMC)

This specialised division of the High Court of Sierra Leone was established in July 2020 and became operational in August 2020. 8 High Court judges were assigned in 2020 to handle matters in this court. This number increased to 9 in 2021.

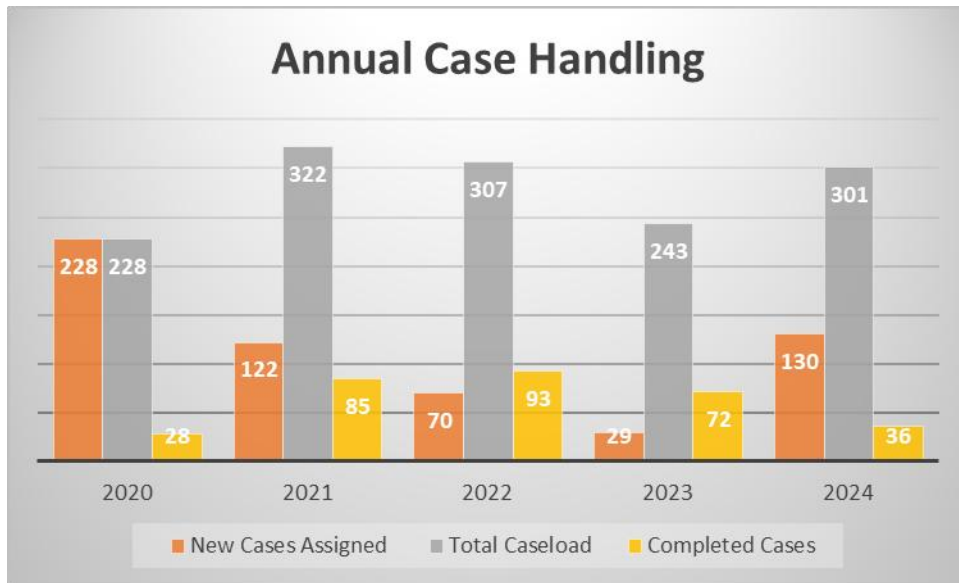
Table 8: Sexual Offences Model Court Statistics 2020-2024

INDICATORS	YEAR					TOTAL
	2020	2021	2022	2023	2024	
Cases Brought Forward	—	200	237	214	171	822
New Cases Assigned	228	122	70	29	130	579
Total Caseload	228	322	307	243	301	1,401
Completed Cases	28	85	93	72	36	314
Cases Convicted	20	26	42	44	16	148
Cases Discharged	08	59	51	28	20	166
Total Pending Cases Carried Over	200	237	214	171	265	1087

Source: Judiciary of Sierra Leone

Despite ongoing reports of rape and sexual penetration — particularly involving children — the SOMC has recorded progressive achievements since its inception. From 2020 to 2024, the court completed a significant number of cases, improving adjudication timelines and conviction rates. Survivor protection mechanisms and compensation orders were also introduced in some judgments to provide both punitive justice and remedial support.

Figure 3: Annual Case Handling at SOMC (2020-2024)



From Figure 3, it can be seen that the total caseload was the highest in 2021 and gradually reduced in 2022 and 2023, but began increasing in 2024. The number of cases completed was appreciable from 2021 to 2023, starting with 85 cases and then increasing to 93 before decreasing to 72 cases. The sharp drop in 2024 is worrying. Also, it can be noted from Table 7 and Figure 4 below that the majority of completed cases during that same period were cases that were discharged, rather than cases of accused persons that were convicted.

Figure 4: Completed Cases Outcome at SOMC (2020-2024)

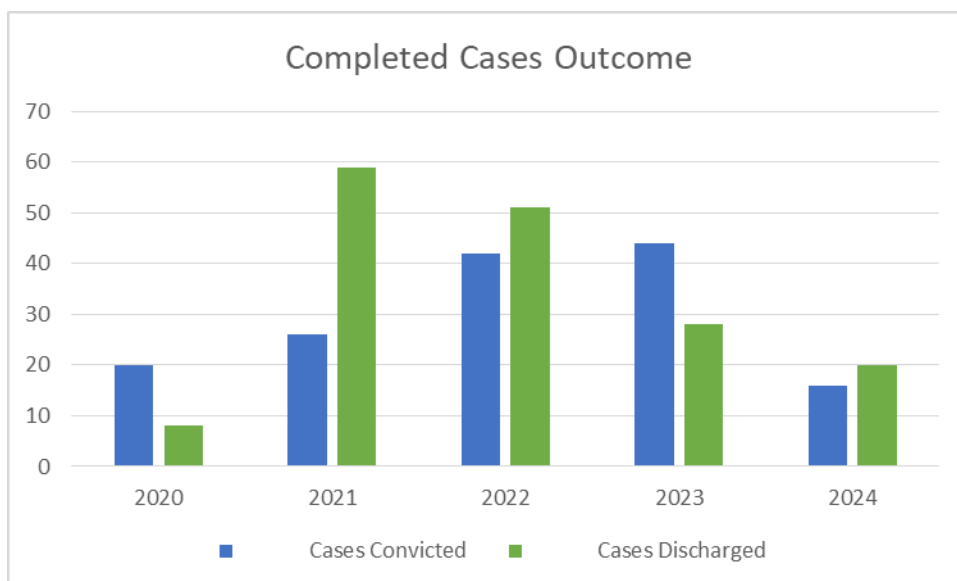


Table 9 provides an insight into the victims who appeared before the court from 2020 to 2023 (data from 2024 was unavailable). A total of 251 victims were received in the SOMC waiting room, waiting to testify in their matters. These victims were all aged below 18 years; 33.4% were aged below 10 years, 32.7% aged from 10 to 13 years and 33.9% from 14 to 17 years old. These numbers are far below the numbers recorded at AWC, the FSUs, or Rainbo Centres for SP reported cases. Further, slightly over half of the victims (58.2%) actually ended up testifying.

Table 9: Data on Victims appearing at SOMC (2020- 2023)

INDICATORS	YEAR				
	2020	2021	2022	2023	TOTAL (& %)
No. of Victims received at the waiting room	58	88	85	20	251
No. of victims that testified	29	52	50	15	146 (58.2%)
Age range of victims					
Below 10 years	17	32	32	2	83 (33.4%)
10- 13 years	14	29	28	10	81 (32.7%)
14-17 years	27	24	25	8	84 (33.9%)
Sex of Victim					
Male	1	3	0	0	04 (1.6%)
Female	57	85	85	20	247 (98.4%)

Data of sexual offences cases handled in other courts within the court was not made available for this report.

See Section 4.4 below for positive implementation milestones, challenges and recommendations for the SOMC.

3.4 Sentencing

The SOAA 2019 stated under Section 42A (B) that “*the Chief Justice shall within 3 months of the coming into force of this amendment Act issue compulsory sentencing guidelines to be applied by the court in all cases where an offender is being sentenced for a sexual offence*”. The Amendment Act was signed by the President on 7th October 2019, and on 6th January 2020, the then Chief Justice, Desmond B. Edwards, issued the compulsory Sentencing Guidelines (SG).

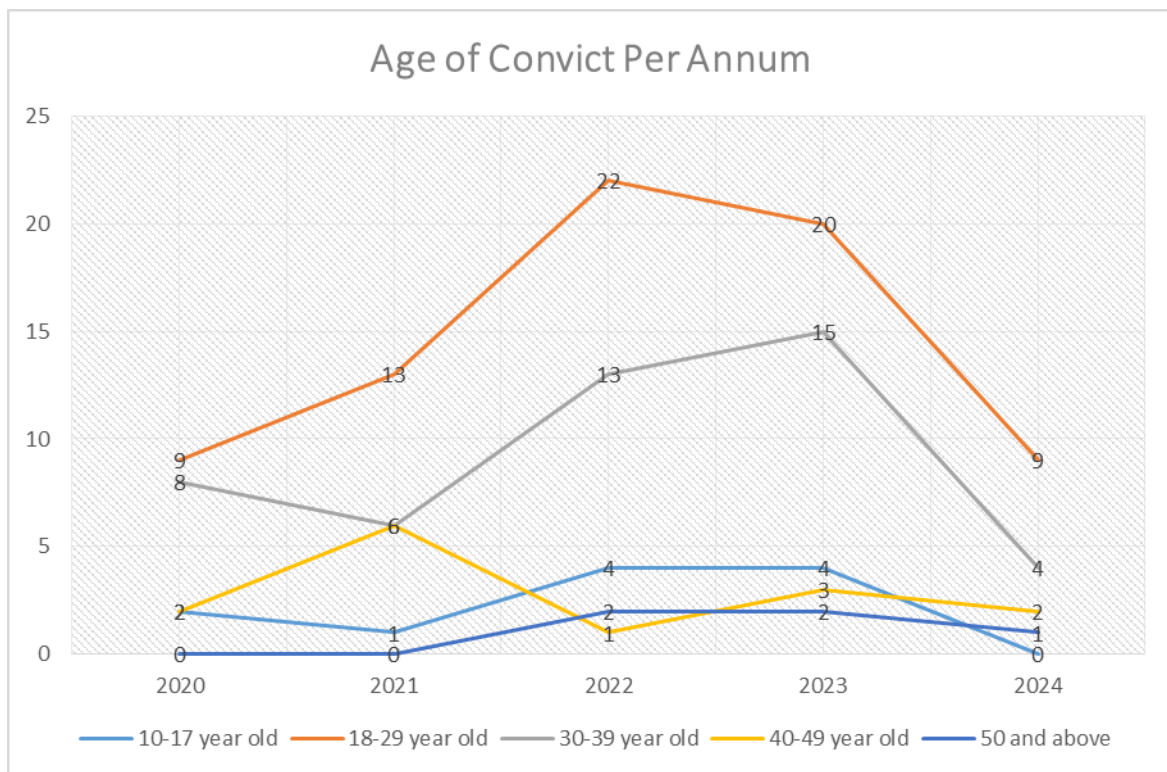
Under the SG, a child offender is “any sexual offender found guilty whose age is between 12 - 17 years”. A young person offender is defined as “any sexual offender found guilty whose age is between 18 – 23 years” whilst an “above the Age of Youth offender” is defined as “any sexual offender found guilty whose age is above 23 years”.

Table 10: Age Range of Convicted Persons Per Annum

Age of Convict	2020	2021	2022	2023	2024	Total (& %)
10–17-year-old	2	1	4	4	0	11 (7.4%)
18–29-year-old	9	13	22	20	9	73 (49%)
30–39-year-old	8	6	13	15	4	46 (30.9%)
40–49-year-old	2	6	1	3	2	14 (9.4%)
50 and above	0	0	2	2	1	05 (3.3%)
Total	21	26	42	44	16	149

From Table 10, it can be seen that the highest age range of convicted persons is young offenders, followed by those aged 30 to 39 years. Child offenders accounted for just 7.4%. In Figure 5, it can be clearly observed that the number of young offenders increased in 2021 and peaked in 2022, before gradually declining in 2023 and 2024. For child offenders, the numbers dropped in 2021 and then remained stable at 4 each in 2022 and 2023; there were no convictions of such in 2024.

Figure 5: Age Range of Convict Per Annum



The SOAA and the SG provide that a child who is convicted under the Amendment, the minimum penalty for the offence will be 5 years imprisonment, while the maximum penalty will be 15 years imprisonment. For a young person, the minimum penalty for the offence will be 10 years imprisonment, while the maximum penalty will be life imprisonment. For the above youth offender, the minimum penalty for the offence will be 15 years imprisonment while the maximum penalty will be life imprisonment.

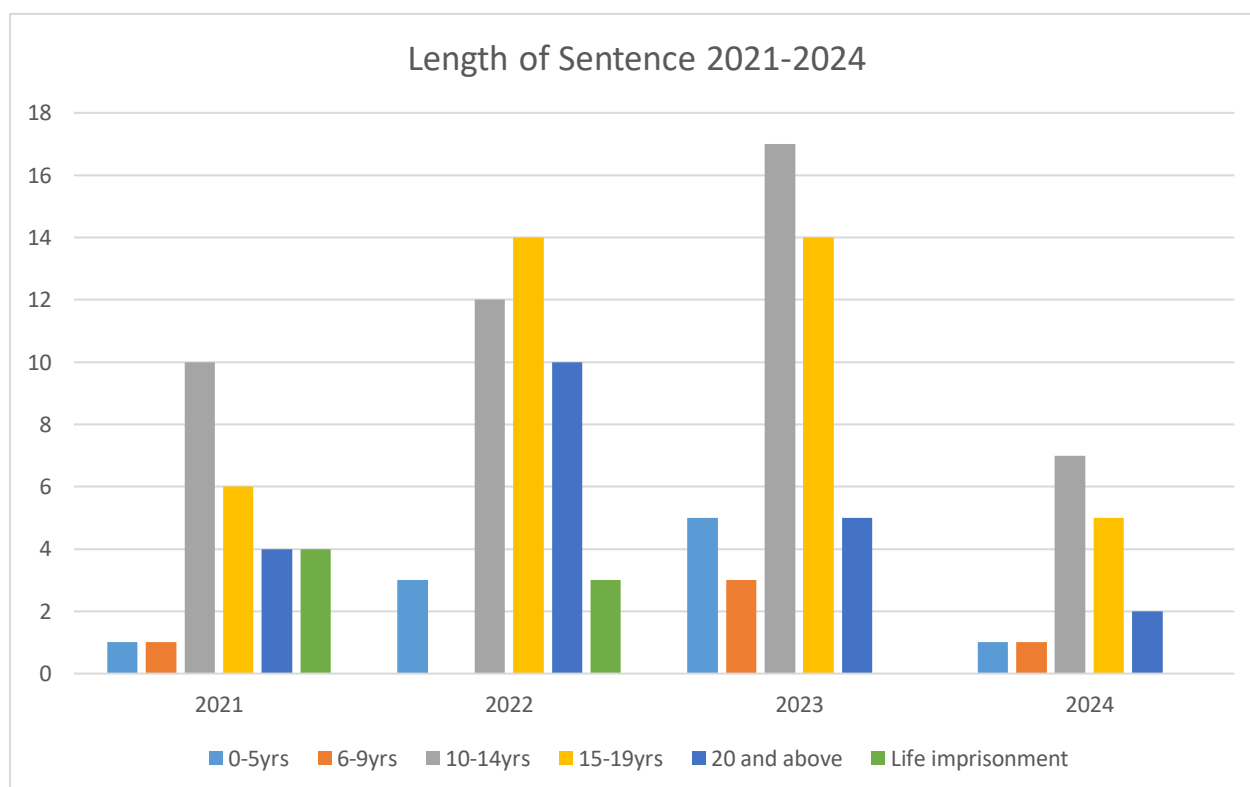
Table 10 and Figure 6 set out the length of sentences per annum. It would appear that 10 out of the 11 child offenders received sentences of 0- 5 years. It is unclear which category of offender was sentenced to between 6 and 9 years, but young offenders appear to have been sentenced to 10-14 years, as well as 15-19 years.

Table 10: Summary of Length of Sentencing (2021 -2024)

Length of Sentencing	2020	2021	2022	2023	2024	Total
0-5yrs	-	1	3	5	1	10
6-9yrs		1	0	3	1	5
10-14yrs		10	12	17	7	46
15-19yrs		6	14	14	5	39
20 and above		4	10	5	2	21
Life imprisonment		4	3	0	0	7
Total		26	42	44	16	128

Source: Judiciary of Sierra Leone

Figure 6: Length of Sentence



Compensation:

Section 37 of SOA states that *“When a person is convicted of an offence under this Act, the court may, in addition to any other punishment order the person convicted to pay the victim such sum as appears to the court to be reasonable compensation.”*

From 2020 to 2024, the Sexual Offences Model Court (SOMC) recorded a total of eight compensation fines levied against convicted persons — three in 2021 and five in 2022.

Positive Implementation Milestones:

1. Operationalisation of a fast-track mechanism for sexual offences, reducing case backlog.
2. Use of witness protection boxes and in-camera hearings to safeguard survivors, especially children.
3. Improved conviction rates from 2020 to 2024 and issuance of compensation orders in certain cases.
4. Enforcement of strict sentencing, including life imprisonment, in line with the gravity of offences.

Challenges Identified:

1. Absence of qualified interpreters for local languages and sign language, affecting communication for key stakeholders.
2. Gaps in legal representation for accused persons, undermining fair trial guarantees.
3. Witness reluctance to testify due to fear, stigma, and community-level interference or compromise.

Key Recommendations:

1. Ensure the permanent deployment of trained interpreters and legal aid counsel to the SOMC.
2. Establish a dedicated psychosocial support service within the court to assist survivors throughout the judicial process.
3. Strengthen collaboration between the Sierra Leone Police, the Office of the Director of Public Prosecutions (DPP), and the Judiciary to improve evidence management, reduce delays, and enhance case outcomes.

3.5 Monitoring & Reporting

The Act provided responsibilities for some state institutions in its implementation. Section 45 of the Sexual Offences Act 2012, as Amended (SOAA), empowers the HRCSL, together with NaC-GBV of the MoGCA, to monitor the status of implementation of the Act and to report annually to Parliament.

In Section 44 (2) (c) of SOAA, the Act empowers the Minister responsible for Social Welfare to make rules for the establishment, maintenance and publication of an annual database of sexual offenders. To date, this database has not been established. The judiciary has been requested to make its own database available to the MoGCA.

During the period under review, HRCSL and MoGCA jointly and individually have undertaken monitoring visits to institutions providing investigation, prosecution and support services to victims of sexual offences. The Gender and Children's Committee of Parliament has also undertaken some monitoring visits.

To date, no Rules or Regulations have been made to implement this Act. The MoGCA has, however, taken the lead in working towards drafting the Rules.

3.5.1 Human Rights Commission of Sierra Leone

Over the period, the Commission has implemented a comprehensive, multi-level engagement strategy nationwide to address knowledge about the SOAA, within its SGBV awareness raising and monitoring function nationwide. Focus group discussions were conducted in SGBV hotspot communities in Bo, Moyamba, Koinadugu and Western Rural Districts. Stakeholder engagement meetings were held in the regional headquarters towns across all five regions and brought together local authorities, representatives of relevant MDAs, CSOs, youth leaders, traditional and religious leaders, and community members with practical insights into SGBV trends, root causes, reporting barriers, and response systems. In addition, the Commission mainstreamed awareness raising on the SOA during its mobile complaints handling activities, business and human rights activities and school club activities. There were also nationwide radio discussions, jingles, and interactive phone-in programmes in English and local languages on the SOA to reach broader audiences.

In 2019, the Commission compiled a list of all the Sexual Offences found within the Act and produced a banner, which was used during the awareness raising. See Appendix 1 for the document.

Some case studies are given below.

Case Studies: Survivor Experiences and HRCSL Interventions

Digital Sexual Exploitation

R.T. reported to HRCSL that a pornographic video involving her was widely circulating on social media. She felt humiliated and abandoned due to the authorities' delays in taking action. HRCSL followed up with the relevant institutions to ensure appropriate action was taken.

***RT:** Every day the video stayed online, I felt more exposed. I went to the Commission because no one else seemed to care. Their persistence gave me hope that my suffering mattered.”*

Wrongful Detention of a 14-Year-Old Boy

A father reported that his 14-year-old son had been arrested for alleged sexual penetration and kept in custody for eight days despite being seriously ill. The HRCSL investigated, interviewing the alleged victim, who admitted that she had been coerced into lying. The boy was subsequently granted bail through the intervention of the HRCSL.

***Father:** “My son was sick, yet he was locked away. I went to the Commission. They listened, investigated, and because of them, my son was released. Without them, he might still be suffering.”*

Two Girls Assaulted

During its monitoring activities, HRCSL’s Western Regional Office became aware of two girls, aged 12 and 13, who were allegedly assaulted by a 19-year-old. Their parents reported experiencing inadequate treatment at the hospital. In response, HRCSL intervened to ensure the girls received proper medical care, medication, and transportation. Subsequently, the girls were referred to Don Bosco for safety, and a file was sent to the DPP by the FSU, and the matter was handled by the Family Support Unit (FSU) and charged to court.

***Parents:** “We were referred to the hospital, but received minimal treatment, and one of the girls contracted an infection. We felt abandoned. The Commission came,*

confirmed that our daughters had not been treated properly, and ensured they received the care they needed.”

Sexual Assault of a 9-Year-Old

A mother reported that her 9-year-old daughter was assaulted by a neighbour. HRCSL followed up with the police, verified the allegations, and ensured the victim was transferred to Don Bosco for her safety and further support. The case was later brought to court.

Mother: *“My daughter was only nine when it happened. I went to the Commission because I needed someone to believe us. They made sure she was safe and followed up on the matter.”*

11-Year-Old Girl Assaulted by Elderly Man

A caregiver reported delays in the police investigation regarding an alleged assault on an 11-year-old by a 63-year-old man. HRCSL followed up with both the police and the DPP. Although the case was initially charged in the High Court, it was later dismissed due to insufficient evidence.

Girl: *“I was only eleven when it happened. The Commission stood with us and kept pushing. They showed us our voices mattered, even when justice failed.”*

Teenage Pregnancy from Incest

An aunt reported that her niece had been sexually assaulted by her father and was pregnant. The father cut off communication between the child and her relatives. The case was subsequently handled by the Family Support Unit (FSU) and charged to court.

Aunt: *“He cut us off completely. I went to the Commission, and they advised me to make a formal complaint at the police station. Knowing they were involved gave us strength to keep fighting.”*

3.5.2 Ministry of Gender & Children’s Affairs

The MoGCA has developed several strategies and systems to support the fight against SGBV, which includes sexual offences. In February 2020, the National Male Involvement Strategy for the Prevention of SGBV in Sierra Leone was launched, and in 2021, the National Strategy for Response to Sexual and Gender-based Violence was launched. The 116 free Hotline for rape was started in April 2020, and a Case Management System was established in September 2021.

The revision of the GBV Referral Protocol for schools, done jointly with MBSSE, took place in 2022

Later, the Establishment of the GBVIMS+ system in May 2023 was followed by the Establishment of the e-referral pathway in September 2023. The Development of the Standard Operating Procedure for GBV Case Management and GBVIMS+ was completed in October 2023.

The Ministry has personnel assigned to the SOMC, who provide information to the Ministry and support to victims.

The MoGCA was created by the President in 2019 to respond to the need for a Ministry dedicated solely to Gender and Children's issues. The Gender Affairs Directorate within it is tasked with monitoring the implementation of the SOA (as amended). The Ministry of Gender and Children's Affairs is particularly tasked with the following:

- Lead the development, implementation and monitoring of the policy and legal framework for issues relating to Women and to children below 18years of age
- Lead on development and monitoring of policies related to Gender and Children issues
- Take necessary actions to achieve full participation of women in development
- Address issues of violence against Women and Children
- Liaise with development agencies and NGOs addressing the needs of Women and Children
- Collaborate with the relevant Ministries, Departments and Agencies working on Gender and Children's Issues
- Mobilization of resources in support of Gender and Children-related projects
- Ensure a gender- and child-responsive national development framework
- Provide oversight to the National Commission for Children (NCC).

In the midst of the limited staff, the few staff have been selfless in ensuring that we provide the much-needed service to women and children. The Ministry has been able to deliver the following within the limited timeframe and limited staff:

- Develop the National Male Involvement Strategy for the Prevention of Sexual Gender-Based Violence (2020)
- Developed and rolled out the Gender Equality and Women's Empowerment Policy 2020

- Developed the National SGBV Response Strategy 2021-2023
- Trained over 200 partners and staff on GBV Case Management
- Established 8 One Stop Centres and 7 are fully functional to provide services for sexual gender-based violence
- Set up the 116 Hotline to increase reporting and access to services for sexual gender-based violence survivors
- Facilitated the enactment of the Gender Equality and Women’s Empowerment Bill 2022. This GEWE Act has been rolled out across the country. This law has contributed to a monumental increase in women in leadership positions (elective and appointive)
- The Ministry has trained Gender Focal Points on gender mainstreaming and basic concepts from 28 Line Ministries as part of the effort to set up Gender Units in MDAs
- Resuscitated child welfare coordination meetings (including national, regional and district)
- Resuscitated the Gender-Based Violence Steering Committee from the national to the district level
- Reviewed the Child Rights Act 2007 and the Child Rights Bill 2022, which is in Parliament for enactment
- We have strengthened our case management for child protection and gender-based violence, including issues of mediation
- Sierra Leone is the first country in the world to officially launch the Gender-Based Violence Information Management System (GBVIMS+). The Ministry is currently piloting in three districts and hopes to roll out to other districts before mid-2024.
- We have developed the e-Referral Pathway for GBV, which will complement the GBVIMS to provide real-time service and data at a glance.

Mainstreaming gender and child protection in sectoral policies, strategies and legislations. Examples include the National Land Policy, Public Elections Act 2022, Political Parties Regulation Commission Act 2022, Customary Land Rights Act 2022, Land Commission Act 2022, Mines and Mineral Development Act 2022, etc.

3.5.3 Parliamentary Committee on Gender and Children's Affairs

This Committee in Parliament provides oversight on the MoGCA. They were active in the review of the SOA in 2019 and specifically required the Act to disregard the Age of Criminal responsibility for perpetrators.

The Committee has undertaken monitoring visits to institutions providing services to victims of sexual offences. In October 2022, the Committee concluded an oversight inspection on the One-Stop Centres and Rainbo Centres in Pujehun, Kenema and Kailahun Districts, respectively.

They took note of the successes and challenges facing the Centres and the community in addressing SGBV cases. They noted that criminals involved in SGBV were hiding in riverine communities in Pujehun district and that only one State Counsel was serving the entire southern region. There were also staff constraints, delays in Justice, and delay in subvention amongst other challenges.

In Kailahun, it was observed that there were lots of compromises and interferences in SGBV matters and stakeholders made serious allegations against the justice system including the court and other authorities on the same. Also, it was observed that SGBV cases of minors were severe and alarming in that district.

SECTION FOUR

4.1 Status of Implementation of the Sexual Offences Act (2012 as amended in 2019)

The assessment of the status of implementation of the Sexual Offences Act (2012 as amended in 2019) is based on the extent to which key legal, institutional, and service delivery obligations under the Act have been operationalised in practice, including investigation, prosecution, survivor support services, and access to justice.

Based on monitoring conducted by the Human Rights Commission of Sierra Leone and the Ministry of Gender and Children's Affairs between 2020 and 2024, the implementation of the Sexual Offences Act is assessed as partially implemented, with notable institutional progress but significant operational and systemic gaps.

Institutional Framework and Service Delivery

During the reporting period, key institutional mechanisms required under the Act have been established and are operational. These include:

- The Sexual Assault Syndicate in the Family Support Unit (FSU) of the Sierra Leone Police (investigation of cases)
- The Sexual Offences Model Court (SOMC) (prosecution and adjudication)
- One-Stop Centres (OSCs) established by the Government to provide integrated medical, legal, and psychosocial services

These institutions form the core of the State's response to sexual offences.

In addition, non-state actors play a critical complementary role in supporting the implementation of the Act, including:

- The Rainbo Centres
- The Aberdeen Women's Centre

These organisations provide free medical and psychosocial services and support referral pathways, thereby strengthening the overall response system.

Safe homes and interim care centres also form a critical component of the response framework under the Act, providing temporary shelter, protection, and psychosocial support to survivors,

particularly children. These facilities are largely operated by non-state actors, including organisations such as the RCRC and Don Bosco, as well as other faith-based and civil society organisations, with limited direct government ownership. Despite their importance in ensuring the safety and recovery of survivors, their availability remains limited, and capacity constraints continue to affect service delivery.

The implementation of the Act is therefore dependent on a multi-sectoral response involving both state and non-state actors.

Reporting Trends

Available data indicate that sexual offences continue to be widely reported across the country:

- 3,230 cases recorded by FSU in 2020
- Decline to 1,466 cases in 2023
- Increase to 1,711 cases in 2024

Additionally, 1,814 cases were reported through the One-Stop Centres and the 116 toll-free hotlines (2020–2024). The majority of cases involve sexual offences against children

Survivor Support Services

Non-governmental service providers play a critical complementary role in supporting survivors:

- The Rainbo Centres handled 14,178 sexual assault cases (2020–2024). The majority of these cases were referrals from the FSU.
- The Aberdeen Women’s Centre handled 632 cases, of which 96% involved sexual penetration. Approximately 70% of victims were aged 11–17 years

These figures highlight both the scale of sexual violence and its disproportionate impact on children and adolescents.

Access to Justice

The performance of the justice system shows mixed results:

- 1,401 total cases handled by the Sexual Offences Model Court (2020–2024)

- 314 cases completed (approximately 22% of caseload)

Of completed cases:

- 148 convictions
- 166 discharges

This reflects progress in case handling, but also challenges in securing successful prosecutions. The report also notes the need to strengthen the implementation of compensation orders awarded by the courts to victims of sexual offences, including the establishment of effective follow-up mechanisms to ensure that victims receive the compensation granted.

Comparative Analysis: Investigation vs Service Uptake

A comparison of FSU and Rainbo Centre data highlights important system-level gaps:

- FSU data reflects cases formally reported to the police
- Rainbo data reflects survivors accessing services through a non-governmental mechanism

Key observations:

A significant proportion of Rainbo cases are FSU referrals, indicating functional coordination. However, not all survivors proceed through the full justice chain

This suggests:

- Underreporting to law enforcement
- Delays in investigation and prosecution
- Withdrawal or compromise of cases at the community level

It also underscores the important role of non-state actors in complementing government efforts and supporting survivors beyond the formal justice system.

Key Implementation Gaps

Despite the progress made, implementation remains constrained by several systemic challenges, including:

- Inadequate logistics and human resources for investigations

- Limited number of State Counsel, resulting in delays in prosecution
- Limited geographical coverage of essential services
- Limited availability and capacity of safe homes and interim care centres, including those operated by organisations such as RCRC and Don Bosco
- Compromise of cases at the community level
- Absence of a national forensic laboratory, as provided for under the Act

These challenges continue to affect the effectiveness of investigations, the outcomes of prosecutions, and the protection of survivors.

Overall Assessment

Overall, while the core institutional framework for implementing the Sexual Offences Act is in place and functioning, gaps in capacity, coordination, and resource allocation continue to limit the effectiveness and reach of the response system.

As a result, the implementation of the Act remains incomplete and uneven across the country, requiring sustained investment and targeted reforms to achieve full and effective implementation.

4.2 Recommendations

Based on the findings of this report, the following recommendations are directed to the Government of Sierra Leone and relevant institutions and stakeholders involved in the implementation of the Sexual Offences Act:

4.2.1. Strengthening Investigation and Law Enforcement

- GoSL should allocate a dedicated budget line within the Sierra Leone Police to support the operations of the Family Support Units, particularly for handling sexual offences.
- The Sierra Leone Police should increase staffing levels within FSUs (SAS Units), including the recruitment and deployment of trained and experienced officers across all regions.
- GoSL should provide adequate logistical support to FSUs, including vehicles and equipment, to enhance the timely investigation of cases.
- The Sierra Leone Police should ensure the establishment of confidential and child-friendly interview spaces within all FSUs.

- GoSL should expand the presence of FSUs to underserved chiefdoms and districts to improve access to reporting mechanisms.
- Introduce case-tracking mechanisms and strengthen FSU–DPP coordination.

4.2.2 Strengthening One-Stop Centres and Medical Support Services

- Ministry of Social Welfare and the Ministry of Health should train and deploy psychosocial counsellors across all One-Stop Centres, FSUs and Courts to provide specialised trauma-informed care for survivors.
- The Ministry of Health should ensure the availability of paediatricians or trained child health specialists at One-Stop Centres to support the medical management of child survivors.
- MoGCA, in collaboration with relevant MDAs and organisations of persons with disabilities, should support the training and deployment of sign language interpreters and institutionalize disability-inclusive service delivery across the Family Support Units, One-Stop Centres, and the courts.
- The Ministry of Health should ensure the consistent availability of essential drugs, dignity kits, and medical supplies at all One-Stop Centres.
- GoSL should develop and implement a sustainability plan for the operation of One-Stop Centres, including adequate staffing, logistics, and funding.
- GoSL should expand the geographical coverage of One-Stop Centres to underserved districts to ensure equitable access to services.
- GoSL should establish and operationalise a national forensic laboratory to support evidence-based investigation and prosecution of sexual offences.

4.2.3 Safe Homes and Survivor Protection

- GoSL should establish and operationalise safe homes in underserved districts to ensure immediate protection for survivors of sexual offences.
- GoSL should assist with financial and logistical support to existing interim care centres operated by partner organisations to improve service delivery.

4.2.3 Strengthening Prosecution and Judicial Processes

- GoSL, through the Ministry of Justice, should recruit additional State Counsel, particularly in the regions, to expedite the prosecution of sexual offence cases.
- The Judiciary of Sierra Leone should expand the Sexual Offences Model Court to other regions to enhance access to justice and ensure timely adjudication of sexual offence cases nationwide.
- The Ministry of Justice, through the Office of the Director of Public Prosecutions, with personnel assigned specifically to handle sexual offence cases, and introduce a case-tracking system to monitor the movement and timely processing of case files between the FSUs and the Law Officers Department.

4.2.4 Monitoring & Oversight

- GoSL should strengthen the institutional capacity of the HRCSL and MoGCA to effectively monitor and coordinate the implementation of the Sexual Offences Act, including through adequate budgetary allocation, staffing, and logistical support.

SECTION FIVE

Conclusion:

GoSL and partners have taken strides to implement the provisions of the SOA (as amended). The SAS division of the FSU was formed and is carrying out investigations and referrals for free medical services. The 116 helpline was launched and functioned for several years. The majority of the district headquarters towns have a functioning OST RC, or AWC, providing free medical services, psychosocial care and referrals for legal support. Matters are charged to the newly-created SOMC in Freetown, and prosecutions have been concluded in 22% (314) of cases. The Chief Justice produced his Sentencing Guidelines within the 3-month deadline provided. Child victims have been provided with legal support and psychosocial services within the SOMC proceedings. Interim Care facilities exist at the regional headquarters towns, providing a safe space for child victims.

More still needs to be done, as can be seen in this report. The findings highlight the challenges faced by institutions, which include a lack of resources, inadequate training, and an insufficient number of state counsel, limited public awareness and compromised cases due to victim and police compromise. Also, more districts need to have OST and SOMCs located within them, and government-funded ICCs need to be created. Data on cases received and handled is still a problem, and not all institutions can readily provide it.

To address the challenges identified in this report, stakeholders must work together to strengthen the capacity of key institutions, improve access to medical care, provide safe homes for survivors, increase public education and awareness, and ensure that cases are not compromised. This will require adequate resources, training, and staffing for the relevant institutions, as well as increased public education and awareness about the SOA (as amended) and the services available to survivors of sexual and gender-based violence.

APPENDICES

Appendix 1- Full List of Offences & Punishments



FULL LIST OF OFFENCES & PUNISHMENTS SEXUAL OFFENCES ACT 2012 (AS AMENDED) NOVEMBER 2019



No .	Section of the Act	Offence	Penalty	Amendment
1	6.	Rape (sexual penetration without consent)	15 years to life (general/ above youth) 5 to 15 years (child) 10 years to life (young person)	√
2	7.	Indecent assault (touching sexually without consent)	Fine maximum Le 5 million or maximum 5 years	
3	8.	Causing, inciting, inducing, threatening or deceiving another person with a mental disability to engage in sexual activity	5 to 15 years	
4	9.	Care worker causing or inciting a person with mental disability to engage in sexual activity	5 to 15 years	
5	10.	Incest by a man (intercourse or attempt with sister, half- sister, mother, grandmother, daughter or niece)	5 to 15 years	
6	11.	Incest by a woman (intercourse or attempt with brother, half- brother, nephew, father, son or grandfather)	5 to 15 years	
7	13.	Harassment	Fine maximum of Le 10 million or maximum 3 years	
8	13A.	Solicitation by person in Authority (solicits sex from another person by threat, victimization or offer of favour) by (teacher/lecturer/student; employee &	Minimum 15 years	√ (New)

		employee; minister/pastor/imam; doctor & patient)		
9	14.	Indecent exposure (exposing genitals)	Fine maximum Le 10 million or maximum 3 years	
10	15.	Voyeurism (observing another person performing a sexual act in private without their consent)	Fine maximum Le 20 million or maximum 5 years	
11	16.	Bestiality (penetration by a living animal)	Maximum 10 years	
12	17.	Causing, inciting or controlling prostitution for gain	Maximum 10 years	
13	18.	Indecent material	Fine maximum Le 20 million or maximum 5 years	
14	19.	Sexual penetration of a child	15 years to life (above youth) 5 to 15 years (child) 10 years to life (young person)	√
15	19A.	Aggravated sexual assault	15 years to life (above youth) 5 to 15 years (child) 10 years to life (young person)	√ (New)
16	20.	Sexual touching of a child	Maximum 15 years	
17	21.	Sexual activity in child's presence	Maximum 10 years	
18	22.	Causing a child to watch sexual activity	Maximum 10 years	
19	23.	Meeting a child for sexual purposes	Maximum 10 years	
20	25.	Sexual abuse by person in trust (towards a child)	Maximum 15 years	
21	26.	Producing and distributing child pornography	Maximum 10 years	
22	27.	Possessing or accessing child pornography	Maximum 10 years	
23	28.	Use of children for pornographic purposes	Maximum 15 years	
24	30.	Obtaining the services of a child prostitute	Maximum 15 years	
25	31.	Offering, arranging or benefitting from child prostitution	Maximum 15 years	

26	32.	Parent facilitating child prostitution	Maximum 15 years	
27	34.	Organising or promoting child sex tourism	Maximum 15 years	
28	41.	Publication (No one to publish or make public information identifying a victim under the Act)	Fine maximum Le 10 million or 3 years imprisonment	
29	43.	Attempted conspiracy (attempts, conspires, aids, abets, induces, incites, instigates, instructs, commands, counsels or procures another person to commit a sexual offence)	Same penalty as the main offence	
30	43A.	Settlement or compromise	Fine Le 10 million or between 1 to 10 years imprisonment or both	√ (New)

The highlighted portions relate to the portions that were amended by the Sexual Offences (Amendment) Act 2019.

Appendix 2- Monitoring Questionnaire



Monitoring Questionnaire for the Status of Implementation of the Sexual Offences Act as Amended 2019

File # / ___ / ___ / ___

A. Background information

Province: District:

Town/City/Village.....Chiefdom:.....

Exact location:

Date of visit:.....Time of Visit.....

Name of Institution visited:.....

Type of facility visited:

Officer(s) conducting the visit:.....

Officer in Charge

.Contact No:.....Email

B. Facility Records (HOSPITAL)

1.B	Records of sexual Assault/abuse	Male	Female	Disability status	Total
I.	No. of Patients/victims at the time of visit				
II.	No. of patients admitted/under observation				
III.	No. of Patients/victims visited the facility for past three months				

IV.	No. of patients/victims below 18 years				
V.	No of Staff on duty at the time of visit				
VI.	Total No. of Staff / officers				
VII.	No of Other Support Staff				

Government hospitals /Rainbo Centres / Aberdeen Women’s Centre

1. How do you admit patients into the facility?

i) Voluntary visit by victims ii) Police Referral iii) others (specify).....

2. How many males and females were sexually abused? (Within the period)

3. Do survivors pay for the services provided?

i) Yes ii) No If yes, what is the cost? -----

4. What medical services are provided for victims/survivors?

5. How often do you receive cases of Sexual Offences?

I. Daily II. Weekly III. Monthly IV. Any other

6. a. Do you provide counselling, psychosocial support and mental health services for victims/survivors? i) Yes ii) No

a. If yes what do you provide?

Are there any health complications as a result of violence suffered by survivors? Yes or No

7. If yes, please explain

8. Do you have adequate medical personnel to handle cases of sexually abused victim?

i) Yes ii) No

b. If yes please explain what is provided

c. If no, why?

9. Do you have rules of procedure to handle cases of sexual assault/abuse?

i) Yes ii) No

10. If yes, how often do you apply them?

11. Are you aware of the Sexual Offences Act, 2012 and the (Amendment of 2019)?

i) Yes ii) No

12. If yes kindly deliberate what you know about the Act

13. How are disability cases treated?

14. What are some the challenges faced in dealing with cases of Sexual Offences?

POLICE STATION/ FAMILY SUPPORT UNITS

A. Background information

Province:	District:
Town/City/Village.....	Chiefdom:.....
Exact location:	
Date of visit:.....	Time of Visit.....
Name of Institution visited:	
Type of facility visited:	
Officer(s) conducting the visit:	
Officer in Charge	
Contact No:.....	Email

1. How do you receive complaints of sexual offences?

i. Through the public ii. Through hearsay iii. Based on intelligence iv. Any other

2. Do you have special unit to handle cases of sexual offences?

i) Yes ii) No

3. If yes, what is the name of the unit?

4. What kind of sexual offences do they handle?

5. How do you record complaints?

6. Do you provide victims with an extra copy of their statements upon request?

i) Yes ii) No

c. If no why?

7. Do you conduct interview for both parties to the offences?

i) Yes ii) No

b. If no, why?

8. Do you conduct interview for witnesses to the offences?

b. If no, why?

9. Does the station assist/advise the victims to obtain a medical report?

b. Please explain

10. Does the station assist/advise the victims to obtain medical treatment?

i) Yes ii) No

If yes, Please explain

11. Does the police station assist/refer the victim or witness to a place of safety?

i) Yes ii) No

b. If no, why not?

12. Do you provide protection for victims to enable them retrieve personal belongings where applicable?

i) Yes ii) No

If no, why?

13. Do you assist/advise the victim to preserve evidence?

i) Yes ii) No

11. If yes, what are the recommendations for the preservation of evidence?

12. Do you refer victims to seek services elsewhere?

i) Yes ii) No

Why?.....

13. Are victims of sexual offences issued medical referral?

i) Yes ii) No

b. If yes, is the medical treatment free of cost? Yes or No

If No, Why?.....

14. Do you receive cases relating to Persons with Disabilities? Yes or No?

If Yes, How are disability cases treated?

15. What are some of the challenges you face as an institution dealing with Sexual Offence cases?

Station record for the past three month to

No	Item	Male	Female	Total
1.	Total number of complaints received			
2.	No. of cases investigation complete			
3.	No. of cases sent to DPP for advise			
4.	No. of cases charged to court			
5.	No. cases of settled out of court			
6.	No of accused/perpetrators not apprehended			

Cases of Sexual Offences at the Court

A. Background information

Province:	District:
.....	
Town/City/Village.....	Chiefdom:.....
.....	

Exact location:

.....

Date of visit:.....Time of

Visit.....

Name of Institution visited:

Type of facility visited:

Officer(s) conducting the visit:

Officer in Charge

Contact No:.....Email

1. Explain the nature of the court

What are the common sexual offences that are brought to court?

2. How many cases are heard per day (at an average).....

3. Can you provide statistics for the following?

How many cases have been tried so far?

How many convictions have been secured so far?

How many acquittals have been made so far?

Are witnesses allowed to testify in court?

4. If yes, do you have witness protection facilities?

i) Yes

ii) No

b. If yes, what are they?

5. At what age range are sexual offence cases mostly reported

A. 0-4 years B. 4-8 years C. 8-12 D. 12-17 years

6. Does the court allow the presence of a support person for the witness when he or she is testifying/tendering evidence?

i) Yes

ii) No

b. If no, why?

10. Does the court exclude persons without direct interest in the proceedings when the witness is giving evidence?

- i) Yes
- ii) No

b. Why?

13. Has the court any interpreters for other languages including a sign language interpreter?"

- i) Yes
- ii) No

If no why?.....

14. How are disability cases treated?

Pre-trial hearings

14. Do you allow any other person other than the authorized person to be present?

- i) Yes
- ii) No

15. Is the witness subjected to the control of the presiding officer when giving his/her evidence or when cross examined?

- i) Yes
- ii) No

17. Are the proceedings recorded?

- i) Yes
- ii) No

18. Does the court allow person(s) to publish or make public information that identifies a victim of an offence under this Act?

- i) Yes
- ii) No

Court record for the past three month to

No	Item	Male	Female	Total
7.	Total number of cases received			
8.	No. of cases on trial			
9.	No. of cases pending for judgement/ruling			

10	No. of cases discharged			
11	No. of cases settled out of court			

GENERAL QUESTION FOR ALL INSTITUTIONS

Training and conditions of Service

1. Is capacity building training Programme provided for staff members?

Yes No

b. If yes, how often?

2. What kind of training is provided?

6. What challenges do you encounter in providing services for patients/victims?

44. Does your institution provide special training for its personnel on the Sexual Offences Act 2012 and its amendments?

5. Does the institution receive subsidy from the central government?

i) Yes ii) No

b. If yes, how often?

6. Have other organizations visited the center during the last three months?

i) Yes ii) No

b. If yes which organization?

7.. Do you receive support from other institution (s)? i) Yes ii) No

b. If yes, what support and from which organization(s)?

Summary of Monitor's Observations

