

War-Related Sexual Violence in Sierra Leone

A Population-Based Assessment

A Report by Physicians for Human Rights

With the Support of the United Nations Assistance Mission
in Sierra Leone

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Physicians for Human Rights

Physicians for Human Rights (PHR) promotes health by protecting human rights. We believe that human rights are essential preconditions for the health and well-being of all people. Using medical and scientific methods, we investigate and expose violations of human rights worldwide and we work to stop them. We support institutions that hold perpetrators of human rights abuses, including health professionals, accountable for their actions. We educate health professionals and medical, public health and nursing students and organize them to become active in supporting a movement for human rights and creating a culture of human rights in the medical and scientific professions.

Since 1986, PHR members have worked to stop torture, disappearances, and political killings by governments and opposition groups; to improve health and sanitary conditions in prisons and detention centers; to investigate the physical and psychological consequences of violations of humanitarian law in internal and international conflicts; to defend medical neutrality and the right of civilians and combatants to receive medical care during times of war; to protect health professionals who are victims of violations of human rights; and to prevent medical complicity in torture and other abuses.

As one of the original steering committee members of the International Campaign to Ban Landmines, PHR shared the 1997 Nobel Peace Prize. PHR currently serves as coordinator of the US Campaign to Ban Landmines.

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UNAMSIL

The United Nations Assistance Mission in Sierra Leone (UNAMSIL) was established by Security Council Resolution 1270 on October 22, 1999 with the broad based mandate of cooperating with the Government of Sierra Leone and other parties in implementing the Lome Peace Agreement and assisting in the implementation of the disarmament, demobilization and reintegration of the parties in conflict. On February 7, 2000, May 19, 2000 and March 30, 2001 the mandate and size of UNAMSIL were expanded. Its current troop strength exceeds 17,000, making it the United Nations' largest peacekeeping mission.

In pursuit of its mandate, UNAMSIL combines military and civilian personnel. The Human Rights Section is part of the civilian component of the mission and has a threefold approach to its activities. The first is to monitor the compliance by government and all parties to the conflict of human rights and international humanitarian law. Secondly, the Human Rights Section provides technical assistance in building the capacity of national institutions that can promote respect for the rule of law through a sustainable culture of human rights. Thirdly, the Section undertakes and supports human rights and peace awareness programs conducted in national languages as a means of building popular confidence in, and understanding of, the human rights principles and their role in peace-building efforts.

The UNAMSIL Human Rights Section conducts specialist work with national institutions, the internally displaced and children. It also focuses on the rule of law and gender issues. The Human Rights Section currently has 16 international staff members and 4 national staff members deployed in its three offices in Freetown, Kenema and Makeni.

UNAMSIL

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Foreword

The subject of violence against women in Sierra Leone has until recently been overlooked. I welcome this report by Physicians for Human Rights, with the support of UNAMSIL, which helps to redefine the role that sexual violence played in the conflict. The findings and data are a clear indication of the kinds of depravity that war can bring. I visited Sierra Leone on official mission in August 2001 to study the issue of violence against women committed during the conflict and to identify key measures and initiatives needed to ensure the rights of women in the aftermath of the conflict. In my work as Special Rapporteur on violence against women I have seen that it is often the need to understand clearly the specific nature of gender-based crimes, through research and collection of data, that is required to mobilize civil society, governments and the international community against such abuses. This report comprehensively documents the widespread nature of sexual violence in Sierra Leone during the conflict and is a valuable tool for those who have been fighting for women's human rights to be put on the agenda as a matter of priority.

Furthermore by documenting the wartime experiences of women in Sierra Leone this report will provide a valuable contribution in making the post-conflict needs of women and girls more apparent. Its findings should be taken into consideration in the formulation of repatriation and resettlement plans, as well as demobilization, rehabilitation, reintegration and post-conflict reconstruction programmes.

I often see many situations involving gender-based violence—similar to the cases so carefully documented in this report—for which perpetrators go unpunished. Internationally there has been progress, at least in the area of legal sanction. Perpetrators of violence against women during wartime are being brought before the courts of justice. Their trial and punishment is a vindication of many years of effort by many groups and individuals who have been trying throughout the years to end the impunity of those who commit the most horrendous acts of brutality. In this regard, I welcome the Foca judgment by The International Criminal Tribunal for the Former Yugoslavia, which sets out in detail, the international law and standards with regard to war crimes and crimes against humanity committed against women and girls. The Tribunal found that these actions constituted rape as a crime against humanity, torture as a war crime and enslavement as a crime against humanity. Their strong judgment is welcome and lays to rest all arguments that rape and sexual slavery during wartime does not constitute international customary law that is in flagrant violation of international humanitarian law. The Foca judgement sets a context by which the wealth of information contained in this report should be analyzed.

The International Criminal Court, which was finalized in 1998, is also a major victory for those who have fought to make international justice an important part of modern international law. The Rome Statute makes explicit that rape and gender violence are among the most serious crimes of concern to the international community by specifically defining them as constituent acts of crimes against humanity and war crimes. According to the Statute, rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence also constitutes a Grave Breach of the Geneva Convention. Similarly, the Statute defines crimes against humanity to include torture, as well as rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization or any other form of sexual violence of comparable gravity when committed as part of a widespread or systematic attack directed against any civilian population. The Statute also provides that persecution on the basis of gender may constitute a crime against humanity.

As a result of this Statute and the decisions of the international tribunals in the Hague and in Arusha, the world is slightly more just for women who have been the victims of sexual violence during wartime. It is my hope that the Truth and Reconciliation Commission and the Special Court in Sierra Leone will follow this example and ensure that cases involving violence against women are prosecuted and the perpetrators brought to justice.

Rarely do human rights organizations undertake and publish such substantial and detailed studies of sexual violence in conflict. It is in this light that this report will help the international community to understand the grave situation in Sierra Leone and the needs of all the conflicts' survivors. I encourage its wide dissemination, as this important and timely report will be of interest to all those who seek to understand or intervene in the rebuilding of Sierra Leone.

Radhika Coomaraswamy
*United Nations Special Rapporteur on violence against women, its cause
and consequences*

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This report is dedicated to Abigail Lebbie, who passed away in May, 2001. Abigail was a dedicated member of a team of Sierra Leonean field researchers. We wish to express our heartfelt condolence to her family and friends. May her soul rest in peace.

Glossary

ADRA: Adventist Development and Relief Agency

AFRC: Armed Forces Revolutionary Council (rebel force)

CDF: Civil Defense Forces (pro-government force)

CRS: Catholic Relief Services

DDR: Demobilization, Disarmament and Reintegration

ECOMOG: Economic Community of West African States (ECOWAS) Monitoring Group, a military intervention force with troops donated by ECOWAS members

ECOWAS: Economic Community of West African States

FAWE: Forum for African Women Educationalists

ICRC: International Committee of the Red Cross

IDP: Internally Displaced Person

IMC: International Medical Corps

IRC: International Rescue Committee

Krio: lingua franca of Sierra Leone

MSF: Médecins sans Frontières

NCRRR: National Commission for Rehabilitation, Reconstruction and Reconciliation

NGO: Non-governmental organization

OTI: Office of Transitional Initiatives

PHR: Physicians for Human Rights

PHU: Peripheral Health Units

RUF: Revolutionary United Front (rebel force)

SLA: Sierra Leonean Army

TRC: Truth and Reconciliation Commission

UN: United Nations

UNAMSIL: United Nations Assistance Mission in Sierra Leone

UNDP: United Nations Development Program

UNDPKO: United Nation Department of Peacekeeping Operations

UNHCR: United Nations High Commissioner for Refugees

UNICEF: United Nations Children's Fund

UNOCHA: United Nations Office for Coordination of Humanitarian Assistance

US: United States

USAID: United States Agency for International Development

WFP: World Food Program

WHO: World Health Organization

SIERRA LEONE



I. EXECUTIVE SUMMARY

Purpose of Study

Sierra Leone's decade-long conflict has been marked by an extraordinary level of brutal human rights abuses, including summary killings, sexual violence against women and girls, abductions, amputations, and the use of child soldiers. The combined effects of prolonged conflict, pervasive human rights abuses, and massive forced migration¹ in one of the poorest countries in the world have devastated the health and well-being of the Sierra Leonean people. The daunting process of rebuilding and reconciliation in the aftermath of such destruction requires the establishment of an accurate account of the nature and extent of abuses that have been committed. For this reason Physicians for Human Rights (PHR), with the support and participation of the United Nations Assistance Mission in Sierra Leone (UNAMSIL), conducted a population-based assessment of the prevalence and impact of sexual violence and other human rights abuses among internally displaced persons (IDPs) in Sierra Leone.

Findings

The findings of this study, the most comprehensive population-based assessment to date of war-related sexual violence and other human rights abuses in Sierra Leone, indicate that combatants have committed widespread human rights abuses and international crimes against IDPs in Sierra Leone including: abductions, beatings, killings, rape and other forms of sexual violence, capturing for less than 24 hours, torture, forced labor, gunshot wounds, serious injuries, and amputations. Such quantitative findings contribute considerable insight into the nature and extent of human rights abuses among IDPs in Sierra Leone, i.e., the frequency of specific human rights abuses, the identity of the alleged perpetrators, the impact of these experiences and the most urgent needs identified by the victims. Furthermore, a rigorous approach to sampling enables the findings to be generalized to the larger IDP population. In order to gain insight into individual experiences of human rights abuses of Sierra Leonean women and their families, the PHR study included qualitative assessments of abuses as well.

¹ Approximately 400,000 people have fled Sierra Leone into neighboring Guinea and Liberia as refugees. At the time of this study, there were 334,061 registered and approximately 500,000 to 1 million unregistered internally displaced persons (IDPs) in Sierra Leone.

A striking 94% of 991 households randomly surveyed reported among its members at least one of these serious abuses during the past ten years of conflict. The majority of abuses reported by participants in the PHR study occurred between 1997 and 1999 and, when known, were attributed primarily to forces from the Revolutionary United Front (RUF). The study's primary focus on abuses of women and girls stems from the historical neglect of these sexual crimes committed against women from previous reports of human rights abuses in Sierra Leone.

The PHR study indicates that war-related sexual violence experiences perpetrated by armed combatants (primarily RUF) are, indeed, widespread among IDPs in Sierra Leone. Approximately one of every eight household members (13%) reported one or more incidents of war-related sexual violence. Nine percent (94/991) of respondents reported war-related sexual violence.^{2,3} A striking 53% of respondents reporting "face to face" contact specifically with RUF forces reported experiencing sexual violence, compared to less than 6% for any other combatant group.⁴ One third of the women who reported sexual violence reported being gang raped.

Participants reporting sexual violence related the following: rape (89%), being forced to undress/stripped of clothing (37%), gang rape (33%), abduction (33%), molestation (14%), sexual slavery (15%), forced marriage (9%), and insertion of foreign objects into the genital opening or anus (4%). In addition, 22 (23%) of the women who experienced sexual violence reported being pregnant at the time of the attack with an average gestation of three months. The majority of the incidents of sexual violence reported by participants (68%) occurred between 1997 and 1999.

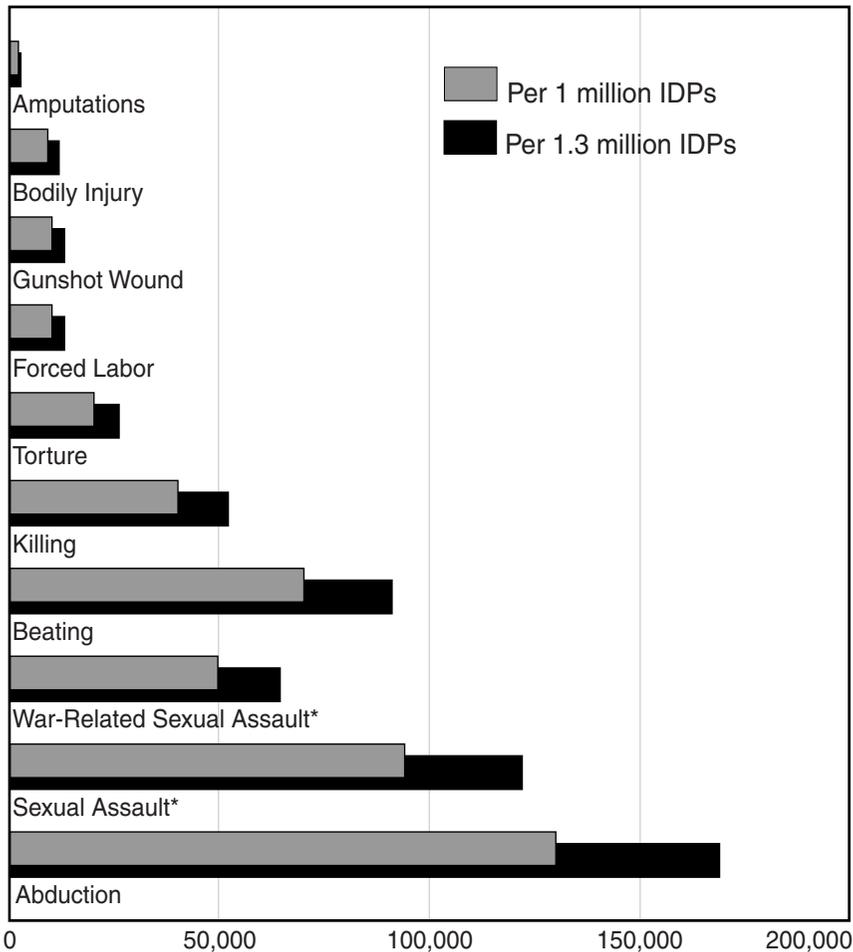
This prevalence rate of war-related sexual violence (8%-9%) during only a ten-year period is equivalent to the lifetime prevalence of non war-

² It is likely that the prevalence of war-related sexual violence in the study was underestimated because of willful non-disclosure of sexual violence and the lack of privacy in some of the interviews, despite efforts to ensure privacy. According to Koss (Koss M.P, "Detecting the scope of rape: a review of prevalence research methods," *Journal of Interpersonal Violence*. 1993(8);198-222) reasons for willful non-disclosure often include fear of retribution by an assailant, being stigmatized and rejected, being blamed for the attack, and/or the psychological consequences of disclosure.

³ In addition, the average age of participants reporting war-related sexual violence was more than twice the average age of non war-related sexual violence reported in the study. Although interviewers were careful to explain that there would be no material or other gain by participating in the survey, the number of abuses reported in the study may have been overestimated or underestimated if IDPs judged that it was in their material, political or psychological interest to exaggerate or conceal claims of abuse.

⁴ Other perpetrators reported included Armed Forces Revolutionary Council (AFRC), West Side Boys, unspecified "rebels", and Sierra Leonean Army (SLA) and ex-SLA. The UN peacekeepers and Civil Defense Forces (CDF) militia forces were not identified as perpetrators among respondents reporting sexual violence.

FIGURE 1:
Extrapolation of Human Rights Abuses Among All IDPs in Sierra Leone



* Extrapolations are based on frequencies reported by 9,166 household members (Table 2); sexual assault is among female respondents only. For 95% confidence intervals, please see page 45, footnote 165.

related sexual violence (9%) among the study participants.

By extrapolating the number of war-related sexual violence incidents reported by participants in the PHR sample to the total female IDP population in Sierra Leone, PHR estimates that approximately 50,000 to 64,000 Sierra Leonean IDP women may have suffered such human rights abuses. If non-war-related sexual violence among non-IDP females is added to the IDP totals (assuming a 9% prevalence rate), as many as

215,000-257,000 women and girls in Sierra Leone currently may have been affected by sexual violence.⁵

Today, in the context of war, rape and other forms of sexual violence are considered war crimes⁶ and can be prosecuted as such.⁷ They also constitute crimes against humanity when committed as part of a widespread or systematic⁸ attack against the civilian population.⁹ This population-based assessment demonstrates that war-related sexual violence and other human rights abuses were indeed perpetrated as a widespread attack against the civilian population, and therefore constitute both war crimes and crimes against humanity.¹⁰ A Special Court has been proposed by UN Security Council Resolution 1315 to prosecute those “bearing the greatest responsibility” for violations of international humanitarian law in Sierra Leone’s conflict.¹¹ A Truth and Reconciliation Commission (TRC) is being created to provide an impartial historical record of the war and to foster reconciliation.¹²

Methods of Investigation

Quantitative

PHR sampled 1,048 households in three IDP camps (near Freetown, Port Loko, and Kenema) and one community with a large number of IDPs,

⁵ To generate population estimates of sexual violence among the IDP and non-IDP females in Sierra Leone, PHR assumed a total IDP population of 1.0-1.3 million (55% female) and a non-IDP population of 2.7-3.0 million (50% female). UNOCHA database. Sierra Leone: UN Office for the Coordination of Humanitarian Affairs. Updated February, 2001; Norwegian Refugee Council, Sierra Leone Section, “Population profile and figures”. Available at: www.db.idpproject.org/Sites/IdpProjectDb/idpSurvey.nsf/1c963eb504904cde41256782007493b8/fdc6d215bab90118c12569dd002b1aec?OpenDocument; United Nations High Commissioner for Refugees. Available at: [unhcr.ch/un & ref/numbers/numb2000.pdf](http://unhcr.ch/un&ref/numbers/numb2000.pdf)

⁶ Kunarac, Kovac and Vukovic, IT-96-23 and IT-96-23/1 “FOCA” Available at: www.un.org/ICTY/judgement.htm

⁷ *Ibid.*

⁸ See Chapter V for a discussion.

⁹ Statute of the International Criminal Tribunal for the Former Yugoslavia, Article 5, Crimes against Humanity. Available at www.un.org/icty/basic/statut/stat2000.htm#5.

¹⁰ Rome Statute of the International Criminal Court (Rome Statute), adopted 7/17/98. Available at: untreaty.un.org/English/notpubl/rome-en.htm; Askin K.D., *War Crimes Against Women: Prosecution in International War Crimes Tribunals*, M. Nijhoff Publishers, 1997. Askin K. “Women and International Humanitarian Law,” in Askin K.D, Koenig D.M., Editors, *Women and International Human Rights Law*, Transnational, 1999. Vol. I. Also see: United Nations, Draft Statute of the Special Court for Sierra Leone, S/2000/915. Available at www.un.org/Docs/sc/reports/2000/915e.pdf

¹¹ United Nations Security Council Resolution 1315 (Adopted August 14, 2000). Available at: www.un.org/Docs/scres/2000/res1315e.pdf

¹² For more information see www.sierra-leone.org/trc.html

Mile 91 Township. The camps/locales included in this study represented 91% of the registered IDP population in Sierra Leone. All study participants were selected using systematic random sampling or a combination of systematic random sampling and cluster sampling.¹³ A total of 991 female heads of household participated in the study (response rate = 95%). The 991 household representatives reported on the experiences of 9,166 household members, which included themselves and those who lived with them prior to their displacement. The PHR survey contained 49 questions pertaining to demographics, physical and mental health perception, experiences of human rights abuses among household members and experiences of sexual violence. It also inquired about assistance needs, opinions regarding punishment and justice for perpetrators, and attitudes on women's human rights and roles in society.

Qualitative

In order to gain additional insight into individual experiences of human rights abuses of Sierra Leonean women and their families, the PHR study included qualitative assessments of abuses as well. Two primary approaches were used to elicit qualitative information. Seven open-ended questions were included in the questionnaire itself, and longer semi-structured interviews were conducted with survivors of human rights abuses, some who were not survey participants.

Individual case testimonies provided considerable insight into the brutality of the human rights abuses reported, including sexual violence, in the PHR survey. Katmara B, a 13-year-old girl, reported being abducted, beaten, raped and forced to become a rebel's "wife." She was released during the latter stages of her pregnancy and now has a baby girl. The story of what happened to her and her family during the rebel incursion into Freetown in January 1999 captures the anarchy of those days which left the people of Sierra Leone's capital city terrified:

...So, on our way to be killed, we were taken to a house with about 200 people held in it. My older cousin was sent to go and select 25 men and 25 women to have their hands chopped off. Then she was told to cut off the first man's hand. She refused to do it saying that she was afraid, I was then told to do it. I said I'd never done such a thing before and that I was also afraid. We were told to sit on the side and watch. So we sat. They chopped off two men's hands. My cousin couldn't watch and bowed her head down to avoid the sight. Because she did that, they shot her in the foot. They bandaged her foot and then forced her to walk. We left the two men whose hands had been cut off behind. We were then taken to a mosque in Kissy. They killed everyone in there...They were

¹³ See Patton M.Q., *Qualitative Evaluation and Research Methods*, Sage Publications, 1990; 169-283.

snatching babies and infants from their mother's arms and tossing them in the air. The babies would free fall to their deaths. At other times they would also chop them from the back of their heads to kill them, you know, like you do when you slaughter chickens...One girl with us tried to escape. They made her take off her slippers and give them to me and then killed her...one time we came across two pregnant women. They tied the women down with their legs eagle-spread and took a sharpened stick and jabbed them inside their wombs until the babies came out on the stick.

Several women who had not suffered sexual violence spoke of the range of abuses they and their families had experienced and the multiple losses they faced. A young woman, Marie K., described her and her family's experience:

...They killed many of us, many people...about 100, we were in an unfinished house when they came and kicked at the doors and demanded to know who was in there. They yelled that if we didn't come out they would kill us or burn the house down. Someone near the door opened it. The rest of us were hiding in a room, huddled together. They came in and began to hit us with their weapons yelling "get out, if you don't come out we will kill you." Those who refused to come out, they lit the house up and burned it with them inside the house...

Some of the women who reported experiencing sexual violence provided the PHR/UNAMSIL team with information that suggests that the incidents of sexual violence were politically motivated. One woman told PHR that her attackers told her "to come and report or tell [president] Tejan Kabbah that they will continue to do such things." Another told PHR that her attacker asked her "whom are you going to vote for?"

Sexual Violence

Given the prevalence of sexual violence reported in the PHR study, it is not surprising that the vast majority (91%) of respondents reported being "quite a bit" or "extremely" worried about sexual violence to themselves or family members by combatants. They were much less worried about sexual violence by family members, friends, or civilian strangers despite 9% of respondents reporting sexual abuse by family members, friends, or civilian strangers in their lifetime.

In February 2001, PHR interviewed a fifteen-year-old girl, Bola N. Rebels had abducted her four times since 1999. At the time of the interview she was two months pregnant and living at an IDP camp in Port Loko. She described her first abduction to the interviewer:

When they first attacked the village, we fled to the bushes. When they removed us from our village we were frightened...They held us, they cut

some hands. They killed some. They forced us to be tied. We were taken to the bush where the sexual act was forced on us...Nine men raped me...My mother was taken away, my things, belongings, taken. I slept three days in the bush after they had raped me. I was unconscious, not myself...After they had raped me to their satisfaction, they left me in the bush. I was beaten, bruises on my body, part of my body. Some around were amputated. I was not well.

Isata, a 15-year-old girl, was abducted and gang raped by rebels. She described her experiences and their continuing effects on her health:

...I don't have any children. I was a virgin before. They ruined me. The story is long, much too long. I was at home when they came and kidnapped me...They demanded money. My family has no money. They demanded Le 200,000.00 (\$83.00)...they said to my parents, come and see how we use your children. They undressed five of us, laid us down, used us in front of my family and took us away with them. They wouldn't release us, they kept us with them in the bush...When I escaped, I couldn't walk – the pain. I was bleeding from my vagina. That night, God gave me strength to walk...I can't remember how long I was held...I don't like to talk because of the memories. When I made it back, my mother couldn't believe it. Since I got back I have been so sick...I never used to get sick like this...I would like to go back to school, but I can't concentrate anymore, I can't do anything...

Characteristics of Assistance Needs among Respondents Reporting Sexual Violence

Sixty-five percent of respondents said that they had reported the incident(s) of sexual violence to another person. The most common reasons for not reporting these incidents were feelings of shame or social stigma, fear of being stigmatized/rejected, and not having trust in anyone. Only 53% of women reported seeking help after the attack, although 80% of these women reported that they informed a health care provider of the specifics of the attack. Women reported that what helped most after the attack was trying to forget about the incident, support of family, a medical provider, and country medicine/traditional healer.

A number of testimonies collected by PHR in March 2000 were from survivors of rape who reported becoming pregnant by their attackers. Many of these young women are particularly vulnerable as they must not only recover from the trauma of their ordeals while often facing stigma from their communities, but at the same time learn to care for and support a baby with few resources.

The majority of women who responded to the two questions about their biggest worries about the future in general and about their health referred to the financial and personal insecurity they faced as a result of the war. Women expressed fear that the war would not end and that they would experience future attacks and abuse. They spoke of their lack of livelihoods, homes, and husbands to provide for them. A number of women expressed fear about how they would provide for themselves or for their children, including offspring from their rapes:

Presently my husband is no more. Who will take care of me in the future? They have looted my properties and I do not have anything for now.

I am homeless, bankrupt, and where can I get help to take care of my unborn child?

In their responses about overall worries about the future, some respondents linked their fears about their vulnerability as “violated” women without a male partner or family with concern about their health:

There will be no better future for me because I am broken. No man will marry me or take me seriously. I don't want to become sick, to get what they call AIDS. People will begin to say a lot about me if they know what happened to me.

The concern about having contracted a sexually transmitted disease or AIDS was a prominent concern expressed by several participants in response to the question about specific health worries. Women described experiencing diffuse abdominal and pelvic pains and expressed worry that these represented sexually transmitted diseases. Yet, they were afraid of the stigma associated with seeking help for rape-related health problems:

I don't want to have AIDS. I am afraid to go to the hospital. I don't want people to know if it is true that I have AIDS. I don't know whether I have AIDS or not.

Beliefs about Justice among Respondents Reporting Sexual Violence

Of the respondents who indicated whether their perpetrator should be punished, 42% thought their perpetrators should be punished. The most common reasons cited for not punishing a perpetrator were, “in the spirit of reconciliation”, fear of reprisal, no confidence in the system for such punishments, or they wanted to forget about the incident.

Thirty-six percent of all respondents reporting sexual violence believed their attacker's commander was aware of the attack. Only 35% of women

believed that punishment of perpetrators would prevent sexual violence from happening to others. Twenty-two of the 94 women reporting sexual violence to PHR (23%) were willing to give their names to the proposed Special Court and/or the Truth and Reconciliation Commission. Given the prevalence of war related sexual violence as reported to the PHR/UNAM-SIL team, the team believes that there may be thousands of female IDPs in Sierra Leone who have experienced sexual violence and who may be willing to provide testimony to the Special Court or the TRC.

Mary J., 16 years old at the time of the interview, explained her reasoning for why she would not seek punishment for her persecutors:

... If they catch them and try to do to them what they did to me, it won't even come near the hell I've been through. So they should just leave them. If they try to punish them, the punishment that I have gotten is more than theirs. I wanted to die during that time. If the emergency operation had not been performed, I would have died...If I ask for punishment for them, it will never amount to what I went through, so the best thing is just to leave them so that we can have peace in Sierra Leone.

Madina K., a young woman, described her reactions to her experience and expressed a desire for the punishment of only one of those involved in her attack:

...They'd wanted to burn the house down with me in it...I was beaten, raped, forced to go with them. They told me to do bad things, they threatened me with death and beat me. Two men raped me. The first one would go and call other men to come and join in. Others intervened and saved me...I don't want revenge. I don't even remember who they were. The only one I want punished is the one who kidnapped me. I want him to be punished for his wickedness...

Attitudes on Women's Human Rights and Women's Roles in Society

Despite 80% of women expressing that there should be legal protection for the rights of women, more than half of women reported that their husbands had the right to beat them and that it was a wife's duty to have sex with her husband even if she did not want to. The apparent disparity between such beliefs and international principles of human rights suggests a need for public discourse and education on local, regional and international levels.

Recommendations

To the Revolutionary United Front (RUF)¹⁴

- The RUF should immediately release all remaining abductees and child soldiers under its control.
- The RUF command must explicitly prohibit violence against civilians including women and must hold RUF members who commit abuses accountable in a manner that is in keeping with international standards. The RUF should cooperate fully and not interfere with investigations and prosecutions of crimes committed during the conflict.
- The RUF must cooperate fully with demobilization of soldiers, accelerate efforts to collect and relinquish weapons, and allow UN forces full access to the country.

To the Government of Sierra Leone

- The Government of Sierra Leone, with the assistance of the international community, should ensure:
 - that military commanders are held accountable for violations committed by their subordinates,
 - that violations by members of the armed forces and militias will be promptly and fully investigated and those responsible brought to justice,
 - that all members of its armed forces and civilian militias be trained in humanitarian law,
 - that instruction in the rights of civilians – and in particular women’s rights – be an integral part of this training.
- The Government of Sierra Leone should strengthen the capacity of its police force and judicial system adequately to address cases of sexual violence including rape. Efforts should include the recruitment of female police officers, training in appropriate means of obtaining evidence, development of procedures that protect the rights and privacy of victims, protection for victims and witnesses, development of forensic capacity, and social services. Police training must include training in women’s rights.
- The Government of Sierra Leone should work with professional organizations and international experts to establish gender-based violence

¹⁴ These recommendations are specifically addressed to the RUF as the main armed opposition group and the primary perpetrator of human rights abuses documented in this report. These recommendations, however, should be implemented by all parties to the conflict.

reporting procedures that are effective, sensitive, and that protect victims. Strict and consistent policies of confidentiality should be developed for all groups working with survivors of sexual violence so that the privacy of those who report or testify is fully protected.

- The National Commission for Demobilization, Disarmament and Reintegration must emphasize the protection of women's rights as an integral part of the Demobilization, Disarmament and Reintegration (DDR) effort for ex-combatants, including child soldiers.
- The Government of Sierra Leone should engage in large scale public education, in collaboration with women's groups to educate women, men and youth on issues relating to sexual violence and to women's rights. This includes the promulgation of information through radio.
- The Government of Sierra Leone should ensure that human rights education including women's rights, be made an integral part of training of health, legal, education, and law enforcement professionals.
- The Government of Sierra Leone should work to increase the number of female clinicians/ health care workers and to increase the number of health care workers trained in women's health. The Government of Sierra Leone should support medical and educational institutions to increase the number of women professionals, including the establishment of dedicated scholarship programs to encourage women to enter these professions.
- The Government of Sierra Leone should work to address the needs of survivors of gender-based violence, including provision of health services, referral and transport assistance; counseling; and education or job/skills training. These services must be extended throughout the country. The physical, emotional and economic well-being of children born as a result of rapes should also be protected – and efforts made to encourage community acceptance of both rape survivors and their children as they reintegrate into society.
- The Government of Sierra Leone should ensure that efforts are made to coordinate the various actors providing treatment to those who have suffered sexual violence, and efforts to protect women and girls in the future in order to improve services and use scarce resources more effectively.
- The Government of Sierra Leone should work with civil society to educate Sierra Leoneans about HIV/AIDS. They should integrate HIV/AIDS prevention messages into formal education curricula and public education and social marketing campaigns. Approaches must be developed for the majority of the population that is illiterate. They should integrate education about HIV/AIDS prevention into the DDR process.

- The Government of Sierra Leone must formulate and begin to execute a national strategy to address HIV/AIDS to facilitate treatment and prevention, and to encourage donor funding to support those efforts.
- The Government of Sierra Leone should assure confidentiality of HIV test results and seek international assistance to conduct a national HIV prevalence survey. Epidemiological data should be disaggregated by gender and other factors for more targeted interventions.
- The Government of Sierra Leone should develop and implement sex education, including sexual violence education, curricula in schools and public campaigns for those not in school.
- The Government of Sierra Leone should institute legal reform to eliminate discriminatory practices in inheritance that contribute to the lack of security and severely limit the choices of women.

To the Sierra Leonean Ministry of Health

- The Ministry of Health should ensure that medical services are sufficiently organized to collect and safeguard evidence that could be useful in holding alleged rapists accountable and establish systems of record keeping throughout the country for epidemiological, human rights and other purposes, in conjunction with the Ministry of Justice.
- The Ministry of Health should train health care workers in the diagnosis and management of sexually transmitted diseases, and ensure that appropriate medications, such as broad-spectrum antibiotics are available to combat resistant strains.

To the United States Government and other Bilateral Donors

General Funding

- The US Government and other donors should accelerate provision of funds to meet the needs of victims of sexual violence, including rape, in Sierra Leone. In particular, the needs of the displaced and those newly returning to their communities in under-served areas should be prioritized. Assistance should be given to locally run programs such as FAWE that address the needs of survivors of sexual violence such as shelter, mental and physical health, and job skills training so that they can serve a larger number of people.
- The US Government should fully meet its obligation to fund UNAMSIL.
- The US and other Governments should fully fund the 2002 Inter-Agency Consolidated Appeal for Sierra Leone, with particular attention to those programs focusing on the needs of women and girls.

- The US Government and other donors should fund the World Bank trust fund for the DDR effort so that the reintegration portion of the plan can be carried out and former combatants who are not imprisoned can be reintegrated in such a way that they will be less likely to commit human rights abuses in the future, including sexual violence, or to re-arm.

Humanitarian/Medical Assistance

- The US Government and other donors should fund HIV/AIDS education, prevention and treatment programs - specifically those that target high-risk populations and provide HIV test kits and anti-retroviral drugs at a low cost.
- The US Government and other donors should support improved medical facilities, equipment, medical supplies, and training, including health center and health post training and human rights and universal precautions training. Programs for community-based social service providers should be supported.
- The US Government and other donors should provide appropriate diagnostic, therapeutic and prevention measures to combat sexually transmitted diseases – and support more widespread and comprehensive reproductive health services including the provision of adequate supplies of male and female condoms.
- The US Government and other donors should provide extensive reconstruction assistance now that IDPs and returnees are returning to their home communities. Particular attention must be paid to the shelter needs of single women and widows.

Justice and Law Enforcement

- The US Government and other donors must adequately fund both the Special Court for Sierra Leone and the Truth and Reconciliation Commission (TRC).
- The US Government and other donors should support the establishment and strengthening of national institutions and mechanisms in Sierra Leone in order to improve the capacity of the judiciary, police, armed forces and other relevant government institutions to respond adequately to the problem of sexual violence in the country.

Humanitarian Assistance Programs for Women

- The international community should establish a coordinating body for treatment protection and data collection related to sexual violence.

- The US Government and other donors should fund Sierra Leonean civil society organizations promoting women's rights, health and education.
- The US Government and other donors should support effective and culturally appropriate psychosocial programs for those who suffered sexual violence and other human rights abuses.

Women's Human Rights

- The US Government should ensure that women are included in all aspects of planning for peace, demobilization, reintegration and rebuilding and support local organizations working to promote women's full participation and rights

To the United Nations

- The UN should continue to deploy peacekeepers in all areas of Sierra Leone and actively protect civilians, including women and girls, from sexual violence
- The UN should work with the Government of Sierra Leone to incorporate education about sexual violence into all aspects of demobilization and re-training of professionals including those in the military and police, health and legal professions and educators.
- The UN should ensure that rape and other forms of gender-based violence are prioritized as crimes by the Special Court and that perpetrators from all sides are held accountable.
- The UN should ensure that safeguards are in place to protect those who come forward to testify – especially women. The UN should educate and inform people throughout Sierra Leone about the Special Court and TRC, and ensure that all those who want to provide information or testify have an opportunity to do so.
- The UN should work with the Government of Sierra Leone to train all Special Court and TRC staff who will be working with victims. Learning from experiences with other international tribunals, the UN should establish sensitive procedures that protect victims and do not further traumatize survivors of gender-based violence and other abuses. This should include the provision of counseling before and after testifying in the first language of the victim and the protection of the victim or witness upon return to her/his community.
- The UN, with the Government of Sierra Leone, should ensure that women are represented at every level of the Court and TRC.

II. BACKGROUND

Population and Geography

Sierra Leone, named by the Portuguese for the resemblance of its peninsula mountains to a crouching lion,¹⁵ borders Liberia to the southeast, the Republic of Guinea to the north, and the Atlantic Ocean to the West. It is about 71,700 sq. km in size¹⁶ and has a population of approximately 5 million.¹⁷ The year consists of two main seasons; the wet season lasts from May to October and the climate during the rest of the year is dry.¹⁸

The largest of the indigenous ethnic groups in Sierra Leone are the Mende, Temne (each about 30%), and Limba (under 10 %).¹⁹ Most of the population is Muslim, though there is a significant Christian population and followers of indigenous religions. English is the country's official language, however, the population primarily uses Krio, Mende and Temne.²⁰

Historical Overview

Sierra Leone gained independence from England in 1961. From that time it was ruled by a series of governments most of which were plagued by corruption. Its first Prime Minister, Milton Margai, ruled until his death in 1964. At that time his brother Albert Margai became the Prime Minister. Albert Margai's rule was marked by authoritarian efforts to consolidate power and remove opposition.²¹

Albert Margai and his Sierra Leone People's Party (SLPP) were challenged during the 1967 elections by Siaka Stevens and his All People's Congress (APC) Party. On March 21, the Governor General of Sierra Leone declared Stevens winner of the contested elections.²² Before Stevens could

¹⁵ Alie, J.A.D., *A New History of Sierra Leone*, St. Martin's Press, 1990; p 4.

¹⁶ Central Statistics Office, "Sierra Leone in Figures" (1997) Available at: www.sierra-leone.org/cso.html#NaturalResources

¹⁷ UNICEF, "Statistical Data: Sierra Leone," available at: www.unicef.org/statis/Country_1Page154.html

¹⁸ Conteh-Morgan, E & Dixon-Fyle, M., *Sierra Leone at the End of the Twentieth Century: History, Politics, and Society*, Peter Lang, 1999; p.11.

¹⁹ Africaville.com, "Sierra Leone Profile," available at www.africaville.com/seraleon1.html

²⁰ Kaplan, I, Dobert, M, McLaughlin, J.L., Marvin, B. J., & Whitaker, D P. *Area Handbook for Sierra Leone* , 1976; p. vii.

²¹ Conteh-Morgan p. 77

take office, however, a series of military coups and counter coups established a military government named the National Reformation Council (NRC) headed by Brigadier Andrew Juxon-Smith.²³ Another coup in 1968 brought Stevens back from exile and restored a civilian government.

For the next 17 years, Stevens ruled Sierra Leone. In 1968, Stevens established a one-party state.²⁴ Under his rule, the economy declined due to alleged mismanagement and corruption. By the start of the 1980s, Sierra Leone was increasingly dependent on international assistance – specifically International Monetary Fund loans.²⁵ Virtual insolvency, high inflation, shortages of power and food, mounting deficits, declining exports, corruption, and high unemployment particularly among youth became increasingly severe problems.²⁶ In 1985, Major General Joseph Saidu Momoh, then head of the military, took over leadership of the APC and the presidency of the country in a peaceful hand-over. Although Momoh promised economic reform and an end to corruption,²⁷ his seven years in power were marked by increased deprivation and economic collapse. In 1987 a coup attempt against Momoh took place – believed to have been sparked in part by Momoh’s anti-corruption efforts.²⁸ Although it failed, the coup marked a return to the status quo and the start of Momoh’s downfall.²⁹

In 1990, Momoh instituted reforms including the drafting of a new constitution. Before multiparty elections could be held, however, an April 1992 military coup headed by young officers overthrew Momoh’s government. The young coup leaders, many in their twenties, formed a new ruling body, the National Provisional Ruling Council (NPRC) headed by Captain Valentine Strasser.

During this time, the ongoing conflict in neighboring Liberia played a part in the development of a new threat to stability in Sierra Leone.³⁰ In March 1991, a group calling itself the Revolutionary United Front (RUF) began a rebellion against the Freetown Government. The small band of insurgents consisted primarily of disaffected youth from the criminal cultures spawned in the urban ghettos of Freetown and the mining regions,

²² Ibid p. 80

²³ Ibid.

²⁴ Ibid p. 81

²⁵ Conteh-Morgan p.87

²⁶ Pratt, D. “Sierra Leone: Danger and Opportunity in a Regional Conflict: Report to Canada’s Minister of Foreign Affairs, The Honorable John Manley, P.C., M.P.” July 27, 2001;p.37 available at: www.davidpratt.ca/sleone_e.htm

²⁷ Conteh-Morgan p.122

²⁸ Ibid p. 125

²⁹ Ibid.

³⁰ Ibid p. 127

though a number of university students who had been radicalized by conditions in Sierra Leone and inspired by the revolutionary teachings expressed in Muammar al-Qaddafi's Green Book³¹ also participated. They were led by Foday Sankoh, a former army corporal and photographer who had received military training in Libyan camps.³² From their base in a part of Liberia controlled by Charles Taylor's National Patriotic Front of Liberia (NPFL), the RUF attacked the southeastern region of the country. The NPFL's support for the RUF may have been in response to Sierra Leone's participation in ECOMOG, the West African Regional Peacekeeping Force, which was using Freetown as a staging ground for operations against Taylor in Liberia.³³ Marked by their brutality against civilians and the abduction and forced conscription of children, the RUF raids caused rapid flight by much of the population in the region. In a matter of weeks after the first incursions, the RUF controlled much of Kailahun District in the East³⁴. This period was marked by confusion and brutality as rebels committed attacks while dressed in army uniforms and as disaffected members of the armed forces carried out attacks against civilians, which they blamed on rebels. These soldiers by day, rebels by night became known as "Sobels."³⁵ By late 1992, local militias known as the Civil Defense Force (CDF) or Kamajor (Mende for hunter) sprang up to defend areas against the RUF and the "sobels." Within a year and a half of the first attacks in Sierra Leone, international agencies estimated that at least 400,000 people were displaced within Sierra Leone. Sierra Leonean refugees in neighboring Guinea and Liberia numbered in the hundreds of thousands by the summer of 1992.³⁶

In 1995, with the RUF not far from Freetown, Strasser turned to the South African mercenary (security) firm Executive Outcomes for assistance in pushing the RUF back from their positions.³⁷ Executive Outcomes succeeded in forcing the retreat of the RUF from the Freetown area but were not able to uproot the RUF from their headquarters in Kailahun.³⁸

By 1996, civil society and the donor community placed great public pressure upon the government to hold democratic elections and return the country to civilian rule. Women's groups were especially instrumental in

³¹ Pratt, Sierra Leone: Danger and Opportunity. p.38. The Green Book is Qaddafi's two volume treatise on Islamic socialism published between 1976-1980. See www.encyclopedia.com/articles/10672.html

³² Ibid p.38

³³ Ibid p.38

³⁴ Ibid p.38.

³⁵ Conteh-Morgan p.135

³⁶ Conteh-Morgan pp.128-9

³⁷ Hirsch, J. L., *Sierra Leone: Diamonds and the Struggle for Democracy*, (International Peace Academy Occasional Paper Series), Lynne Rienner Publishers, 2001; p.38

³⁸ Ibid p.39

this campaign.³⁹ In spite of a coup in January in which Strasser was overthrown by his deputy Julius Bio,⁴⁰ popular pressure intensified and democratic elections were held as scheduled in February and March, 1996.⁴¹

In the weeks leading up to the elections, RUF attacks on civilians in areas under RUF control became more violent. The RUF hacked off the limbs and other body parts of men, women and children. The RUF particularly employed the amputation of hands or arms as a method of attempting to discourage others from voting in the elections.⁴² Despite this, the voter turnout was large and the winner of these elections was Ahmed Tejan Kabbah, a former United Nations Development Programme (UNDP) official.⁴³

At the time of the elections, peace talks began between the RUF and the short-lived Bio Government. The Abidjan talks continued after Kabbah took power as did attacks by the RUF and counter attacks by Kamajors and Executive Outcomes.⁴⁴ The Abidjan peace agreement was signed by the RUF and the Government in November of 1996. Shortly thereafter Executive Outcomes was dismissed from the country as required by the agreement.⁴⁵

In May 1997, the Sierra Leone Army (SLA) overthrew Kabbah and formed the Armed Forces Revolutionary Council (AFRC) regime under Major Johnny Paul Koroma.⁴⁶ The AFRC invited the RUF to join in ruling the country. This period was marked by lawlessness, rampant destruction and looting of property, and specific targeting of Kabbah allies.⁴⁷ An estimated 200,000 Sierra Leoneans fled the country in the weeks following the coup. Many of these ended up in refugee camps on the Guinea-Sierra Leone border.⁴⁸ In October 1997, the UN Security Council adopted resolution 1132 which imposed sanctions on the AFRC junta and prohibited the importation of military equipment and petroleum into Sierra Leone. The resolution also placed travel restrictions on AFRC officials and their families.⁴⁹

³⁹ Ibid p.40

⁴⁰ Ibid p.42

⁴¹ See www.Sierra-Leone.org/govt8.html

⁴² Hirsch, John L., *Sierra Leone: Diamonds and the Struggle for Democracy* p.45

⁴³ Ibid p.57

⁴⁴ Pratt p.40

⁴⁵ Peace Agreement between the Government of the Republic of Sierra Leone and the Revolutionary United Front of Sierra Leone, Article 12; Available at: www.sierra-leone.org/abidjanaccord.html

⁴⁶ Pratt, p.40

⁴⁷ Ibid.

⁴⁸ Hirsch, J. L., *Sierra Leone: Diamonds and the Struggle for Democracy* (International Peace Academy Occasional Paper Series), Lynne Rienner Publishers, 2001; pp.59-60

In February 1998, following months of increased CDF and ECOMOG activity against the AFRC/RUF, ECOMOG forces removed the AFRC/ RUF from Freetown in fierce fighting. Many civilians were injured and killed in battles throughout the city. Kabbah was restored to power and returned to Freetown in March from exile in Guinea. The RUF continued to brutally attack civilians and, together with elements of the SLA, to fight the Freetown government, a policy dubbed by the RUF, “Operation No Living Thing.”⁵⁰ By the end of December the rebels were again near Freetown and foreigners began to leave the capital.⁵¹ On January 6, 1999, the RUF and AFRC forces entered the Eastern part of Freetown and unleashed an unprecedented wave of terror upon the population – killing, amputating and raping civilians and setting fire to buildings and vehicles. They were eventually pushed back by ECOMOG. During the invasion and their subsequent withdrawal following the ECOMOG intervention, the rebels committed egregious human rights abuses against the civilian population, killing at least 5,000 civilians, including members of the government and journalists who were singled out, and abducting an estimated 3,000 children.⁵²

The Role of Diamonds in the Conflict

Sierra Leone’s rich diamond resources have largely been fueling the brutal war. Diamonds, primarily alluvial deposits, discovered in 1930, are found in about a third of the country’s territory – mostly in the east and south-east.⁵³ For more than half a century, diamonds have been the leading source of foreign exchange, accounting for between 80% and 90% of export earnings in recent years.⁵⁴ Official exports, however, for 1999 as reported by the US Agency for International Development (USAID) totaled only \$1.5 million, though diamond exports for the first half of 2000 were valued at \$3.45 million.⁵⁵

The Lome Peace Agreement

The attack on Freetown accelerated local and international desire for peace. A cease-fire was brokered by May of 1999 which set the stage for peace negotiations held in Lome, Togo which led to the signing of the

⁴⁹ www.un.org/Docs/scres/1997/9726713E.htm

⁵⁰ Pratt, p.41

⁵¹ Hirsch, p.71

⁵² Pratt, p.41

⁵³ Pratt, p.36

⁵⁴ Ibid.

⁵⁵ Cook, N., *Diamonds and Conflict: Policy Proposals and Background*, Congressional Research Service, November, 2000; p.22.

Lome Peace Agreement in July 1999. The resulting controversial power-sharing agreement between the Government of Sierra Leone and the RUF granted amnesty to all combatants and was widely condemned by human rights organizations.⁵⁶ The UN ultimately added a hand-written caveat to the agreement that stipulated that the amnesty did not apply to war crimes, genocide and crimes against humanity.⁵⁷ The UN subsequently established a UN peacekeeping mission (UNAMSIL) in Sierra Leone with 6,000 troops in October 1999. At the time of this writing, UNAMSIL has grown to be the world's largest peacekeeping force with 16,000 troops.⁵⁸

Despite the signing of the accord and the deployment of UN troops, the AFRC/RUF continued its campaign of terror – abducting, raping, killing, mutilating and destroying the property of civilians in areas under and some outside AFRC/RUF control.⁵⁹ In April and May 2000, more than 500 UN personnel were attacked and held hostage by the RUF. Though several peacekeepers were killed by the RUF, the rest were released in June, following the intervention of Charles Taylor, the announcement of a British government plan for military assistance to the Sierra Leone Government, and the arrest of Foday Sankoh after some protesters were killed by his security guards outside his home in Freetown. Sankoh remains in government custody and is awaiting trial.⁶⁰

In August 2000, upon the request of President Kabbah, the UN Security Council voted to establish a Special Court for Sierra Leone to try those who bear the greatest responsibility for serious violations of humanitarian law committed after the signing of the Abidjan Peace Agreement on November 30, 1996.⁶¹ Other members of the warring parties will be expected to participate in the planned Truth and Reconciliation Commission (TRC).⁶²

From September 2000 to March 2001 the RUF engaged in cross-border attacks into Guinea, causing widespread panic and considerable civilian casualties. The Guinean government retaliated, often indiscriminately attacking villages in Sierra Leone. The fighting caused panic among the

⁵⁶ Peace Agreement between the Government of Sierra Leone and the Revolutionary United Front of Sierra Leone, 7 July 1999; Available at www.sierra-leone.org/lomeaccord.html.

⁵⁷ Pratt p. 42. Conversation with Corinne Dufka, Sierra Leone Researcher, Human Rights Watch.

⁵⁸ Pratt, p.10

⁵⁹ Human Rights Watch, *Getting Away with Murder, Mutilation, Rape: New Testimony from Sierra Leone*, July 1999, Vol. II. No. 31 (A). Available at:

www.hrw.org/reports/1999/sierra/; Human Rights Watch, *Fresh Reports of RUF Terror Tactics*, May 26, 2000; Amnesty International, Sierra Leone. *Rape and other forms of sexual violence against women and girls*, June 29, 2000; p. 2.

⁶⁰ Pratt p.42.

⁶¹ Pratt, p. 28.

⁶² See Chapter V.

400,000 refugees largely living in camps near the border, prompting tens of thousands to flee back into Sierra Leone. While fighting continued in Guinea in 2001, the RUF had largely been observing a cease-fire since November 2000 and in May 2001 an agreement to cease hostilities was signed between the RUF and CDF. Though isolated acts of violence against civilians by both sides have been documented as recently as July 2001, at the time of this writing, UN troops were deployed in much of the country and the disarmament of RUF and CDF fighters had resumed. On September 17, 2001, UNAMSIL peacekeepers deployed to the diamond rich region of Tongo, opening the area to humanitarian assistance.⁶³ The following day, the UN Security Council extended UNAMSIL's mandate until March 31, 2002.⁶⁴

In 2000, the UN Security Council enacted sanctions against the conflict diamond trade, barring the import of Sierra Leonean diamonds into UN member states for 18 months, except those certified by a newly established Government of Sierra Leone system.⁶⁵ The US, UK, Belgium and Israel assisted the Government of Sierra Leone in developing a new and more effective diamond trade policy with the aim that diamonds can once again promote prosperity rather than violence in the country.

Of even greater importance in terms of immediate impact on the ground is that on May 7, 2001, the UN Security Council voted to enact sanctions against Liberia, which included both a ban on travel by government officials and on the importation of diamonds from Liberia. Until these sanctions were enacted Liberia had been exporting many more times its annual mining capacity in what is believed to have been stones of Sierra Leonean, Angolan and Congolese origin. Both Liberia and Burkina Faso were implicated in transferring arms and ammunition through their territories and trading diamonds from rebel-held areas, according to a report by a UN Panel of Experts published in December 2000.⁶⁶ As part of the continuing diplomatic pressure particularly on Liberia for its role in the Sierra Leone conflict, approximately \$50 million in aid from the European Union was suspended.

Through the work of several non-profit organizations, namely Partnership Africa Canada and Global Witness, the role of diamonds in supporting conflict and the complicity of national leaders such as Liberia's Charles Taylor have been revealed to the world, forcing a multi-sectoral response.

⁶³ USAID, BHR, OFDA, *Humanitarian Situation Report #1* (FY 2002), October 3, 2001.

⁶⁴ *Ibid.*

⁶⁵ A diamond certification system was established in Sierra Leone in October, 2000 and the UN Security Council removed sanctions on government certified diamonds. (AI 9/7/01)

⁶⁶ Report of the Panel of Experts Appointed Pursuant to Security Council Resolution 1306 (2000), Paragraph 9, in relation to Sierra Leone. Available at www.un.org/Depts/dpko/dpko/1195.pdf

Industry leaders, importing and exporting countries, NGOs and UN agencies are now working together to create a global system of controls⁶⁷ which would require the registration, identification and monitoring of international shipments in order to shut illicit diamonds out of the market place and cut off revenues to insurgents.⁶⁸ In late 2001, The Campaign to Eliminate Conflict Diamonds,⁶⁹ an umbrella organization of groups concerned about the issue, co-chaired by PHR, worked closely with the US Congress to pass legislation in the House of Representatives that imposes trade sanctions against diamond-exporting countries that have not put in place comprehensive controls to eliminate the trade in conflict diamonds. The legislation, called the Clean Diamonds Trade Act, is supported by the World Diamond Council.⁷⁰ The United States represents approximately 65% of the retail market for gem quality diamonds.

While recent developments in Sierra Leone offer hope that combatants may finally lay down their arms, lasting peace will not be achieved until UNAMSIL and the Government of Sierra Leone have taken full control of the highly contested diamond areas of Tongo Field and Kono from the RUF and the CDF.⁷¹

Presidential elections are scheduled for May 14, 2002, and are expected to take place if the cease-fire continues to hold and rebels and the CDF are fully disarmed.

Demobilization Effort

One critical aspect of the transition from war to peace is demobilization of combatants. A Demobilization, Disarmament and Reintegration (DDR) program was begun with the assistance of the international community in 1998. Prior to the virtual halt of the DDR effort following the RUF attack

⁶⁷ This effort to develop an international certification system, known as the Kimberley Process, was initiated because of the recognition by the international community of the link between diamonds and human rights abuses, particularly the case of Sierra Leone and the RUF. (Amnesty International, "Sierra Leone Diamonds: International Certification System Essential to Help End Killings, Abductions and Torture of Civilians." 9/17/2001)

⁶⁸ As noted by Nicholas Cook in the November 2000 CRS Report to Congress, *Diamonds and Conflict: Policy Proposals and Background*, (see note 67) "diamonds are a highly fungible, concentrated form of wealth, and the legitimate global diamond industry is historically insular and self-regulating."

⁶⁹ www.endconflictdiamonds.org

⁷⁰ The Clean Diamonds Trade Act prohibits the import of diamonds into the United States unless the exporting country is implementing a system of controls on the export or import of rough diamonds that meets specified requirements, consistent with United Nations General Assembly Resolution 55/56 adopted on December 1, 2000, or a future forth both civil and criminal penalties for violations of the requirements of this Act.

⁷¹ Progress in this regard includes the deployment of UNAMSIL forces in the diamond areas as well as an agreement between the Government of Sierra Leone, the UN and the RUF to ban mining in Eastern Kono district. (AI 9/7/01)

on peacekeepers and defacto withdrawal from the Lome agreement in May, 2000, nearly 25,000 ex-combatants of an estimated 45,000 had disarmed and entered the demobilization process.⁷² While it is likely that many previously demobilized combatants rearmed after the May 2000 incident, more than 30,000 fighters have handed over their weapons and 3,000 more children have been turned over to the UN since the most recent cessation of hostilities in May 2001.⁷³ The current climate suggests peace may be within reach, however, the sustainability of peace largely depends on the effectiveness of the demobilization effort.

DDR, managed by the government of Sierra Leone and supported by a World Bank trust fund, was designed not only to remove weapons from the hands of former combatants, but to provide a bridge to civilian life, a process which was intended to include medical, psycho-social, educational and financial support to jump-start a new society after years of armed conflict.⁷⁴ With a surge in disarmaments since the May 2001 cease-fire and concern about the security implications of keeping large numbers of former fighters in close quarters with little to occupy them, the revised approach seeks to encamp fighters for only two weeks.⁷⁵

Physicians for Human Rights is concerned about releasing former fighters before they have received human rights training, including education about sexual violence, as well as other reintegration support. Thousands of ex-combatants are now returning to the very communities where they may have committed violent acts. Furthermore, the World Bank Trust Fund, which has been supporting DDR does not have sufficient funds for the reintegration portion of the process.⁷⁶ The successful reintegration of former combatants is vital to the long-term security of the country as well as the immediate security of the communities and families to which they will be returning.

Status of Women in Sierra Leone

The basic human rights enshrined in many international and regional instruments, such as the Universal Declaration of Human Rights and the African Charter on Human and People's Rights are found in the 1991 Sierra Leone

⁷² UNOCHA, Sierra Leone Humanitarian Situation Report, May 29, 2001. available at: www.reliefweb.int/w/Rwb.nsf/s/4A58557840970841C1256A5C0050441B

⁷³ Pratt, p.21; Also conversation with Corinne Dufka, Human Rights Watch

⁷⁴ PHR interview with Florian Fichtl of the World Bank, Freetown, March 2001.

⁷⁵ PHR telephone interview with Richard Bennett of UNAMSIL, August, 2001.

⁷⁶ UNOCHA, Sierra Leone Humanitarian Situation Report, May 29, 2001. Available at: www.reliefweb.int/w/Rwb.nsf/s/4A58557840970841C1256A5C0050441B

⁷⁷ The Constitution of Sierra Leone (1991) Chapter III — The Recognition and Protection of Fundamental Human Rights and Freedoms of the Individual. Available at: www.sierra-leone.org/constitution-iii.html

Constitution, Chapter 3, Sections 15-30, which provides for the equal rights of women.⁷⁷ Sierra Leone also ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1988.⁷⁸ Though the constitution states that no law should discriminate against any person because of his/her gender, in practice women face structural discrimination under all three types of law which coexist in Sierra Leone – English, Islamic, and Customary Law.⁷⁹ The effects of discriminatory inheritance practices are particularly devastating to women and children, especially during armed conflict which has produced many war widows. It should be noted that Sierra Leone's criminal justice system remains largely dysfunctional due to a lack of financial and human resources.

While high levels of war-related sexual violence have been documented by the PHR study and by other organizations documenting human rights abuses, evidence also suggests that domestic violence against women and children is common, though it is not generally recognized as a societal problem.⁸⁰ Nearly 67% of urban women interviewed for a survey on AIDS knowledge, practices and behaviors revealed that they had been beaten by an intimate male partner, and over 50% reported being forced to have sexual intercourse.⁸¹ In almost 90% of these cases, a boyfriend or husband was identified as the perpetrator.⁸² The police are generally unlikely to intervene in domestic disputes except in cases resulting in severe injury or death.⁸³ And though rape is a crime under Sierra Leonean law,⁸⁴ historically, the response of the Sierra Leone Police and judiciary to reports of

⁷⁸ Ratified: November 11, 1988. Sierra Leone's initial and second and third periodic reports were due December 11, 1989, 1993 and 1997 respectively.

⁷⁹ According to Abdul Tejan-Cole of the Sierra Leone Bar Association, under English Law, the husband inherits all his wife's property if she dies, whereas the wife only inherits one-third of her husband's property if he dies, the remainder going to the children. Under Islamic Law, the wife inherits the estate of her deceased husband, but is not permitted to administer it – that responsibility falling to the husband's eldest brother. Under Customary Law, the wife is part of the property inherited by the eldest brother. By law women receive little or no child support after divorce or for children born out of wedlock. In Freetown, however, women can inherit property; upcountry they can not.

⁸⁰ PHR interview with Zainab Bangura and Christiana Solomon of the Campaign for Good Governance, March 2000, Freetown, Sierra Leone.

⁸¹ Coker, A.L. & Richeter, D.L., "Violence Against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse," *African Journal of Reproductive Health*, 1998; 2(1).

⁸² *Ibid* p.61.

⁸³ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*, Bureau of Democracy, Human Rights, and Labor, 2001; p. 8.

⁸⁴ Thompson, B., *The Criminal Law of Sierra Leone*, University Press of America, 1999; pp.68-72.

⁸⁵ PHR Interview with Zainab Bangura, Campaign for Good Governance, Freetown, March 2000.

rape has been minimal.⁸⁵ In fact, the first successful prosecution of a rape case in Sierra Leone did not occur until 1999.⁸⁶ Rape cases are not made a priority and are generally not handled professionally due to improper/insufficient training, lack of means, and structural discrimination against women resulting in a lack of understanding that rape is a serious crime. In response to this problem, the Commonwealth Police have recently established a number of centers called Family Support Units to educate police on sexual and domestic violence, receive rape victims, ensure proper forensic testing has been done assist in processing their cases and to reach out to the community.

Human Rights Abuses During the War

All armed groups involved in the war have committed a range of serious human rights abuses against the civilian population, other groups, and members of their own groups including: extra judicial killing or summary execution, sexual violence including rape, abduction, amputation, destruction of property, disappearance, torture, violations of humanitarian law and forced labor. The crimes committed by rebel forces have been of a particularly heinous nature. In addition to the practice of amputation of limbs and other body parts of men, women and even infants, there are reports of pregnant women disemboweled, and women and children raped and made to witness torture and murder of relatives and neighbors. More recently, since the November 2000 cease-fire between the government and the RUF, rebel abuses have apparently been on the decline.⁸⁷

Despite this, several serious incidents involving multiple civilian deaths including women and children were reported by Human Rights Watch as recently as July 2001.⁸⁸ Based on interviews with victims and witnesses, Human Rights Watch reported that attacks by the CDF militias in June and July against then RUF-controlled towns resulted in the killing of least twenty-four civilians, and the wounding of another nineteen.

Rebel Abuses

In recent years RUF rebels, the ex-SLA/AFRC and an ex-SLA splinter group called the West Side Boys have reportedly committed widespread abuses, including killings, abductions, deliberate mutilations, and rape. Rebel forces also abducted civilians, missionaries, aid workers from non-governmental organizations (NGOs), and UN personnel; ambushed humanitarian relief convoys; raided refugee sites; and extorted and stole

⁸⁶ Ibid.

⁸⁷ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*, Bureau of Democracy, Human Rights, and Labor, 2001; pp. 2-11.

⁸⁸ Human Rights Watch, *Sierra Leone: Most Serious Attacks in Months; UN Peacekeepers Needed to Protect Civilians*, July 24, 2001.

food. The RUF forces continued their long-standing practice of abducting civilians (including women and children) and using them as forced laborers, child soldiers, and sexual slaves.

Since the Lome agreement was signed, there are reports that the RUF have committed numerous abuses including rape, the execution of civilians and peace keepers, and execution of their own, allegedly for committing rapes.⁸⁹ Mostly rebel atrocities but also government allied jet and helicopter gun ships prompted the internal displacement of hundreds of thousands, if not millions, of civilians over the past several years.⁹⁰

The extent of the rebel's signature mutilations reportedly declined in 2000 and 2001. Thousands of individuals, including children as young as 2 months, had their limbs severed during the conflict, and many more died as result of their wounds. It has been estimated that for every one amputee that survived, three perished from shock, infection and loss of blood because they were not able to obtain medical care.⁹¹

Abduction has been one of the methods of recruitment used by the RUF.⁹² The UN estimates the number of men, women and children abducted by rebel forces from 1991-1999 to be approximately 20,000.⁹³ The RUF has also abducted aid workers, and has taken UNAMSIL peace-keepers hostage on several occasions.

Throughout the war rebel forces have invaded, looted and burned private and public property. These destructive actions have played an instrumental role in the terror campaign against civilians – often resulting in the evacuation of whole towns and villages on the first signs that rebels were approaching. The rebels have also looted belongings, crops, animals, medicines and cash for their own use.

Child Soldiers

It has been estimated that at any time during the conflict at least 5,000 children fought alongside adults, the majority with the RUF, which created “Small Boy Units” and “Small Girl Units” and sent them into combat.⁹⁴

⁸⁹ Interview with Corinne Dufka of Human Rights Watch in Freetown, January 2001. Human Rights Watch, *Sexual Violence Within the Sierra Leone Conflict*, Human Rights Watch, February 26, 2001

⁹⁰ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*, pp. 1-2.

⁹¹ *Ibid*, p. 4

⁹² Coalition to Stop the Use of Child Soldiers *Sierra Leone: Child Soldiers Global Report 2001*, 2001. Available at: www.child-soldiers.org/report2001/countries/sierra_leone.html

⁹³ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*; p 3.

⁹⁴ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*, Bureau of Democracy, Human Rights, and Labor, February 2001; p. 9.

Children were frequently plied with a range of narcotics and forced to commit atrocities, even against their families and communities. Many children who were abducted had “RUF” permanently engraved on their skin with a knife or bayonet, often in places where it is difficult to cover up the markings.⁹⁵

Sierra Leone ratified the Convention on the Rights of the Child in 1990, which prohibits the recruitment of children under fifteen as combatants, and more recently has made repeated commitments to demobilize those under eighteen.⁹⁶ Sierra Leone has also ratified the Optional Protocol to the CRC on the involvement of children in armed conflicts.⁹⁷ In May 2000, however, approximately 25% of combatants fighting with government forces near Masiaka were observed to be under eighteen, and some as young as seven.⁹⁸

Abuses by Government Forces and Their Allies

Evidence suggests and the PHR survey confirms that rebel forces committed the vast majority of abuses against civilians. However, government forces committed serious violations as well. There were reports that government and ECOMOG forces operating in support of the government committed extra judicial killings and summarily executed suspected rebels and their collaborators, particularly in the wake of the rebel occupation of Freetown.⁹⁹ There appear to have been fewer reports of human rights violations involving the SLA since the latter half of 2000, most likely due to training and reorganization.¹⁰⁰

Abuses by the Civil Defense Forces (CDF)

The Government affiliated Civil Defense Forces also committed human rights abuses according to reports. While the number of abuses perpe-

⁹⁵ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*, p. 4; Even once healed, the markings are a daily reminder of their trauma and may lead to stigmatization and/or retribution. The Council of Churches of Sierra Leone, a local human rights organization told PHR about one boy interviewed by the organization who was captured by ECOMOG with five of his child-soldier colleagues in February/March 1999. The boy escaped, but not before witnessing the immediate execution of his friends by ECOMOG reportedly because they had “RUF” engraved on their skin.

⁹⁶ Amnesty International, *Sierra Leone: Action Needed to End Use of Child Combatants*, 2001

⁹⁷ Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts. Available at: www.unhchr.ch/html/menu2/6/protocolchild.htm

⁹⁸ Amnesty International, *Report 2001, Sierra Leone*, p. 5. ; www.un.org/special-rep/children-armed-conflict/index.html

⁹⁹ Human Rights Watch, *Getting Away with Murder, Mutilation, Rape: New Testimony from Sierra Leone*, 1999. US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*; p 2.

¹⁰⁰ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*, p. 4.

trated by other groups appeared to have decreased in the later part of 2000 and early in 2001, violations by CDF seemed to have risen during the same period,¹⁰¹ including reports of rape by CDF, which in past years had not been reported to have engaged in rape.¹⁰² In June and July 2001 pro-government militias reportedly attacked RUF-controlled towns killing at least 24 civilians, most of whom were women and children.¹⁰³ There are reports that the CDF also continued to recruit child soldiers in spite of promises to halt the practice. Like the other groups, the CDF have manned unofficial roadblocks and routinely extorted money from travelers. The CDF have also arrested and detained suspects illegally.¹⁰⁴

The Humanitarian Situation

The complex humanitarian emergency, a product of the war, exacerbated the already grim quality of life experienced by most of the population in Sierra Leone. In 2001 Sierra Leone was the least developed country in the world according to the United Nations Human Development Index.¹⁰⁵ A Sierra Leonean's average life expectancy of 38.3 years is the lowest in the world, and the under-five mortality rate is the highest in the world; nearly one third of children in Sierra Leone die before their fifth birthday.¹⁰⁶ Sixty-eight percent of adults are illiterate, 36% do not have access to health care, 34% do not have access to clean water, and the average per capita annual income is \$448.¹⁰⁷ Twelve percent of children aged 0-14 have one or both parents dead.¹⁰⁸ For the majority of people in the country, life is consumed by the challenge of survival, which is threatened not only by violence but by disease, malnutrition,¹⁰⁹ and the limited availability of basic services. Sierra Leoneans live not only with the consequences of extreme poverty, but with the profound insecurity that exists in a society

¹⁰¹ Human Rights Watch, *Recent Abuses Documented by Human Rights Watch*, November 30, 2000.

¹⁰² US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*; p 4.

¹⁰³ Human Rights Watch, *Sexual Violence within the Sierra Leone Conflict*, February 26, 2001.

¹⁰⁴ US Department of State, *Sierra Leone, Country Reports on Human Rights Practices – 2000*; p 4.

¹⁰⁵ UNDP, *Human Development Report 2001* available at www.undp.org/hdr2001/back.pdf

¹⁰⁶ UNICEF, *State of the World's Children*, UNICEF 2000.

¹⁰⁷ UNDP, *Human Development Report 2001*. Figures are for 1999.

¹⁰⁸ The Government of Sierra Leone, *Survey Report on the Status of Women and Children in Sierra Leone at the End of the Decade*, November, 2000; p. 13.

¹⁰⁹ Twenty-seven percent of children under five are underweight or too thin for their age, according to the Government of Sierra Leone *Survey Report on the Status of Women and Children in Sierra Leone at the End of the Decade*, November, 2000.

where the infrastructure and rule of law have virtually collapsed and there seems to be little hope for the future in terms of work and education opportunities. The humanitarian assistance community has an enormous task providing aid to the displaced and other war-affected peoples and beginning to rebuild the country, particularly in the areas of housing, health care, and education.

Refugees and Internally Displaced Persons

Mass displacement has been a defining characteristic of the crisis in Sierra Leone. At the height of the hostilities, more than 3,000 communities¹¹⁰ were destroyed resulting in the flight from their homes of nearly half the country's population. Many have experienced displacement more than once. At the time of writing it is estimated that more than one million, approximately a quarter of the population, are either displaced internally or have fled to neighboring countries to escape the conflict.¹¹¹ An estimated 75,000 refugees had been repatriated by UNHCR to Sierra Leone and had returned independently by ship and foot since the beginning of 2001 as a result of the declining security situation in Liberia and Guinea. As many as 500,000, however, remained in camps in Guinea, as well as in the Gambia, Ghana and the Côte D'Ivoire.¹¹² As the numbers of returnees grow, particularly in Freetown where IDP camps are already over capacity, the government of Sierra Leone and relief agencies are making efforts to relocate them to host communities in areas deemed secure.

The official caseload of internally displaced persons (IDPs) is over 400,000 at the time of this writing.¹¹³ An estimated 170,000 people reside in eighteen official IDP camps, and thousands more are living with host communities primarily in the Port Loko and Tonkolili districts. The UN's Office for the Coordination of Humanitarian Assistance (OCHA) estimates that an additional one million Sierra Leoneans are internally displaced and absorbed into host communities where they are not receiving any humanitarian relief.¹¹⁴ At least 55% of the refugee and displaced populations are estimated to be women and girls.¹¹⁵

Most of the camps in Sierra Leone were constructed as temporary measures to address the immediate shelter needs of the displaced population.

¹¹⁰ United Nations Consolidated Inter-Agency Appeal for Sierra Leone, 2000, p. 117.

¹¹¹ Global IDP Database, Sierra Leone Profile Summary. Available at: www.idpproject.org/Sites/idpSurvey.nsf/wViewSingleEnv/Sierra+LeoneProfile+Summary

¹¹² USAID, BHR, OFDA, *Humanitarian Situation Report #1* (FY 2002), October 3, 2001.

¹¹³ Pratt. p.23

¹¹⁴ Global IDP Database www.idpproject.org/Sites/idpSurvey.nsf/wViewSingleEnv/Sierra+LeoneProfile+Summary

¹¹⁵ UNOCHA Database - Sierra Leone: UN Office for the Coordination for Humanitarian Affairs. Updated February, 2001

They have, however, since been used as long-term housing and issues of space, sanitation, durability and management exist. The breakdown of the peace process in May 2000 not only prevented the resettlement of most IDPs, but led to additional internal displacements of people fleeing fighting, which overwhelmed already inadequate facilities.

The camps are generally crowded and unsanitary and most IDPs interviewed by PHR desperately want to return home. The return of the displaced to their home communities, many of which have been occupied by rebels for years, may, however, pose an even greater challenge to the government of Sierra Leone and humanitarian relief agencies. Sierra Leone's fragile and limited infrastructure may be unable to absorb an influx of refugees from unstable areas in Liberia and Guinea. This difficulty may be exacerbated by the voluntary resettlement of IDPs as the peace process moves forward and areas of the country are secured. The National Committee for Relief, Reconstruction and Rehabilitation (NCRRR) which is providing those who return home with seeds, tools and other essential household items, had reached only 77 of 149 chiefdoms before the end of the planting season in May, 2001.¹¹⁶ So whether the displaced return home or remain in camps, the need for food aid will remain high. Massive reconstruction of shelter and education and health facilities must also be a top priority.¹¹⁷

Extension of state authority into the provinces – crucial in order to undertake and sustain programs in key sectors – has been hampered by the military, political and economic situation. Government capacity to deliver basic services continues to be limited and civil administration in areas under RUF control was virtually obliterated. Health and development indicators point to particularly dire conditions in the North.¹¹⁸ The current needs for displaced populations, the host communities and resettlement far exceed the existing capacity at all levels.¹¹⁹

Health Care Delivery

The health sector, which was already weak prior to the war, has been further compromised during ten years of conflict. It is ill equipped to serve a large number of returning IDPs and refugees. Hospitals and health clinics were systematically looted and destroyed over the past 10 years. Though some district hospitals are now open including Kenema, Port Loko, Lungi and Kabala, they are not operating at full capacity and the percentage of

¹¹⁶ Pratt p.23

¹¹⁷ Mid-Year review of the 2001 UN Consolidated Inter-Agency Appeal for Sierra Leone

¹¹⁸ The Government of Sierra Leone, *Survey Report on the Status of Women and Children in Sierra Leone at the End of the Decade*, November, 2000; p.51.

¹¹⁹ Mid-Year review of the 2001 UN Consolidated Inter-Agency Appeal for Sierra Leone.

functioning peripheral health units (PHU) that provide primary care is very low.¹²⁰ Other factors contributing to reduced health standards are a decrease in number of health-care providers due to death and displacement, limited access to drugs and equipment, and referral services which are inaccessible and/or unaffordable to local populations.¹²¹ Efforts to address public health issues are also hampered by a dearth of reliable statistics.

Maternal and Child Care

The continuing political and military turmoil has had a particularly devastating impact on those most vulnerable to poverty and disease – women and children. Sierra Leone’s maternal mortality rate is the highest in the world. It has been estimated that one in seven women will die from complications related to childbirth.¹²² The inability of women to access health services is largely due to their unavailability, but also a problem of access and affordability. Much of the population today is so poor that they cannot pay even small fees that are now required.¹²³ In spite of the obstacles, it has been reported that 85% of women in Sierra Leone receive some form of prenatal care, and antenatal care from a health care provider with specialized skills.¹²⁴ A recent government survey found that 42% of births were attended by a doctor, nurse or midwife, though only 22% of births in the North received specialized assistance.¹²⁵

¹²⁰ For example, Connaught Hospital in Freetown, the country’s largest hospital had no laundry and food service and was in desperate need of medical equipment, qualified staff, plumbing and telephones when PHR visited in March, 2000. Princess Christian Medical Hospital (PCMH), a maternity hospital in the eastern part of Freetown suffers from years of neglect in the form of puddles, peeling paint and a lack of general daily medical consumables. A survey conducted in 2000 revealed that only 237 PHUs, out of a total of 730 pre-war facilities were operating. Each functioning facility is technically servicing 25,000 people, far higher than the recommended standards for effective primary health care delivery. UNICEF is supporting the PHUs, while WHO is working to improve the district hospitals which act as referral centers – and they are working together to meet the emergency

¹²¹ For example, the ICRC clinic at the Clay Factory IDP camp sees patient and may prescribe drugs, however many cannot afford to have their prescriptions filled or they are referred to Connaught Hospital for surgery, but they cannot afford it, so the problem goes untreated. Many people have no idea where to go for treatment.

¹²² Rada Petrovic, “Most Natural Thing in the World,” in *Birth Matters*, Marie Stopes International p. 8.

¹²³ *Ibid.*

¹²⁴ The Government of Sierra Leone, *Survey Report on the Status of Women and Children in Sierra Leone at the End of the Decade* (Central Statistics office, Ministry of Development and Economic Planning), November 2000; p. 13.

¹²⁵ *Ibid.*

Mental Health Care

The Kissy mental hospital in Freetown, the only hospital providing mental health care in the country, is managed by the only Sierra Leonean psychiatrist in the country. Due to limited resources and other constraints the hospital has been more a refuge for the mentally ill who have nowhere else to go for mental health services. Though they should be more widely available and better coordinated and regulated, anecdotal evidence suggests existing psychosocial services provided almost exclusively by NGOs are proving to be very valuable in some IDP camps in larger towns such as Freetown and Kenema. Recently, the World Health Organization (WHO) has begun to assist the government of Sierra Leone in coordinating their mental health response to the crisis.

HIV/AIDS

HIV/AIDS will likely be one of the greatest challenges facing the country in the post-war period. As suggested by a recent Sierra Leone government report,¹²⁶ there is a lack of information and knowledge about HIV/AIDS among women in Sierra Leone. For example, overall, only 54% of women aged 15-49 had heard of AIDS. Of these, 21% correctly stated three main ways of avoiding HIV infection; 9% knew where to get an HIV test and 2% had been tested. Given the dearth of testing facilities and health services in the areas we surveyed, the PHR/UNAMSIL team felt it would be unethical to raise concern about HIV/AIDS in our population-based survey activities. However, women reporting sexual violence were asked several open-ended questions including one¹²⁷ geared towards health concerns. Several women used this opportunity to raise concerns about AIDS (see Chapter IV).

The exact prevalence rate of HIV infection in Sierra Leone is not known. Although UNAIDS lists the adult prevalence rate as 2.99%, the estimates of those actually living with AIDS vary greatly.¹²⁸ UNAIDS's 2000 report¹²⁹ states that "scant information on HIV prevalence is available for Sierra Leone."¹³⁰ A recent analysis conducted on behalf of the WHO attributed the lack of information to "the fact that no statistically

¹²⁶ Government of Sierra Leone, *Survey report on the Status of Women and Children* November 2000

¹²⁷ See Appendix A.

¹²⁸ www.unaids.org/epidemic_update/report/Final_Table_Eng_Xcel.xls

¹²⁹ www.unaids.org/hivaidinfo/statistics/june00/fact_sheets/pdfs/sierraleo.pdf

¹³⁰ *Ibid.*, p.3

¹³¹ World Health Organization, *HIV/AIDS in Sierra Leone: The Future at Stake*, December 2000

¹³² www.unaids.org/hivaidinfo/statistics/june00/fact_sheets/pdfs/sierraleo.pdf p.3

valid national epidemiological survey has been undertaken in Sierra Leone due to the prolonged civil conflict.”¹³¹

Smaller studies conducted at antenatal clinics and among high risk groups such as the armed forces cited by UNAIDS¹³² and in the recent WHO analysis¹³³ suggest that the prevalence rate is probably higher than the official UNAIDS figure. This likelihood is supported by several aspects of the situation in Sierra Leone, including those documented by PHR.

One key factor that suggests that HIV prevalence is higher than reported by UNAIDS is the long-term conflict and the corresponding population displacement and human rights abuses. Data from Rwanda indicate that “wars and armed conflicts generate fertile conditions for the spread of HIV.”¹³⁴ These conditions include conflict related rape which was reported as a factor in increasing the HIV prevalence in Rwanda,¹³⁵ and which PHR documents to have affected 9% of internally displaced women in Sierra Leone. The nature of the rapes documented in this report also suggests that these are likely to contribute to the spread of HIV; about a third of those reporting sexual violence reported experiencing gang rape and the mean number of attackers reported for those experiencing sexual violence was 3.2. Abduction, reported by a third of women reporting sexual violence, is also likely to contribute to the spread of HIV when associated with repeated rapes over a period of time of a month or longer. Thirty-nine percent of respondents reported that the sexual violence lasted for more than one week. HIV prevalence among combatants is an important factor in determining HIV rates. This is especially true for rates of infection among the RUF, since 53% of participants in the PHR survey who reported face-to-face contact with RUF also reported sexual violence.

Other factors that are likely to contribute to the prevalence of HIV in Sierra Leone relate to devastated health and education infrastructures of the country and include: the lack of materials necessary for prevention and treatment, the lack of availability of testing and counseling, and the absence of a coordinated comprehensive government policy to address HIV/AIDS including the absence of a policy on confidentiality of test results. According to a recent analysis of government response to HIV/AIDS in Sierra Leone, the country’s “National AIDS Control Programme remains weak and largely ineffective...there is no national policy or strategic plan to deal with the epidemic in any comprehensive way.”¹³⁶

¹³³ World Health Organization HIV/AIDS in Sierra Leone

¹³⁴ UNAIDS, *AIDS epidemic Update: December 1998* p.12 www.unaids.org/publications/documents/epidemiology/surveillance/wad1998/wadrp98e.doc

¹³⁵ *Ibid* p.12

¹³⁶ WHO, *HIV/AIDS in Sierra Leone*

¹³⁷ *Ibid* p.17

The issue appears to be one of lack of capacity and management as well as of financial resources.¹³⁷

Whatever the reason for the lack of effective government response, the pattern of HIV infection in other countries demonstrates that once the adult rate of infection passes 5%, the infection spreads exponentially – sometimes as swiftly as 50% per year.¹³⁸ If, as limited data suggest, the prevalence rates in Sierra Leone are significantly above that level, the country could potentially reach South Africa’s prevalence rate of over 20% within 10 years if an effective HIV/AIDS control program is not established.¹³⁹

Education

Although the Government of Sierra Leone is committed to improving children’s education and welfare generally, and girls and boys are legally required to attend primary school, the government lacks the financial and practical capacity to provide basic education and other services for children, particularly in areas that have been under rebel control.¹⁴⁰ An estimated 70% of schools were destroyed during the fighting and rampant looting has left most facilities still standing without teaching materials and furniture.¹⁴¹ Additionally, school fees and/or the cost of uniforms and books are prohibitive for many.¹⁴² As a result, a large percentage of children are currently receiving no formal education, or have missed many years of school.¹⁴³ Furthermore, reentry into the educational system is proving to be a challenge for those whose schooling was disrupted by displacement or who suffered psychological trauma. Many children feel they are too old to return to the level where they left off and feel pressure to

¹³⁸ Ibid p. 11 citing a World Bank document.

¹³⁹ Ibid.

¹⁴⁰ According to a Government of Sierra Leone Survey Report on the Status of Women and Children in Sierra Leone at the End of the Decade, released in November 2000, 42% of primary school age children are attending school, though attendance levels in the North and East are markedly lower at 28% and 35% respectively.

¹⁴¹ Global IDP Database, “Sierra Leone: Widespread Destruction of Schools in 1997 and 1999,” www.db.idpproject.org

¹⁴² Global IDP Database, “Sierra Leone: Combination of Factors Discourage Displaced Children from Attending School (2000),” www.db.idpproject.org

¹⁴³ Ibid.

¹⁴⁴ Global IDP Database, “Sierra Leone: Combination of Factors Discourage Displaced Children from Attending School (2000),” www.db.idpproject.org; Interview with Glenis Taylor of UNICEF; UNICEF recognizes the vital role of education in normalizing the lives of psychologically traumatized children and is particularly focused on ensuring that girls return to school. UNICEF has proposed working to improve access to formal primary education, but also to advocate for the development of specialized programs for displaced populations and for over-age children to complete primary education in accelerated learning programs, which would also include psychological counseling and peace building.

earn income to help rebuild the lives of their families. Others now must take on the responsibility of breadwinner due to the death of parents or pregnancy resulting from rape.¹⁴⁴

The Ministry of Social Welfare, Gender and Children's Affairs has primary responsibility for children's issues within the government and has been working actively with UNICEF and civil society to provide services and normalize conditions for children as a way to address the trauma so many of them have suffered.

Impact of War on Women

The impact of war on civilians has increased substantially in the past century. In World War I, approximately 5% of casualties were civilians, whereas in the 1990s it is estimated that 80% of war casualties were civilians, many of whom are women and children. Women and children also constitute the majority of the world's displaced and refugee populations.¹⁴⁵ This dramatic increase in the impact of conflict on civilians is likely due to the changing nature of conflict itself. Most conflicts today occur within a state's borders and are often characterized by deliberate and systematic violence against civilians and civilian institutions. Of 101 armed conflicts around the world between 1989 and 1996, 95 were internal disputes characterized by the use of light weapons and small decentralized fighting groups. These conflicts have devastating consequences for civilians.

Although rape is thought to be a common aspect of military conflict throughout history and in all regions of the world, rape, until recently, remained the "least condemned war crime,"¹⁴⁶ not because of inadequate legal provisions, but because of the international community's willingness in the past to tolerate sexual abuse of women and girls.¹⁴⁷ There had been little or no research on the scale of sexual violence, the factors that provoke it, or how to mitigate the problem.¹⁴⁸ Perhaps even less is known about how women recover after the trauma of rape in war and about the impact of rape on their communities.¹⁴⁹ Documenting sexual violence, already difficult during peacetime, is even more challenging during conflict when lack of ordinary support systems, general instability and collat-

¹⁴⁵ Worldwide Refugee Information, US Committee for Refugees, www.refugees.org/articles/women_refugees.htm

¹⁴⁶ Commission on Human Rights, *Preliminary report submitted by the Special Rapporteur on Violence Against Women, its Causes and Consequences*. United Nations, 1994; p.64.

¹⁴⁷ Human Rights Watch, *Shattered Lives: Sexual Violence during the Rwandan Genocide and its Aftermath*, 1996.

¹⁴⁸ Swiss S., Giller J.E., "Rape as a Crime of War: A Medical Perspective," *JAMA*. 1993; 270:612-615

¹⁴⁹ *Ibid*, p.2

¹⁵⁰ *Ibid*

eral trauma further discourage disclosure. Despite this, persistent efforts to do so are increasingly forcing the issue into the light.¹⁵⁰

According to the International Committee of the Red Cross (ICRC), “Rape, forced prostitution, sexual slavery and forced impregnation are all criminal means and methods of warfare that have attracted more attention in the recent years because of the widespread reporting of such acts in recent conflicts.”¹⁵¹ The wars in Rwanda and the former Yugoslavia focused attention on the use of rape as a deliberate strategy to undermine community bonds and weaken resistance to aggression.¹⁵² In fact, the use of sexual violence as a weapon of war and the devastating effects it typically has on communities reflects a profound and disturbing perspective on the dignity and worth of women and girls—that a woman’s dignity and worth can be reduced to her sexual purity and serve as a measure of family and community honor.¹⁵³ The recent convictions handed down by the ad-hoc tribunals for Rwanda and Yugoslavia on rape as a war crime and crime against humanity¹⁵⁴ send a strong message that impunity around sexual violence can no longer be taken for granted. While rape is receiving increased attention, an emphasis on this particular abuse should not lead to a disregarding of other violations. Instead, sexual violence should be understood in the context of a range of abuses and hardships faced by women during conflict situations.

Health care professionals have a unique role to play in the investigation and documentation of sexual violence in war and in the treatment of survivors. Collecting and presenting sound evidence will help hold perpetrators accountable, restore the rule of law, and limit future violations. Furthermore, increasing medical and social knowledge about sexual violence in war will facilitate the development of strategies that allow the recovery of survivors of sexual violence and their communities. A better understanding of the determining factors and characteristics of sexual violence in war may contribute to the development of measures to better protect potential victims and deter perpetrators in the future.¹⁵⁵ Documentation is also important for the development of international jurisprudence and strengthening the interpretation and implementation of existing international legal standards.

¹⁵¹ ICRC, “Fact Sheet: The Impact of Armed Conflict on Women,” March 6, 2001.

¹⁵² Swiss and Giller.

¹⁵³ Frank, M., Bauer, H.M., Fincanci, Korur S., Arican, N., & Iacopino, V., “Virginity Examinations in Turkey: The Role of Forensic Physicians in Controlling Female Sexuality,” *JAMA*, 282(5), 1999; pp.485-490.

¹⁵⁴ See especially *Prosecutor v. Jean-Paul Akayesu*, Judgement, ICTR-96-4-T, September 2, 1998; *Prosecutor v. Anto Furundžija*, Judgement, IT-95-17/1-T, December 10, 1998; *Prosecutor v. Zejnil Delalic et al.*, Judgement, IT-96-21-T, November 16, 1998; *Prosecutor v. Kunarac et al.*, Judgement, IT-96-23-T & IT-96-23/1-T, February 22, 2001.

¹⁵⁵ Swiss & Giller.

III. THE PREVALENCE OF WAR-RELATED SEXUAL VIOLENCE AND OTHER HUMAN RIGHTS ABUSES AMONG IDPs¹⁵⁶

Methods

Subjects

Subjects of the PHR survey consisted of female heads of household who could most accurately provide information about the experiences of the entire household over the past 10 years. An assertive attempt was made to ensure that each respondent was interviewed privately due to the sensitive nature of questions asked. Of the 1,048 households sampled, 991 female heads of household participated in the study (response rate = 95%). Seven women were not eligible; 41 were not available at the time of sampling, and 8 women were either opposed to the survey, refused to participate, or requested the interview be stopped.

Sampling

At the time of the study, registered IDPs were living in a total of 21 camps or locales in seven districts and the Western Area of Sierra Leone. To obtain a representative sample of IDPs, the PHR/UNAMSIL team selected camps and/or locales on the basis of IDP arrival time and the place of residence before displacement. Since the proportion of “recent arrivals” (after the May 2000 crisis) was known for each camp/locale, the PHR/UNAMSIL team was able to select camps/locales that reflected the known proportion of two-thirds recent arrivals in all IDP camps/locales. A total of four sample locations from three different districts and the Western Area of Sierra Leone were included in the study. The camps/locales included those that best represented the IDPs’ home district and/or region of the country. The four districts from which camps/locales were sampled

¹⁵⁶ This chapter is excerpted from Amowitz, L et al, “Letter from Sierra Leone: Prevalence of War-Related Sexual Violence and other Human Rights Abuses Among Internally Displaced Persons in Sierra Leone,” *Journal of the American Medical Association* (Forthcoming January 23, 2002 issue).

represented 91% of the registered IDP population in Sierra Leone. Camps/locales located in four other districts were excluded on the basis of inaccessibility due to safety concerns or an inadequate number of IDPs for sampling (less than 5,000).

Assuming a prevalence rate of sexual violence (based on a previous estimate by Médecins sans Frontières (MSF) of 14% of Freetown residents witnessing rape in 1999)¹⁵⁷ to be between 10% and 20%, the PHR/UNAMSIL team determined the following sample sizes would be needed. For a 20% prevalence (18-22% margins), sample size would range from 653 at 80% confidence to 1,071 at 90% confidence. For a prevalence of 10% (9-11% margins), sample size would range from 1,457 at 80% confidence to 2,377 at 90% confidence. The PHR/UNAMSIL team therefore planned to include approximately 1,000 households in the study due to safety and logistical constraints during the time period of the survey. Households were selected in each camp/locale in proportion to the distribution of IDPs in that location. A total of 1,048 households were selected from the three camps and one town, Mile 91 Township.

All study participants were selected using systematic random sampling or a combination of systematic random sampling and cluster sampling.¹⁵⁸ In sampling IDPs, the PHR/UNAMSIL team first mapped all domiciles within the camp, cluster, or town, then conducted a systematic random sample of the entire camp, cluster, or town. A sampling interval (n) was calculated by dividing the number of households in the camp, cluster, or town by the number of interviews to be conducted in the camp, cluster, or town. A starting household was determined by random number generation and each nth household was interviewed until the entire camp, cluster, or town had been surveyed. One camp required cluster sampling due to size and difficulty in mapping. The camp was organized into eight administrative units. Two clusters (administrative units) were selected at random from seven of the units. One unit was excluded from sampling because it consisted of only very recent arrivals, unlike the other seven units.

Survey Questionnaire¹⁵⁹

The PHR survey contained 49 questions pertaining to demographics, physical and mental health perception, experiences of war-related human rights abuses among household members, experiences of war-related sex-

¹⁵⁷ de Jong, K., Mulham, M., van der Kam, S., *Assessing trauma in Sierra Leone: Psychological Questionnaire: Freetown Survey Outcomes*, Doctors Without Borders/Médecins sans Frontières, January 11, 2000. Available at: www.doctorswithoutborders.org/publications/reports/2000/sierraleone_01-2000.shtml

¹⁵⁸ Patton MQ. *Qualitative Evaluation and Research Methods*. Newbury Park, CA: Sage Publications; 1990:169-283

¹⁵⁹ See Appendix A.

ual violence, including assistance needs, opinions regarding punishment and justice for perpetrators, and attitudes on women's human rights and roles in society. The survey also assessed the lifetime prevalence of non war-related sexual violence.

Physical and mental health perception, fears of sexual violence in communities either by combatants or non-combatants, and family relationship changes after the incident of sexual violence were assessed using Likert-type scales (e.g., excellent, good, fair, poor). Human rights opinions and views on women's roles in society were asked of all female heads of the households. Opinions were assessed by a response of "agree" or "disagree" with statements concerning human rights and women's roles in society.

Regarding experiences of human rights abuses, respondents were asked whether they or their household members had been beaten, shot, killed, tortured, seriously injured, sexually violated, raped, abducted, suffered amputations or been subjected to forced labor by combatants during the past 10 years (e.g., since the war started). Respondents also were asked whether their homes were burned and/or property was looted. For each abuse, participants were asked the gender of the abused, type of abuse, who they thought committed the violation, and consequence of the abuse. Finally, all participants were asked about non war-related sexual violence experiences in their lifetime committed by non-combatants such as family members, friends, or civilian strangers, including age at time of attack, type of sexual violence and identity of the perpetrators.

Regarding war-related sexual violence experiences during the past 10 years of war, respondents were asked when the incident occurred, where it took place, the sexual abuse type, the identity of the perpetrator, the number of attackers, the duration of the attack, and the consequences of the sexual violence. In addition, these women were asked their opinions regarding the punishment of perpetrators, and whether they were interested in giving their names to the proposed Special Court or the Truth and Reconciliation Commission.

The questionnaire was written in English, the official language of Sierra Leone, translated into Krio, the lingua franca of Sierra Leone, and back-translated into English. The questions on sexual violence and sexuality were written by Sierra Leonean women who conduct research in this area and who provide treatment services to survivors of sexual violence in Sierra Leone. Researchers learned to administer the survey in Krio in which they all were fluent and collaborated on a translation from Krio into the two other main languages in Sierra Leone (Mende and Temne). These translations were checked for accuracy by members of the PHR/UNAMSIL team. Seven regional human rights and sexual violence experts reviewed the questionnaire for content validity. The survey was pilot tested among twelve IDP women in Freetown and suggestions were incorporated for clarity and cultural appropriateness of questions.

Interviewer Training

The survey interviews were conducted by 21 Sierra Leonean women trained and supervised by the PHR/UNAMSIL field team. The five-member team had extensive experience in research, psychological counseling with survivors of sexual violence and torture, sexual violence aid programs for Sierra Leonean refugees and IDPs, and human rights issues. Researcher training consisted of eight to nine days of classroom teaching and role-play followed by several days of field observation and continuous supervision. (See Appendix B for details of training process.)

Interviews

All interviews were conducted over a four-week period in the calendar year 2001. Interviews with participants lasted approximately 25-60 minutes and were conducted in the most private setting possible. All questionnaires were reviewed for completeness and for correctness of recording after the interview by the researchers themselves, and then reviewed by the field supervisors at the end of each day.

Human Subjects Protections

This research was reviewed and approved by an independent group of individuals with expertise in clinical medicine, public health, bioethics, and international human rights research. In addition, permission for the study was granted by UN officials, camp administrators and local community leaders in each area surveyed and there were no limitations on movement or to surveying. The research was conducted in accord with the Declaration of Helsinki, as revised in 2000.¹⁶⁰ Every effort was made to ensure the protection and confidentiality of and to reduce any potential adverse consequence to the human subject participants. All data were kept anonymous. Verbal informed consent was obtained from all participants and parental consent was obtained for all participants under the age of eighteen. Participants did not receive any material compensation. To reduce the risk of possible retraumatization among respondents, researcher training included extensive sensitization to this issue by a psychologist and social worker who specialize in sexual violence and those who reported sexual violence were referred to any existing services.

Statistical Analysis

The data were analyzed using STATA statistical software.¹⁶¹ For 2x2 cross tabulations containing cells with expected frequencies of less than five,

¹⁶⁰ World Medical Association, *Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects* [5th rev], Edinburgh, Scotland: World Medical Association; 2000.

¹⁶¹ *STATA 5.0 (Intercooled) for Windows*, STATA Corporation, College Station TX.

statistical significance was determined using Fisher's exact test; Yates' corrected chi square was used for all others. For cross tabulations with greater than two rows, statistical significance was determined using Pearson chi square. Analysis of variance (ANOVA) was used for statistical comparison of means and the Kruskal-Wallis test was used for comparison of medians. For all statistical determinations, significance levels were established at $p < 0.05$.

Definitions

A perpetrator was defined as any person who directly inflicts violence or abuse.¹⁶² Torture was defined according to Common Article 3 of the Geneva Conventions.¹⁶³ Sexual violence included rape¹⁶⁴ and other forms of sexual violence such as molestation, sexual slavery, being forced to undress or being stripped of clothing, forced marriage, and insertion of foreign objects into the genital opening or anus. Gang rape was defined as rape by two or more individuals. Depression was self-reported as "depression." Symptoms of "depression" included "very sad," "excessive worry," "sleeping difficulties," "unhappy," "change in appetite," and "feels bad."

Mental Health Counseling was defined as "having someone to talk to about your problems who will listen and give emotional support." A household was defined as "those people sleeping and eating under the same roof before first displacement." Female head of household was considered "the woman who knows the most about the persons in the household." War-related prevalence of sexual violence included experiences of sexual violence committed by combatants during the past 10 years of war. Life-time prevalence of non war-related sexual violence included experiences of sexual violence committed by family members, friends, or civilians at any time in a woman's lifetime. These two prevalence rates did not overlap since the perpetrator categories were mutually exclusive.

Findings

The findings of the PHR study represent the most comprehensive population-based assessment to date of war-related sexual violence and other human rights abuses in Sierra Leone. Such quantitative findings contribute

¹⁶² Saltzman, L.E., Fanslow, J.L., McJahon, P.M., Shelley, G.A., *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements*, Center for Disease Control and Prevention National Center for Injury Prevention and Control: Atlanta, 1999:11. Available at: www.cdc.gov/ncipc/pub-res/intimate.htm

¹⁶³ Article 3, Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War, August 12, 1948, 6 U.S.T. 3516, 75 U.N.T.S. 287 (*entered into force* October 21, 1950).

¹⁶⁴ International Planned Parenthood Association Western Regional Hemisphere, *Definitions: What is Gender-Based Violence?* Available at: www.ippfwhr.org/whatwedo/definitions.pdf.

TABLE 1:
Demographic Characteristics and Health Perceptions among Respondents

Respondent Characteristics	Respondents* n=991
Age (years), mean \pm SE (range)	34 \pm 0.48 (14-80)
Marital Status	
Married; living with husband	622 (63)
Widowed due to war	134 (13)
Widowed/divorced/separated	113 (11)
Separated due to war	101 (10)
Never married	21 (2)
Wife Status, n=965	
First wife	430 (45)
> First wife	535 (55)
Tribe, n=989	
Temne	703 (71)
Mende	150 (15)
Kono	39 (4)
Limba	28 (3)
Krio	4 (0.4)
Other	65 (7)
Religion, n=989	
Muslim	814 (82)
Christian	172 (17)
Other	3 (0.3)
Years Since Displacement, n=766	
1-3 years	216(28)
4-6 years	225 (29)
7-10 years	311 (41)
> 10 years	14 (2)
Number of Times Fled Fighting, mean \pm SE (range)	4 \pm 0.07 (1-15)
Months in Camp/Town, mean \pm SE (range)	18 \pm 0.53 (.25-120)
Years of Formal Education, mean \pm SE (range)	1.9 \pm 0.11 (0-16)
Most Commonly Reported Occupations †	
Farmer	500 (50)
Trader	383 (39)
Business	76 (8)
Student	17 (2)
Professional	25 (2)
Homemaker	11 (1)

Perception of General Health in the Last Two Years	
Very good	19 (2)
Good	83 (8)
Fair	629 (63)
Poor	260 (26)
“State of Mind” † Since Displacement, n=988	
Very good	8 (0.8)
Good	48 (5)
Fair	638 (64)
Poor	294 (30)
Suicidal Ideation Since the War	280 (28)
Suicide Attempts Since the War	34 (3)
Assistance That Would Help “State of Mind” ‡	
Humanitarian assistance	960 (97)
Medical assistance	956 (96)
Income generation projects	937 (94)
Religious counseling/support	879 (89)
Skills training	832 (84)
Mental health counseling	714 (72)
Traditional ceremonies	452 (48)
Education	393 (41)
Country medicine/traditional healer	321 (34)

* Values are number (percent) unless stated otherwise

† May list more than one

‡ “State of mind” defined as current thoughts and feelings

considerable insight into the nature and extent of human rights abuses among IDPs in Sierra Leone, i.e. the frequency of specific human rights abuses, the identity of the alleged perpetrators, the impact of these experiences and the most urgent needs identified by the victims. Furthermore, a rigorous approach to sampling enables the findings to be generalized to the larger IDP population.

Characteristics of Respondents

Of the 1,048 households sampled, 991 female heads of household participated in the study (response rate = 95%). Seven women were not eligible; 41 were not available at the time of sampling, and eight either were opposed to the survey, refused to participate, or requested the interview be stopped.

Demographics of the respondents are presented in Table 1. The mean age was 34± 0.48 years (range 14-80 years). The majority of the women sampled were poorly educated, Muslim, married, women of either the

TABLE 2:
Reported Human Rights Abuses among Household Members

Characteristics	Household Members Reporting Abuse n= 3759*
Household Members, #, mean ± SE (range)	
Total	9166, 9.37 ± 0.11 (2-30)
Women	5001, 5.18 ± 0.07 (1-17)
Men	3983, 4.17 ± 0.07 (0-17)
Current Age, mean ± SE (range)	
	24.8 ± 0.33 (1-95)
Human Rights Abuses Among All Household Members, n=9166 †	
Abduction	841 (9)
Beating	618 (7)
Killing	414 (4)
Reported sexual assaults among household members	402 (4)
Sexual assault among respondents, n=991	94 (9)
Sexual assault among household females, n=5001	396 (8)
Sexual assault among household males, n=3983	6 (0.1)
Torture	151 (2)
Forced labor	114 (1)
Gunshot wound	128 (1)
Bodily injury (stabbed, burned, cut)	85 (0.9)
Amputation of limb or digits	21 (0.2)
Destruction of Property	
	1836 (20)
Alleged Perpetrator †	
<i>Rebel forces</i>	
RUF, Revolutionary United Front	1490 (40)
“Rebels”, unspecified	590 (16)
AFRC, Armed Forces Revolutionary Council	74 (2)
West Side Boys	82 (2)
Ex-SLA	17 (.4)
<i>Government forces</i>	
SLA, Sierra Leonean Army	39 (1)
CDF, Civil Defense Forces	14 (.4)
<i>Peacekeeping troops</i>	
ECOMOG, Economic Community of West African States	5 (.1)
UN, United Nations Assistance Mission in Sierra Leone	1 (.02)
<i>Other</i>	
Don't know	1290 (34)
“Mixed group”	162 (4)

Consequences of Abuse †	
Self reported “depression” or symptoms of depression ‡	837(22)
No consequence	455 (12)
Killed/died after attack	420 (11)
Bodily injury	321 (8)
Stigmatized and rejected	27 (1)
Consequence of Sexual Assault, n=396	
Self-reported “sexually transmitted disease”	79 (20)
Self-reported pregnancy following rape	36 (9)

* Values are number (percent) unless stated otherwise

† May list more than one

‡ Symptoms of depression included “sleeping difficulties,” “excessive worry,” “unhappy,” “change in appetite,” “crying all the time,” “cannot stop crying,” “feeling bad,” and “feeling sad.”

Temne or Mende tribes who most commonly reported their occupation as farmers, petty traders and business women. Nearly one quarter of women were either separated or widowed due to war, had been displaced more than four times since 1990 and had, on average, lived in the IDP camps or Mile 91 Township for eighteen months. Fifty-seven percent of women reported that they had been displaced between one and six years ago, and 41% of women had been displaced between six and ten years ago.

The majority of women perceived their general health (89%) and mental health (94%) as “fair” or “poor”(Table 1). Approximately one third of women (280, 28%) reported suicidal ideation (thoughts or feelings), and 3% (34) had attempted suicide. Women reported types of aid that would help their states of mind the most, including humanitarian assistance (960, 97%), medical assistance (956, 96%), income generation projects (937, 94%), religious counseling and support (879, 89%), skills training (832, 84%), and mental health counseling (714, 72%).

Human Rights Abuses Reported among Household Members ¹⁶⁵

The 991 household representatives reported on the experiences of 9,166 household members, which included themselves and those who lived with

¹⁶⁵ The following 95% confidence intervals (CI) are calculated among household members (N=9166) for all human rights abuses (12.6 ± 0.635), abduction (9.0 ± 0.564), beatings (6.7 ± 0.494), killings (4.5 ± 0.415), sexual assaults among household members (4.4 ± 0.399), captured for less than 24 hours (3.4 ± .307), torture (1.6 ± 0.255), forced labor (1.2 ± 0.221), gunshot wounds (1.4 ± 0.239), bodily injuries (0.9 ± 0.192) and amputations of limbs or digits (0.2 ± 0.097); sexual assault among respondents where N=991(9.0 ± 1.74), sexual assault among household females where N=5001 (7.9 ± 0.717), sexual assault among household males where N=3983 (0.15 ± 0.120). The 95% confidence intervals reported here can be used to calculate the confidence interval for the estimates of abuses of the total IDP population (see Figure 1) using (95% CI X N value).

**TABLE 3:
Reported Abuses of Household Members (n=1157), by Offender**

Reported Abuse*	RUF	“Rebels”	AFRC	West Side Boys	Ex-SLA	SLA	CDF	ECOMOG	UN
All Abuses, n=2266	1312 (58)	645 (28)	125 (5)	69 (3)	58 (2)	42 (2)	11 (.5)	3 (.1)	1 (.04)
Abduction, n=666	398 (60)	161 (24)	46 (7)	26 (4)	19 (3)	12 (2)	3 (.04)	1 (.1)	-
Beating, n=511	260 (51)	188 (37)	21 (4)	15 (3)	14 (3)	11 (2)	2 (.04)	0	-
Killing, n=335	218 (65)	90 (27)	10 (3)	1 (.3)	7 (2)	5 (2)	2 (.06)	1 (.3)	1 (.3)
Sexual Assault									
Females, n=353	186 (53)	103 (29)	23 (6)	17 (5)	11 (3)	12 (3)	0	1 (.3)	-
Males, n=3	2 (67)	1 (33)	0	0	0	0	0	0	-
Torture, n=135	81 (60)	37 (27)	9 (7)	0	3 (2)	2 (1)	3 (2)	0	-
Forced Labor, n=86	48 (56)	22 (26)	9 (10)	6 (7)	1 (1)	0	0	0	-
Gunshot Wound, n=108	75 (69)	29 (27)	2 (2)	1 (1)	0	0	1 (1)	0	-
Bodily Injury, n=49	35 (71)	12 (25)	0	1 (2)	1 (2)	0	0	0	-
Amputations, n=20	9(50)	2(11)	5(28)	2(11)	2(11)	0	0	0	-

*The 2266 abuses represent abuses (1 or more) listed by the 1157 household members who could identify the perpetrator. This data excludes those who could not list the perpetrator.

them prior to their displacement (mean household size 9.4 ± 0.11) (Table 2). Of the 9,166 household members, 5,001 (55%) were females and 3,983 (44%) were males.¹⁶⁶ Overall, there was a total of 1157 household members with specific forms of war-related human rights abuses reported among the 9,166 household members. These included abductions (841, 9.3%), beatings (618, 6.7%), killings (414, 4%), and sexual violence against women (396, 8%) and men (6, 0.1%). Three hundred and sixteen (3%) were “captured” for less than 24 hours, 151 (2%) were tortured, 114 (1%) were forced into labor, 128 (1%) reported gunshot wounds, 85 (0.9%) had serious injuries, and 21 (0.2%) reported amputations. Burning of homes and/or looting of property also was commonly reported among household members (1,836, 20%).

Regarding sexual violence, 9% (94) of the 991 respondents reported one or more war-related sexual violence experiences. Study participants also reported war-related sexual violence among 396 (8%) female and 6 (.1%) male household members. The prevalence of war-related sexual violence among female household members may be as high as 11% (554/5001) if 158 women are included who did not report sexual violence per se, but did report abduction with the likely consequences of sexual violence, and who became pregnant, or experienced vaginal bleeding, pain, swelling, uterine pain, vaginal discharge, or sexually transmitted diseases.

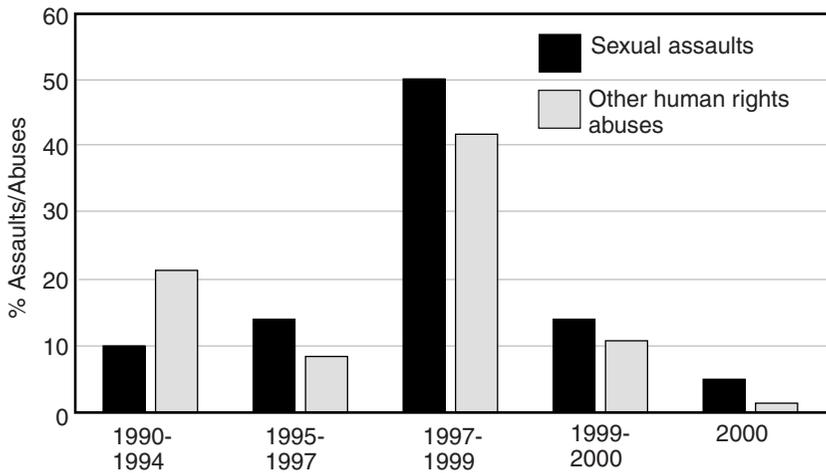
For all abuses reported, the RUF was identified most often (1,490, 40%) as the perpetrator (Table 2). Table 3 and Figure 3 represent the 1,157 household members who reported abuses and could name the perpetrator. These household members had 2,266 incidents of abuse since each victim could have one or more abuses listed; however, this does not take into account those who did not know their perpetrators. In this analysis, the RUF was reported as the perpetrator 58% of the time. The most commonly reported consequences of all abuses reported among household members included “depression” or having symptoms of depression 837 (22%), 420 being killed (12%), 455 reported “no consequence” (11%), and 320 had bodily injury (8%). Respondents reported that 36 (9%) female household members became pregnant as a consequence of the attack. Respondents reported that the majority of the abuses among household members occurred in the last three years with most of these occurring between 1997 and 1999 (Figure 2).

Characteristics among Respondents Reporting War-related Sexual Violence

Table 4 presents the characteristics of respondents reporting war-related sexual violence. Nine percent (94 of 991) of the respondents reported a

¹⁶⁶ There were a total of 9,166 household members but the gender was not indicated for 182 persons. Since some of these individuals may have experienced sexual assault but were not included in the analysis, it is likely to have led to an underestimate of sexual violence.

FIGURE 2:
Occurance of Sexual Assaults Among Respondents and Other Human Rights Abuses Among Household Members



personal account of sexual violence (Table 4). The mean number of attackers was 3.2. Sixty-eight percent of the incidents reportedly occurred in the last three years, with more than half (54%) in their home villages, and 22% while fleeing. More than half (60%) of the abuses lasted for one week or less. The majority of the incidents of sexual violence (63, 67%) occurred between 1997 and 1999. In addition, 22 (23%) of women reported being pregnant at the time of the attack with an average gestation of three months. Fifty-three percent of respondents and 47% of female household members who were sexually assaulted reported “face to face” contact specifically with RUF forces, compared with less than 6% for any other combatant group.

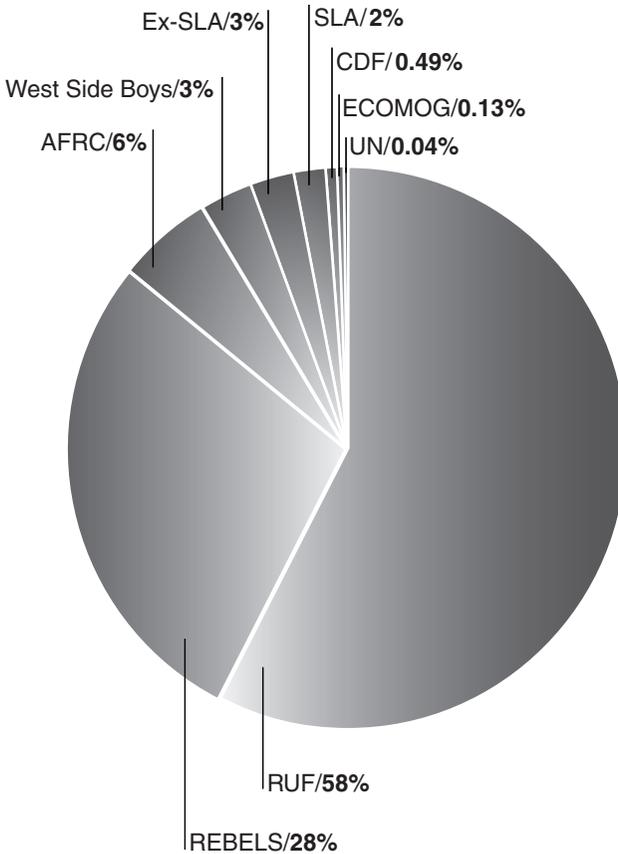
Overall, 79 (84%) of 94 respondents reported the identity of one or more of their perpetrators (Table 5). Of these, the RUF was the perpetrator 60% of the time (Figure 5). Other perpetrators reported included AFRC, West Side Boys unspecified “rebels”, and both SLA and ex-SLA. The UN peacekeepers and CDF militia forces were not identified as perpetrators among respondents reporting sexual violence.

Rape was reported by 84 of the 94 women reporting sexual violence and 31 reported being gang raped. Also, approximately one third of the 94 women reported abduction, being stripped of clothing and being forced to undress. Nine women reported forced marriage to combatants, and six women reported pregnancy as a consequence of the attack. Forty-four percent of women felt the incident of sexual violence had “quite a bit” or an “extreme” effect on relationships with family and friends. The

most commonly reported consequences of the attack included bodily injury/physical disability, sexually transmitted disease, and “reproductive complications” including miscarriages.¹⁶⁷

The majority (91%) of respondents reported being “quite a bit” (161, 16%) or “extremely” (740, 75%) worried about sexual violence to themselves or family members by combatants (Figure 4). Concern about sexual violence by family members, friends, or civilian strangers was lower (39% “quite a bit” or “extremely” worried). In addition, 91 (9%) of respondents reported sexual abuse (occurring at age 15 ± 1.2 years) by family members, friends, or civilian strangers during their lifetime.

FIGURE 3:
Proportion of Reported Human Rights Abuses by Offender



¹⁶⁷ Female Genital Cutting is reportedly widely practiced in Sierra Leone. Women who are raped and who have undergone female genital cutting are likely to be at increased risk for genital trauma and related complications.

TABLE 4:
Characteristics Among Respondents Reporting Sexual Violence

Characteristics	Respondents Reporting Sexual Assaults* n=94
Reporting Sexual Assault, n=991	94 (9)
# of Attackers, mean ± SE (range)	3.2 ± 0.39 (1-25)
Timing of Abuse, n=92	
Within last 3 years	63 (68)
> 3 years ago	23 (25)
Unsure	6 (6)
Where Abuse Occurred, n=91	
Home village/town	49 (54)
While fleeing	20 (22)
While abducted	18 (20)
Non home village	2 (2)
IDP camp/town	1 (1)
Other	1 (1)
How Long Abuse Lasted, n=91	
Less than one week	55 (60)
One week to 1 month	16 (18)
1-6 months	10 (11)
More than 6 months	10 (11)
# Women Pregnant at Time of Assault	22 (23)
Months Pregnant During Assault, mean ± SE (range)	3.1 ± 0.47 (1-7)
Abuse †	
Rape	84 (89)
Being forced to undress/stripped of clothing	35 (37)
Abduction	31 (33)
Gang rape	31 (33)
Molestation	13 (14)
Sexual slavery	14 (15)
Forced marriage	9 (9)
Insertion of foreign object	4 (4)
Consequences of the Abuse †	
Bodily injury/physical disability	48 (51)
Self reported “sexually transmitted disease”	32 (34)
Self reported “reproductive complications/miscarriage”	19 (20)
Stigmatized/rejected by family and/or community	14 (15)
Fear of STD/AIDS	9 (9)
Self reported “pregnancy” after the assault	6 (6)
Other	19 (20)

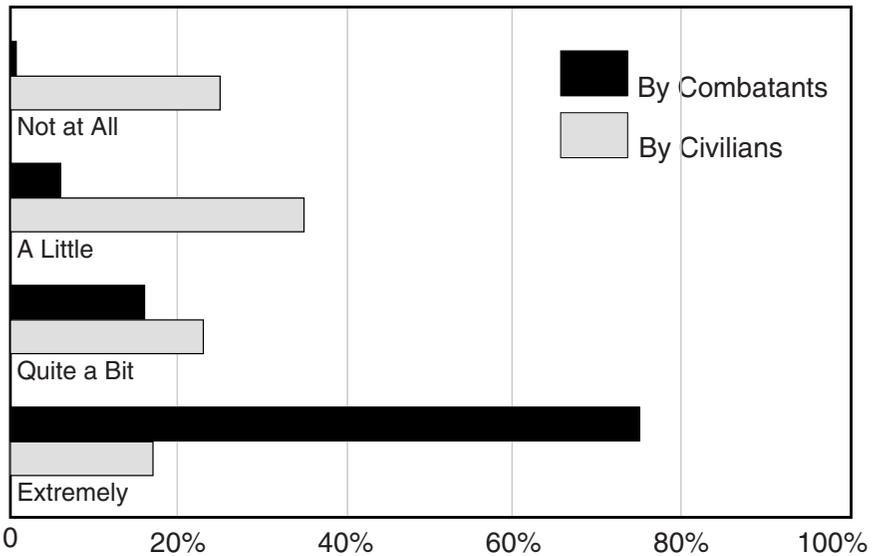
Effect on relationships with family and friends, n=89

Not at all	29 (32)
A little	18 (20)
Quite a bit	15 (17)
Extremely	27 (30)

* Values are number (percent) unless stated otherwise

† May list more than one

**FIGURE 4:
Proportion of Participants Reporting Fear of Sexual Assault**



Characteristics of Assistance Needs among Respondents Reporting War-related Sexual Violence

Of the 94 respondents reporting war-related sexual violence, 61 reported the incident(s) to another person (Table 6). Of those who did not report the attack, the most common reasons were “feelings of shame or social stigma” (18, 64%), fear of being stigmatized/rejected (8, 28%) and not having trust in anyone (6, 21%). Fifty women reported seeking help after the attack and 40 of these women reported that they informed a health care provider of the specifics of the attack. On average, these women sought help five months after the attack(s) occurred. Hospitals (25, 50%), traditional healers (20, 40%) and health centers (19, 38%) were the most common places where women sought help after the attacks.

**TABLE 5:
Reported Sexual Violence of Respondents (n=79) by Offender**

Reported Assaults	RUF	“Rebels”	AFRC	West Side Boys	Ex-SLA	SLA	CDF	ECOMOG	UN
All Assaults, 213	129 (61)	21 (10)	18 (8)	19 (9)	12 (6)	10 (5)	0	4 (2)	-
Rape, n=75	48 (64)	10 (13)	5 (7)	4 (5)	4 (5)	3 (4)	0	1 (1)	-
Abduction, n=34	21 (62)	2 (6)	4 (12)	3 (9)	1 (3)	3 (9)	0	0	-
Stripped of clothing, n=39	22 (56)	3 (8)	4 (10)	4 (10)	3 (8)	2 (5)	0	1 (3)	-
Gang Rape, n=30	16 (53)	3 (10)	3 (10)	4 (13)	3 (10)	0	0	1 (3)	-
Molestation, n=14	8 (57)	3 (21)	0	1 (7)	1 (7)	0	0	1 (7)	-
Sexual Slavery, n=12	7 (58)	0	1 (8)	3 (25)	0	1 (8)	0	0	-
Forced marriage, n=9	7 (78)	0	1 (11)	0	0	1 (11)	0	0	-

Women reported what helped most after the attack was trying to forget about the incident (43, 46%), support of family (33, 35%), a health care provider (31, 33%), and country medicine/traditional healer (30, 32%). Figure 6 shows what respondents felt were the most needed assistance that would help their state of mind and ability to cope with the sexual assault experience.

Beliefs about Justice among Respondents Reporting Sexual Violence

Of 88 respondents, 37 (42%) thought those who had committed sexual violence against them should be punished (Table 7). Of the 51 respondents who indicated that their perpetrator should not be punished, the most common reason given was “in the spirit of reconciliation” (35, 68%), followed by fear of reprisal (13, 25%), no confidence in the system for such punishments

FIGURE 5:
Proportion of Sexual Assault Abuses by Offender

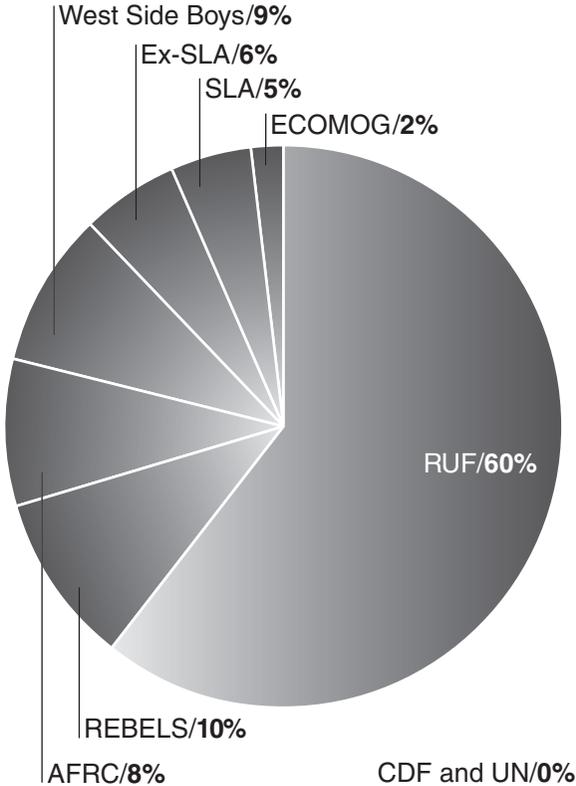


TABLE 6:
Characteristics of Assistance Needs Among Respondents
Reporting Sexual Violence

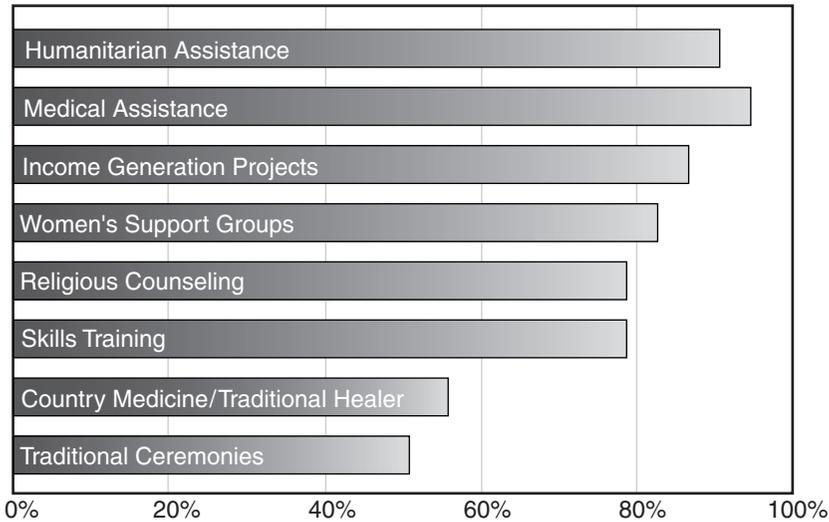
Characteristic	Respondents Reporting Sexual Assault* n=94
Told Anyone About the Incident	61 (65)
Reasons for Not Telling Anyone About Incident, n=28 †	
Feelings of shame or social stigma	18 (64)
Fear of being stigmatized/rejected	8 (28)
Do not trust anyone	6 (21)
Fear of rejection by my husband/family	5 (18)
No one asked	2 (7)
Fear of physical retaliation by perpetrator	1(3)
Other	6 (21)
Sought Help After Sexual Assault	50 (53)
Sought Help After Sexual Assault # days, mean ± SE (range)	161 ± 50 (1-1460),
Where Help Was Sought After the Sexual Assault, n=50 †	
Hospital	25 (50)
Country medicine/traditional healer	20 (40)
Health center	19 (38)
NGO	3 (6)
Informed Health Care Provider of Specifics of Sexual Assault, n=50	40 (80)
What Has Helped the Most After Assault †	
Trying to forget about it	43 (46)
Support of family	33 (35)
A health care provider	31 (33)
Country medicine/traditional healer	30 (32)
Discussions with family members	18 (19)

* Values are number (percent) unless stated otherwise

† May list more than one

(8, 16%), or they wanted to forget about the incident (4, 8%). Of the 94 respondents reporting sexual violence, punishment was supported by 17 (18%) for “all those involved,” 30 (32%) for the perpetrators of the attack(s), and 17 (18%) for the commanders. Thirty-four of the respondents reporting sexual violence believed their attacker’s commander was aware of the attack. Thirty-three women believed that punishment of perpetrators would prevent sexual violence from happening to others. Twenty-two of the 94 women reporting sexual violence to PHR were willing to give their names to the proposed Special Court and/or the Truth and Reconciliation

FIGURE 6:
Assistance That Would Help State of Mind and Ability to Cope
with Your Experience



Commission. Given the prevalence of war related sexual violence as reported to PHR, PHR believes that there may be thousands of female IDPs in Sierra Leone who have experienced sexual violence and who may be willing to provide testimony to the Special Court or the TRC.

Attitudes of Women’s Human Rights and Roles in Society

More than 90% of women agreed that women and girls should have the same access to education as men and boys (Table 8). More than 80% of women agreed that women should be able to express themselves freely, that there should be legal protection for the rights of women, and that women and girls need more education about their reproductive health. However, more than 80% of women also indicated that a good wife obeys her husband even if she disagrees. More than 70% of women felt that family problems should only be discussed within the family, that women have the right to control the number and spacing of their children, and that more should be done to protect women and girls from having sex when they do not want to. More than 60% of women expressed the view that a man has the right to beat his wife if she disobeys, and that it is a wife’s duty/obligation to have sex with her husband even if she does not want to. The same proportion of women (more than 60%) indicated women and girls need more education about their right to refuse sex.

TABLE 7:
Beliefs about Justice among Respondents Reporting Sexual Assault

Belief	Respondents Reporting Sexual Assault* n=94
Who Should Be Punished for Sexual Assaults †	
Perpetrators	30 (32)
Commanders	17 (18)
All involved in attacks	17 (18)
Believe Perpetrator Should Be Punished, n=88	
Yes	37 (42)
No	51 (58)
Reasons Why Perpetrators Should Not Be Punished, n=51 †	
In the spirit of reconciliation	35 (69)
Fear of reprisal/revenge	13 (25)
No confidence in a system for such punishments	8 (16)
Respondent just wants to forget about incident	4 (8)
Other	13 (25)
Believe Perpetrators Commander Was Aware of Assault	34 (36)
Believe Punishment of Perpetrators Will Prevent This From Happening to Others	33 (35)
Willing to Give Name to Truth and Reconciliation Commission or the Special Court	22 (23)

* Values are number (percent) † May list more than one

Comments on Survey Findings

The findings of this study indicate that combatants (primarily, members of rebel forces) have committed widespread human rights abuses against civilians in Sierra Leone, including: abductions, beatings, killings, sexual violence against women and men, being “captured” for less than 24 hours, torture, forced labor, gunshot wounds, serious injuries, and amputations. These abuses were experienced on an individual level by a substantial number of participants and their household members. The respondents in this study reported at least one of these abuses had occurred during the past ten years of conflict among 94% of households surveyed (Figure 7). Recent PHR surveys in Chechnya¹⁶⁸ and Kosovo¹⁶⁹ found abuse rates of 19% and 31% respectively among participant households. The burning of homes and/or looting of property was also

¹⁶⁸ Physicians for Human Rights, *Endless Brutality: War Crimes in Chechnya*, PHR, 2001.

¹⁶⁹ Physicians for Human Rights, *War Crimes in Kosovo: A Population Based Assessment of Human Rights Violations Against Kosovar Albanians*, PHR, 1999.

TABLE 8:
Majority Opinions Among Primary Respondents on Women's Rights and Gender Roles in Society

Shared by more than 90% of women

- Women and girls should have the same access to education as men and boys
-

Shared by more than 80% of women

- Women should be able to express themselves freely
 - There should be legal protections for the rights of women
 - Women and girls need more education about their reproductive health
 - A good wife obeys her husband even if she disagrees
-

Shared by more than 70% of women

- Family problems should only be discussed with people in the family
 - Women and girls need more education about their rights to refuse sex
 - More should be done to protect women and girls from having sex when they don't want to
-

Shared by more than 60% of women

- A man has the right to beat his wife if she disobeys
 - It is a wife's duty/obligation to have sex with her husband even if she does not want to
 - Women have the right to control the number and spacing of their children
-

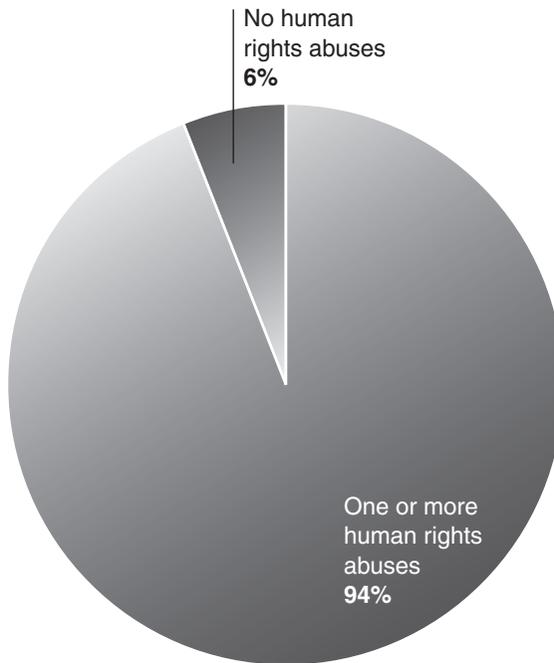
commonly reported among household members. The majority of these abuses experienced by interviewees occurred between 1997 and 1999. Forty percent of these abuses were attributed to RUF forces; however, of those who could identify a perpetrator, 58% of abuses were reported to be due to the RUF. Fifty-three percent of respondents and 47% of all female household members reporting "face to face" contact specifically with RUF forces reported experiencing sexual violence. Sexual violence was reported by less than 6% of respondents reporting "face to face" contact with any other combatant group.

Sexual violence in war has increasingly been recognized as a means of demoralizing individuals, families and communities¹⁷⁰ and is used as a weapon to disable an enemy by dissolving bonds between family and society.¹⁷¹ Today, in the context of war, rape and other forms of sexual violence have been recognized as instruments of genocide, crimes against humanity,

¹⁷⁰ Swiss, S., Giller, J.E., "Rape as a Crime of War: A Medical Perspective," *JAMA*, 1993;270:612-615; Human Rights Watch, *Shattered Lives: Sexual Violence During the Rwandan Genocide and its Aftermath*, New York, NY: Human Rights Watch: 1996; Herman, J.L., *Trauma and Recovery*, New York, NY: Harper Collins: 1992.

¹⁷¹ Goldfeld, A.E., Mollica, R.F., Pesavento, B.H. & Farone, S.V., "The Physical and Psychological Sequelae of Torture," *JAMA*. 1988;259:2725-2729.

FIGURE 7:
Proportion of Households Reporting Human Rights Abuse



means of torture, and crimes of war¹⁷² and can be prosecuted as such.¹⁷³ They also constitute crimes against humanity “when committed as part of a widespread or systematic attack directed against any civilian population, with knowledge of the attack.”¹⁷⁴

To generate population estimates of sexual violence among the IDP and non-IDP females in Sierra Leone, the PHR/UNAMSIL team assumed a total IDP population of 1.0-1.3 million (55% female)¹⁷⁵ and a non-IDP population of 2.7-3.0 million (50% female).¹⁷⁶ By extrapolating the number of incidents of war-related sexual violence reported by participants in

¹⁷² Kunarac, Kovac & Vukovic IT-96-23 and IT-96-23/1 “FOCA.” Available at: www.un.org/icty/foca/trialc2/judgement/index.htm.; Rome Statute of the International Criminal Court (adopted 7/17/98). Available at: untreaty.un.org/English/notpubl/rome-en.htm.; Askin, K.D., *War Crimes Against Women: Prosecution in International War Crimes Tribunals*, The Hague, M. Nijhoff Publishers, Distributed by Kluwer Law International, 1997; Askin, K., “Women and International Humanitarian Law,” in Askin, K.D. & Koenig, D.M. editors, *Women and International Human Rights Law*, Ardsley, NY: Transnational. 1999. Vol. I.

¹⁷³ Kunarac, Kovac & Vukovic; Askin, K.D., *War Crimes Against Women: Prosecution in International War Crimes Tribunals*; Askin K. “Women and International Humanitarian Law”

the sample to the total female IDP population, PHR estimates that approximately 50,000 to 64,000 Sierra Leonean IDP women may have suffered such human rights abuses. The prevalence of sexual violence among IDP women and girls, including war-related or non-war-related, in this study was 17%, or an estimated 94,000-122,000 individuals. If non-war-related sexual violence among non-IDP females is added to the IDP totals (assuming a 9% prevalence rate), as many as 215,000-257,000 women and girls in Sierra Leone currently may have been affected by sexual violence.

This study indicates that war-related rape and other forms of sexual violence were committed on a widespread basis among IDPs in Sierra Leone. In fact, the prevalence of war-related sexual violence (8%-9%) was equivalent to the lifetime prevalence of non war-related sexual violence (9%) among the study participants, increasing Sierra Leone's total prevalence rates to 17%.¹⁷⁷ The lifetime prevalence of rape in the United States is 9%, though the average life span of an American is more than twice that of a Sierra Leonean.¹⁷⁸

Rates of sexual violence vary based on research methodology and populations surveyed. Studies of sexual violence in Sierra Leone that include non-probability samples¹⁷⁹ or select populations such as clinic patients¹⁸⁰ generally report higher prevalence rates of sexual violence but cannot be generalized to broader populations. The prevalence of war-related sexual violence in this study was less than that reported in Liberia (15%),¹⁸¹ but

¹⁷⁴ Rome Statute; Askin, K.D., *War Crimes Against Women: Prosecution in International War Crimes Tribunals*; Askin, K., "Women and International Humanitarian Law"; United Nations, Draft Statute of the Special Court for Sierra Leone, S/2000/915.

¹⁷⁵ United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), UNOCHA Database: IDP Census (data collected February 2001), UNOCHA, February, 2001.

¹⁷⁶ Norwegian Refugee Council, Sierra Leone Section: Population profile and figures, Available at: www.db.idpproject.org/Sites/IdpProjectDb/idpSurvey.nsf/1c963eb504904cde41256782007493b8/fdc6d215bab90118c12569dd002b1aec?OpenDocument; United Nations High Commissioner for Refugees, available at: [unhcr.ch/un & ref/numbers/numb2000.pdf](http://unhcr.ch/un%20ref/numbers/numb2000.pdf).

¹⁷⁷ One percent of participants had experienced both war-related and non-war-related sexual violence.

¹⁷⁸ Crime Victim Research and Treatment Center, *Rape in America*, Charleston, SC: Medical University of South Carolina: 1992.

¹⁷⁹ Coker, A.L., & Richter, D.L., "Violence against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse," *African Journal of Reproductive Health*, 1998; 2(1):61-72.; Giller, J.E., Bracken, P.J., Kabaganda, S., "Uganda: War, Women, and Rape," *Lancet*, 1991;337:604.

¹⁸⁰ Shanks, L., Ford, N., Schull, M. & de Jong, K., "Responding to Rape," *Lancet*, 2001;357:9252; Human Rights Watch, "Women's Rights Project" in: *Human Rights Watch World Report 1998*, New York, NY: Human Rights Watch: 1998.

exceeded that found in other population-based assessments of refugees and displaced persons (0-0.1%),¹⁸² including a prior study conducted in Freetown, Sierra Leone (2%).¹⁸³

Physical injuries and self-reported “depression” were among the most common consequences reported following sexual violence. The adverse physical and psychological consequences of sexual violence are described in other studies.¹⁸⁴ The prevalence of sexual violence, including war-related or non-war-related, suggests a serious health burden for individual and community members that cannot be addressed adequately by services that currently exist in Sierra Leone. The assistance needs most commonly identified by women reporting sexual violence included humanitarian assistance, including food and shelter, medical care, income generating projects, and women’s support groups. These needs were not significantly different ($p < 0.05$) from Sierra Leonean women who did not experience sexual violence but did experience other human rights abuses.

The majority of participants reporting sexual violence indicated the belief that their perpetrators should not be punished and, among these women, the most common reasons cited were “in the spirit of reconciliation” and “fear of reprisal/vengeance.” This highlights the need to protect survivors of war-related sexual violence including those that come forward to testify. Twenty-three percent of these women indicated an interest in giving their names for the Truth and Reconciliation Commission and the Special Court that are expected to be established in 2002. This may be explained by feelings of shame, and/or fear of being stigmatized or rejected also reported in the study, as well as a desire to put the incident(s) behind them. Such concerns are not unfounded in societies where women are financially dependent on their husbands or extended family and are subjected to structural social inequality on many levels.¹⁸⁵ Being cast out of a community or family can have dire consequences not only for the woman but her children as well.¹⁸⁶

¹⁸¹ Swiss, S., Jennings, P., Aryee, G., et. al. “Violence against Women during the Liberian Civil Conflict,” *JAMA*, 1998; 279:625-629.

¹⁸² PHR, “A Population-based Assessment of Human Rights Abuses against Ethnic Albanian Refugees from Kosovo,” *American Journal of Public Health*, 2001;91(12); Physicians for Human Rights, *Endless Brutality: War Crimes in Chechnya*, Physicians for Human Rights, May 2001:1-143; Physicians for Human Rights, *Women’s Health and Human Rights in Afghanistan: A Population-Based Study*, Physicians for Human Rights, May, 2001.

¹⁸³ de Jong, K., Mulham, M. & van der Kam, S., *Assessing Trauma in Sierra Leone: Psychological Questionnaire: Freetown Survey Outcomes*, Doctors Without Borders/Médecins sans Frontières, January 11, 2000. Available at: www.doctorswithoutborders.org/publications/reports/2000/sierraleone_01-2000.shtml

¹⁸⁴ Resnick, H.S., Acierno, R., Kilpatrick, D.G., “Health Impact of Interpersonal Violence, 2: Medical and Mental Health Outcomes,” *Behavioral Medicine*, 1997;23:65-78; Schafran, L.H., “Topics for Our Times: Rape is a Major Public Health Issue,” *American Journal of Public Health*, 1996;86(1):15-17.

Despite 80% of women expressing that there should be legal protection for the rights of women, more than half of women reported that their husbands had the right to beat them and that it was a wife's duty to have sex with her husband even if she did not want to. The apparent disparity between such beliefs and international principles of human rights suggests a need for public discourse and education on local, regional and international levels.

Limitations

It is likely that the prevalence of war-related sexual violence in the study was underestimated because of willful non-disclosure of sexual violence and the lack of privacy in some of the interviews, despite efforts to ensure privacy. Reasons for willful non-disclosure often include fear of retribution by an assailant, of being stigmatized and rejected, blamed for the attack, and/or the psychological consequences of disclosure.¹⁸⁷ In addition, the average age of participants (female heads of households) reporting war-related sexual violence (34 ± 0.48 years) was more than twice the average age of females experiencing non war-related sexual violence reported in the study (15 ± 1.2 years). Although interviewers were careful to explain there would be no material or other gain by participating in the survey, the number of abuses reported in the study may have been over or underestimated if IDPs judged that it was in their material, political or psychological interest to exaggerate or conceal claims of abuse.

¹⁸⁵ Ulin, P., "African Women and AIDS: Negotiating Behavioral Change," *Soc Sci Med.* 1992;34(1):63-74; Bruyn, M., "Women and AIDS in Developing Countries," *Soc Sci Med.* 1992;34(3):249-262.

¹⁸⁶ Ibid.

¹⁸⁷ Koss, M.P., "Detecting the Scope of Rape: A Review of Prevalence Research Methods," *Journal of Interpersonal Violence*, 1993;8:198-222.

IV. QUALITATIVE COMMENTS AND TESTIMONIES OF SIERRA LEONEAN WOMEN AND GIRLS

In order to gain insight into individual experiences of human rights abuses of Sierra Leonean women and their families, the PHR study included qualitative assessments of abuses as well.¹⁸⁸

Two primary approaches were used to elicit qualitative information. Seven open-ended questions were included in the questionnaire itself, and longer semi-structured interviews were conducted with survivors of human rights abuses that were not survey participants. Throughout this chapter, wherever possible, the exact words of the women and girls interviewed have been used in order to give expression to their individual experiences. All participants were informed of the purpose of the interview and of how the data would be collected and used. In the interest of confidentiality, their names have been changed and identifying information removed.

Case Examples from In-Depth Interviews

Case testimony of survivors of war-related human rights abuses was collected during two separate investigations to Sierra Leone. A PHR delegation visited Sierra Leone in March, 2000 to assess the medical consequences of human rights abuses committed during the war, including sexual violence. During that trip, members of the team with specialized training in sexual violence interviewed more than two dozen survivors of abuses. To mitigate the risk of re-traumatization, most of the testimony gathered during the 2000 investigation was taken from individuals who were already participating in programs for rape survivors. The interviews were semi-structured and covered a range of topics including basic biographical information, the circumstances of violations, details about perpetrators, medical and psychological consequences of the abuses, what types of services had been available and helpful to them, and what their concerns were for the future. The interviews took place at NGO offices,

¹⁸⁸ Quantitative and qualitative modes of inquiries each may have value independent of the other when the research questions address meaningful human rights issues and the studies are designed and interpreted within relevant historical and political context. Using both quantitative and qualitative modes of inquiry also may be complementary serve as one line of inquiry may serve to corroborate, or challenge, another.

UNICEF's headquarters in Freetown, health clinics, IDP camps, and programs for women who had become pregnant as a result of rape.

Testimony was also collected at the time the survey was conducted in February, 2001. Researchers administering the questionnaire were asked to identify women who had experienced human rights abuses who were willing to describe their experiences in more detail. These women then recorded their stories on audio and videotape in a private room in the health clinic on the outskirts of the camp. Most interviews were conducted in the first language of the victim and translated simultaneously by the researcher who first interviewed the woman or a translator, or they were translated at a later date from a tape recording.

A number of testimonies taken by PHR in March 2000 were from survivors of rape who had become pregnant by their attackers. These young women are particularly vulnerable as they must not only recover from the trauma of their ordeals while often facing stigma from their communities, but at the same time must learn to care for and support a baby with few resources. As part of a larger effort to assist rape victims in Freetown after the January 1999 incursion by rebel forces, a local NGO, the Forum for African Women Educationalists (FAWE), established a program providing medical, psychological and educational support to these women and their children. A number of the young women participating in the program acknowledged to PHR the importance of the program in helping them to cope with what had happened to them.

Cases of Sexual Violence

Bola N.

In February 2001, Physicians for Human Rights interviewed a fifteen year-old girl, Bola N. Rebels had abducted her four times since 1999. At the time of the interview she told PHR she was two months pregnant and living at an IDP camp in Port Loko. She described her first abduction to the interviewer:

When they first attacked the village, we fled to the bushes. When they removed us from our village we were frightened ... they held us, they cut some hands, they killed some, they forced us to be tied, we were taken to the bush where the sexual act was forced on us. ... Nine men raped me. ... My mother was taken away, my things, belongings, taken. I slept three days in the bush after they had raped me. I was unconscious, not myself. ... After they had raped me to their satisfaction, they left me in the bush. I was beaten, bruises on my body, part of my body. Some around were amputated. I was not well.¹⁸⁹

¹⁸⁹ PHR Interview, February, 2001, Port Loko, Sierra Leone.

As she described her multiple abductions, she wrapped her arms around herself and lowered her tone to almost a whisper:

My first captivity was when the nine men raped me. Then I was left in the bush. Second time I was held a little over a month, taken to base. There are many, many combatants there. There are also many other young women held there, too. I was not assigned to just one man, as long as you are good looking, you have intercourse with all of them. In the third captivity they remembered me. They knew me. They use abusive language. I escape during the night. The fourth time was last year: they did an ambush [on an outing of women from the IDP camp]. They came for us, raped us, they asked us to go back to the village to prepare food for them, so we had to escape. We were afraid to go to the village. So we escaped.¹⁹⁰

Over the course of her multiple abductions and gang rapes, she had two miscarriages. She had been engaged to one man at the time of the first gang rape, but he left her when he heard of the event:

I was just engaged to someone. So when I went to the bush, I was pregnant. Because of the nine men who raped me, I had to abort. So my husband had to resign from continuing the engagement. The husband I have now is a new person.¹⁹¹

She said that this new husband did not know what had happened to her in the bush. She told PHR that she had not gone to a doctor for prenatal care because she did not want anyone to know she was pregnant, although she stated that she would go to the doctor once the pregnancy was visible. She had not gone to the hospital for the miscarriages because they asked for 1,000 Leones (approximately 30 cents) simply to register. The cost for medical care had further prevented her from seeking help for the multiple health problems she had experienced since the abductions.

She stated that she was not able to sleep through the night. Every night she wakes up and cries. Her family had been killed. Her first fiancé had left her. She was afraid to tell anyone about the violence she had experienced. When asked if she had told anyone of these events before PHR interviewed her, she acknowledged that she had told her friend who had taken her to the hospital after the first attack, but no one else. No one in her family knew what had happened to her.

Sampa K.

Another woman, Sampa K., had 11 children under her care when the rebels attacked. She told PHR that they abducted her for two years, sepa-

¹⁹⁰ PHR Interview, February, 2001, Port Loko, Sierra Leone.

¹⁹¹ PHR Interview, February, 2001, Port Loko, Sierra Leone.

rating her from all but one of the children. Some were killed, others were scattered. Sampa described the initial attack:

I woke up in the morning about two o' clock and cleaned my house. ... As soon as I lifted a load I was trying to carry, my daughters said, "Mama! The rebels are coming!" I dropped everything. I am ready to flee to the bush with the baby on the back. Then there are so many, I cannot escape. They hit me, they took the baby from my back and threw the baby, the baby is too tired. Then he started to do the act on me - there are many of them.¹⁹²

During her subsequent servitude to the rebels, she tried in vain to save her infant child:

I was now crying with my baby, the baby was crying, I tried to let the baby suck the breast milk. And it was not completely five days, [when] I lost the baby. The baby was having trouble. Everyday I had to sleep with the boys. Every day I sleep with the boys and I cannot refuse - guns all over, they threaten me with guns. Guns all over. And then one says give the breast to the child. And every time I gave the breast to the child, he refused me. And so for three days I did not feed the child.¹⁹³

She traveled for two years, living as the "wife" of one particular rebel. He kept her compliant by feeding her drugs:

Every day this man would give me some tablets to take, some are green, some are blue, some are red. I was using the tablets so that I wouldn't get any problem with the man. The man used to tell me to take this tablet it is good for you.¹⁹⁴

Throughout the interview, Sampa kept a blank look on her face, giving the facts of her abduction and sexual enslavement in a straightforward manner. It was not until she was asked what might help her that her demeanor shifted. In response to this question, she described a nightmare she had recently had, in which she was again chased by the rebels. They brandished knives that filled her with fear. They chased her, intending to kill her once they caught her, up to a bridge. The dream ended with her standing on the edge of the bridge, prepared to jump to her death rather than be caught again.

Aminata K.

Twenty-year-old Aminata K. wanted to tell her story, but did not want to be recorded. She was eight months pregnant at the time of the interview. Aminata was captured by the a breakaway faction of the AFRC, the West

¹⁹² PHR Interview, February, 2001, Port Loko, Sierra Leone.

¹⁹³ PHR Interview, February, 2001, Port Loko, Sierra Leone.

¹⁹⁴ PHR Interview, February, 2001, Port Loko, Sierra Leone.

Side Boys, in Mafore village in the Port Loko area in 1999 and held for almost two years. According to Aminata K., they killed one young man, left some old women and took Aminata, along with one young boy and two other women, to their base. She said she was forced to leave behind her eight-month-old baby. She told PHR that she was held at the base for a year and a month and forced to marry a young member of the West Side Boys called James. Initially she was closely watched and then was forced to go with others to villages to loot, a practice the rebels refer to as “jaja”. She saw them burn many houses. The leader was referred to as ‘Pape’ or ‘Sammy’. She said that she escaped by telling the rebels that she was going to wash her clothes and then ran away to her home village where she found her family seeking food. Aminata told PHR that she is pregnant as a result of being raped and now reports feeling depressed and hopeless. Before she was abducted, she was married and had three children. One of her children died, but two are living. Her parents took care of the baby. Since returning from her captivity, her husband left her and they have divorced. She said that after she returned he kept saying, “this is not my child – you are pregnant with child – this is not my child,” and after a few months he left her. She wanted to abort using herbs, but her family asked her not to as it might kill her and offered to help raise the new child. She said she is worried, however, because she has no husband or means and is completely dependent. They are currently living in the IDP camp, but they go back to their village from time to time to see if they can rebuild their house – but she does not see much hope for the future.¹⁹⁵

Kadiatu S.

Kadiatu S. was 16 years old at the time of the PHR interview. She was abducted when she was fourteen years old. She had no formal education, but worked for her mother, a businesswoman in Kono. “The rebels attacked the town and we ran. I was separated from my parents and for nine days I walked in the bush with five other girls to the next town. We were grabbed by rebels. They used me and threatened to kill me with a gun.” A commander stopped them from killing her and took her back to the base. ECOMOG attacked the base. An ECOMOG soldier took her for his wife. She traveled with ECOMOG and stayed in Kailahun for approximately one year. She hitched a ride from a car full of rebels. “If you are a willing rebel wife you can get a ride in the rebel cars into town to shop.” She told them she was going to visit family in Makeni. They assumed she was a rebel and would return. Kadiatu managed to find her way to Freetown, where she contacted her aunt. She was taken to her uncle, a doctor, and diagnosed six months pregnant. She was devastated. Kadiatu states that she does not cry, though she is

¹⁹⁵ PHR Interview, February, 2001, Port Loko, Sierra Leone.

very sad and angry about the pregnancy. Her mother came to Freetown to collect her.¹⁹⁶

Hawa

Seventeen year-old Hawa told PHR that she delivered a stillborn baby girl in the bush after carrying her unwanted child for eight months.

*The rebels burned my father's house and my mother jumped out the window. The rebels shot her in the chest and killed her. My father is too depressed to work. He lives in the house and is making the repairs. The rebels took me to the bush and kept me for six months. I was made a real wife.*¹⁹⁷

She showed the interviewer the scars on her right thigh – “RUF.” She said they had traveled a route from Freetown to Collage, then to Occra Hills and to Makeni. She reported that the rebels starved her for 2-3 days, drugged her with cocaine and infected her with a sexually transmitted disease. She told PHR that ECOMOG came into the bush and rescued her and delivered her to Waterloo camp.

Katmara B.

Katmara B., a 13-year-old girl told PHR she was abducted, beaten, raped and forced to become a rebel's “wife.” She said she was released during the latter stages of her pregnancy and now has a baby girl. The story of what happened to her and her family during the rebel incursion into Freetown in January 1999 captures the anarchy of those days which left the capital city and its people profoundly fearful:

...that night, houses were being burned down in our neighborhood, so we ran to the local mosque for sanctuary. There were so many people hiding in there. We tried to run away. They began to shoot and killed some people in the mosque. They forced us to sit down on the side and went into the mosque and killed about 15 people in there. I saw them do it. Then they called us to come and look at the bodies. My cousin's father and my aunt were shot. An uncle's hand was hacked off. My mother was inside the mosque, when she saw me, she called out to me, one of them heard her and said “If you call her, we'll kill you.” So she didn't call me again. Then they took us outside and told us to change our clothes and gave us combat clothes to wear. We were told that we had to do anything they told us to do. We were told that when they addressed us, we were to respond with “Yes sir”. At that point we were given guns and cutlasses, and told that we were to go and cut hands off. On our way to wherever they were taking us, we met up another group

¹⁹⁶ PHR Interview, March 2000, Freetown, Sierra Leone

¹⁹⁷ PHR Interview, March 2000, Freetown, Sierra Leone

called “Born Naked”. The people in this group roamed the streets naked, the way they were born, and when they met people, they killed them. When the members of “Born Naked” saw us, they told the others that they should kill us since they had been warned not to take any more hostages.

So, on our way to be killed, we were taken to a house with about 200 people held in it. My older cousin was sent to go and select 25 men and 25 women to have their hands chopped off. Then she was told to cut off the first man’s hand. She refused to do it saying that she was afraid, I was then told to do it. I said I’d never done such a thing before and that I was also afraid. We were told to sit on the side and watch. So we sat. They chopped off two men’s hands. My cousin couldn’t watch and bowed her head down to avoid the sight. Because she did that, they shot her in the foot. They bandaged her foot and then forced her to walk. We left the two men whose hands had been cut off behind. We were then taken to a mosque in Kissy. They killed everyone in there...They were snatching babies and infants from their mother’s arms and tossing them in the air. The babies would free fall to their deaths. At other times they would also chop them from the back of their heads to kill them, you know, like you do when you slaughter chickens...One girl with us tried to escape. They made her take off her slippers and give them to me and then killed her...one time we came across two pregnant women. They tied the women down with their legs eagle-spread and took a sharpened stick and jabbed them inside their wombs until the babies came out on the sticks...¹⁹⁸

Isata

Isata, a 15-year-old Mandingo girl, was abducted and gang raped by rebels. She described her experiences and their continuing effects on her health:

...I don’t have any children. I was a virgin before. They ruined me. The story is long, much too long. I was at home when they came and kidnapped me...They demanded money. My family has no money. They demanded Le 200,000.00 (\$83.00)...they said to my parents, come and see how we use your children. They undressed five of us, laid us down, used us in front of my family and took us away with them. They wouldn’t release us, they kept us with them in the bush.....When I escaped, I couldn’t walk – the pain. I was bleeding from my vagina. That night, God gave me strength to walk...I can’t remember how long I was held...I don’t like to talk because of the memories. When I made it back,

¹⁹⁸ PHR Interview, March 2000, Freetown, Sierra Leone

*my mother couldn't believe it. Since I got back I have been so sick...I never used to get sick like this...I would like to go back to school, but I can't concentrate anymore, I can't do anything...*¹⁹⁹

Binta K.

Binta K., an 18-year-old girl, told PHR she was abducted, beaten, raped and forced to become a rebel's "wife." She was released during the latter stages of her pregnancy and at the time of the interview had a two-month old baby girl. She recounted to PHR:

*...As the rebels were pulling out of Freetown, they came to our house and captured us. They even killed some of the other girls in our house. I was hiding with some girls when they found us. We were told that if we didn't come with them, they'd kill us. While I was begging them not to take me, a little boy, about ten years old who was with them piped up "If she doesn't want to come, pass her over to me and I'll chop her hands." I agreed to go. I was raped and held there in the bush. I wanted to run away, to escape, but there was no way. If you were caught trying to escape, you were killed or put in a box...*²⁰⁰

Later in that same interview, she expressed her sorrow that many of her family members blame her for not having tried harder to escape. She and her baby were living with a girlfriend at the time of the interview.

Zainab K.

Zainab K. told PHR she was abducted when she was seventeen during the January 1999 incursion into Freetown. She recounted her story in English in measured, unemotional language. She had attended school through second form (12-14 years).

Zainab was taken from her home in Wellington by RUF and ex-SLA combatants and then taken to Calaba Town with two neighbors the same age. She said that she was raped by two older men who were very brutal. She was a virgin. They beat her and carved "RUF" on her chest with a knife. She said that she remained in Calaba Town for three days and then walked 20 miles to Waterloo carrying cartons of water. She had to forage for food and ate Cassava plants by the roadside. She stayed in Waterloo for one week and then walked for three days to Masiaka. There, she recounted, the CDF attacked. About 100 girls escaped, leaving 50 with the rebels. From then on, she said, soldiers guarded them and told them they would shoot them if they tried to escape.

They then walked for two weeks to Makeni. She told PHR that she knew she was pregnant because she had morning sickness. She stayed with

¹⁹⁹ PHR Interview, March 2000, Freetown, Sierra Leone.

²⁰⁰ PHR Interview, March 2000, Freetown, Sierra Leone

one man, Mohammed, who was ex-SLA. She said that she begged him to release her but he said she should stay until she had the baby, so she could leave the child with the rebels. She told PHR that if she refused to have sex he would beat her – though he stopped beating her when she was four months pregnant. No other men touched her after that. Mohammed's boss took care of her and gave her food. From Makeni she was brought to a base in Occra Hills.

One day when she was about six months pregnant she said that she was sent to do laundry by the stream. She left the clothes and took a bush path with another girl. They came to an area where soldiers had surrendered and found transportation back to Freetown. She said that she found her mother who was pleased to see her, but her aunt said her mother should not take her in. She said that her mother, however, insisted and her father has also been supportive. She was scared to go home, but since she went to FAWE and got counseling she feels much better. She came to FAWE two weeks after arriving back in Freetown. A neighbor in Wellington had told her and her mother about the program and brought her to the office. At first she could not sleep and would always wake up at night, but now after the FAWE counseling sessions she is able to relax.

Her baby, Fatmata, was four months old at the time of the interview. Zainab had no problems with the delivery and likes being a mother. She knew she wanted to keep the baby when she was pregnant. She said she is scared Mohammed will come for the baby. Though she does not think he should be punished, she never wants to see him again and wants to try to forget about him. She also has anxieties about what will happen when the program ends. At the time of the interview she was not interested in getting married in the future, but in gaining skills so she can support her child.²⁰¹

Other Human Rights Abuses

The PHR study revealed the severity of human rights abuses in addition to sexual violence experienced by IDPs at the hands of combatants. Ninety-four percent of households interviewed by the PHR/UNAMSIL team were affected by one or more serious physical abuses. The trauma experiences by those who suffered sexual violence must, therefore, be understood in the context of trauma suffered from a range of abuses committed against the individual, her family and community. In addition to the reported levels of trauma and physical abuse experienced, many of those PHR interviewed spoke of loss. This loss went beyond the loss of basic human needs such as housing, food and medical care. It concerned safety, trust, control, self-esteem, and intimacy. Participants interviewed expressed shock, anger, horror, sadness, and a sense of countless additional losses – loss of property, society, family, loved ones, health and a sense of well being. In a society

²⁰¹ PHR Interview, March 2000, Freetown, Sierra Leone

where the extended family plays an integral function, this primary means of support was irrevocably damaged. Several women who had not suffered sexual violence spoke of the range of abuses they and their families had experienced and the multiple losses they faced. A young woman, Marie K., described to PHR her and her family's experience:

*...They killed many of us, many people...about 100, we were in an unfinished house when they came and kicked at the doors and demanded to know who was in there. They yelled that if we didn't come out they would kill us or burn the house down. Someone near the door opened it. The rest of us were hiding in a room, huddled together. They came in and began to hit us with their weapons yelling "get out, if you don't come out we will kill you." Those who refused to come out, they lit the house up and burned it with them inside the house...*²⁰²

Aminata B.

Aminata B., a 21 year-old Limba woman who was 12 years old when the war started, told of the destruction of her family's farm by rebels

*...I grew up with my parents in the Kenema area – Bahamaconta. When the war came, we had to run away, everything we had was burned down or taken away. My father was killed and we couldn't even bury him, we had to just leave him behind...we don't know whether he was ever buried. My mother, sisters and I fled to Makeni. When we lived in Bahamaconta I used to go to school, but when we fled to Makeni, my mother could no longer afford to send my sisters and me to school. We tried to sell water (put in small plastic bags for drinking purposes) to make money to survive...*²⁰³

Musu

Musu was abducted when she was 12 years old and at the time she was interviewed by PHR in March 2000 she had twin nine-month-old boys. She told PHR her story:

I had gotten up and bathed and was getting ready to go to school when the rebels came. I heard shooting and hid under my bed. They searched my house. They shouted, they'd launch an attack on the house and set it on fire if we didn't go with them. I was so frightened I felt I had to use the toilet – the rebels told me I could relieve myself right there in front of them. They took me out of my house and threatened to kill me if I resisted. I saw a neighbor and warned her to run. She was seated and had already surrendered. I surrendered also. We were forced to walk in

²⁰² PHR Interview, March 2000, Freetown, Sierra Leone

²⁰³ PHR Interview, March 2000, Freetown, Sierra Leone

the bush for one week and three days. My feet swelled with pain until my toenails came off. We traveled from Kambia to Malal Hill in Makeni. We stayed one week then we trained as commandos for one month and three days, after which we were attacked by government troops. They (rebels) moved out in the middle of the night and traveled on foot to Rotifunk where we all stayed for one year and six months. In 1997, I was with the rebels when they attacked Freetown, but I returned with the rebels because I saw no family there. I never killed anyone. I [lied to them and] told them I had surgery on my eyes and could not see to shoot. They believed me because my eyes were always swollen and red [from crying] because of the things I saw. When the rebels returned to Freetown in 1999 I was pregnant. I convinced a lady to allow me to stay with her. I told her no harm would come to her. I stayed in her house until one day I ran into my aunt on the street. I told her my story and she invited me to come stay with her.²⁰⁴

Women's Attitudes about Punishment of Perpetrators

A striking finding from both the in-depth interviews and survey was how many women did not want their perpetrator to be punished. The survey revealed that only 42% of those who responded to this question thought their perpetrators should be punished. Because of the destruction of the war, many Sierra Leoneans do not have experience with a functioning judiciary – this may have been a factor in some women's responses. Some of the women indicated to PHR that what they had experienced was so horrific that they did not believe justice to be possible, others feared retaliation by their perpetrators. Most did not seek justice or revenge, but rather peace and reconciliation, a theme that was echoed in the long form testimonies.

Mary J., 16 years old at the time of the interview, explained her reasoning for not wanting to seek punishment for her persecutors:

...My parents died during the war – they were killed by rebels. I was there and saw it. They captured me and took me with them to the bush. I was a virgin. Two men used me, they ruined me. I escaped when we came near Freetown...so many problems since. I became ill, stomach aches...Finally I was taken to the hospital. I wanted to die. In the hospital, they told me they had to do emergency surgery, my people did not have any money...If they catch them and try to do to them what they did to me, it won't even come near the hell I've been through. So they should just leave them. If they try to punish them, the punishment that I have gotten is more than theirs. I wanted to die during that time. If the emergency operation had not been performed, I would have died...If I

²⁰⁴ PHR Interview March 2001, Port Loko, Sierra Leone.

*ask for punishment for them, it will never amount to what I went through, so the best thing is just to leave them so that we can have peace in Sierra Leone.*²⁰⁵

A desire for a return to peace was also expressed by Fatmata, a 21 year-old woman with two children:

*I was dragged out of the house, but when they saw me, they said that they wanted a virgin, even then I was told to undress...a gun was put to my head, I was kidnapped and constantly threatened with rape...I just want peace in the country, I want things to go back to the way they were in the old days...*²⁰⁶

Madina K., a young woman, was one of the women who expressed a desire to bring one of those involved in her attack to justice:

*...They'd wanted to burn the house down with me in it...I was beaten, raped, forced to go with them. They told me to do bad things, they threatened me with death and beat me. Two men raped me. The first one would go and call other men to come and join in. Others intervened and saved me...I don't want revenge. I don't even remember who they were. The only one I want punished is the one who kidnapped me. I want him to be punished for his wickedness...*²⁰⁷

Some victims revealed that their attackers made explicit threats. A 30 year-old woman from the north was raped and beaten by two RUF members in 1997. Her husband was also beaten and their home burned and looted. She told PHR, "They [the attackers] were saying to me after they raped me if I will say it to anyone, they will come and kill me."

In spite of the risks, women did offer to give their names to the Special Court or the TRC. One victim who agreed to testify said enthusiastically: "I am ready to go anywhere in the world to explain myself."

The PHR survey administered in 2001 concluded with a series of six open-ended questions for those respondents who reported war-related sexual violence to provide more details about their experiences and additional information about their health, their future, and other concerns. All participants were also encouraged to provide additional comments at the end of the interview. The experiences and concerns women described in their answers to these questions are briefly described here.

Identity and Affiliation of Attackers

Participants were asked to provide identifying information about their attackers and their affiliation:

²⁰⁵ PHR interview, March 2000, Freetown, Sierra Leone

²⁰⁶ PHR interview, March 2000, Freetown, Sierra Leone

²⁰⁷ PHR interview, March 2000, Freetown, Sierra Leone

Do you know anything that could identify your attackers? Did they call each other by name? How do you know which military group your attackers were with?

Many respondents were able to provide first names of their attackers – both real names and *noms de guerre* such as Blood, Pepper, Nasty, Bullet, Cut Hand, Poison, God Father, Rebel Baby, Dry Gin, Rambo and Commando Around the World. While one woman was gang-raped by eight members of the RUF, she only named one perpetrator: “His name is Body Naked and if I see him now I will identify him.” Several women offered the full names of their attackers as well as descriptions of them.

The affiliation of perpetrators was understood primarily through verbal communication, “They call their leader’s name, Foday Sankoh and their commander Superman;” “They call themselves West Side Boys and they took me to their base and I was with them until I escaped.” A twenty-five year-old woman from Port Loko who was captured by the AFRC in 1998 and whose husband was tortured said that the perpetrators referred to themselves as “our junta the AFRC.” Two women specifically identified members of the Sierra Leone Army, though it is possible that they were part of the military that turned on the government: “They said they were the Sierra Leone Military Group.”

Dress also played a role in linking individuals to a group in the minds of those who were attacked. One woman told PHR, “They were running after us and they were calling Superman, Colonel Issa, and everybody knows that these people were RUF, because they were always at the bush and wore T-shirts with “RUF” printed on them. I was given one to wear by Gold Teeth.” A 16-year-old from Port Loko who was gang raped by five attackers and held for months was able to identify her attackers “because they were wearing Tupac [Shakur] T-shirts, so I know they were rebels.” The RUF were identified numerous times as wearing red scarves tied around their heads. “They identify each other by names. One called himself Abdullah, another Mohammed and the last Sorie. They all had red cloths on the forehead. The Ex-SLA wore their uniforms and identified themselves as Ex-SLA,” recounted a woman who had been abducted and gang raped. Another woman who had a similar experience in which she was jointly attacked by RUF and Ex-SLA claimed: “They had red cloth on their forehead and call their leaders name, which is Poppeh,²⁰⁸ meaning Foday Sankoh.” Another woman told PHR, “They had red headbands and green uniforms on and said they were fighting for Foday Sankoh (and) that they were going to fight until Tejan Kabbah goes away.”

Of the 93 survivors of sexual violence interviewed in the PHR survey

²⁰⁸ The name of Poppeh, apparently a nickname for Foday Sankoh, was mentioned by many women in the questionnaire. While it was spelled differently by the various researchers, it is reasonable to assume that they are all referring to the same name.

who were able to identify the affiliation of their perpetrator(s) in the PHR survey, the RUF was named 63 times, four of which were in complicity with ex-SLA soldiers. The West Side Boys were named 14 times, the AFRC eight times, Liberians two times, and the Sierra Leone military twice, though it is unclear whether their loyalty was with the government at the time of the attacks. Most attackers identified themselves verbally as well as by their dress, but also, in the incidents perpetrated by RUF fighters, by declaring their loyalty to their leader. Several victims concluded the affiliation of their perpetrators because they were “based near by.”

While no direct evidence of command responsibility was provided to PHR, several women pointed a finger at rebel leadership. A 30 year-old woman from the North who was abducted, raped and beaten by RUF stated, “I just know that the leader of the fighters is the fault because if he stopped them, they would never do it – because he supported it – that’s why.”

Many participants were clear about the affiliation of their attackers. It must, however, be understood that many of the rebel factions collaborating and loyalties shifted at various times of the war. As such, in some cases, it may be difficult to determine perpetrator affiliation with certainty.

Relationship between Victim and Perpetrator

The complexity of the relationship between victim and perpetrator that has on occasion developed in the bush must be noted. It has been reported that some women and girls who were abducted chose to remain with their captors. There are a number of possible explanations. The PHR survey revealed that some who became pregnant as a result of rape consider themselves married to their captors and believe they have no choice but to remain with their “husbands.” Other possible factors contributing to the reported phenomena of abductees voluntarily remaining with their captors include: identification with the abductor, drug addiction, the more desirable food options reportedly available in the bush, fear that they will be rejected by their families and communities if they go home, and the fact that many abductees, particularly those who were abducted as young girls are now accustomed to their new way of life and surrogate families.²⁰⁹

For example, one 16 year-old girl from the Port Loko area with no schooling was raped and abducted by a member of the RUF. She thinks commanders were aware of the attacks and she “can identify her attacker because she knows his name and he forced her to marry him.” While she expressed fear of contracting a disease and of future sexual violence by combatants, she does not think her perpetrator should be punished now because he is her legal husband and they have a child together.

²⁰⁹ PHR conversations Corinne Dufka of Human Rights Watch, January, 2001 and with NGO representatives who were providing services to returned abductees, March 2000.

A 16-year-old from the Eastern area was abducted by the RUF in 1999 with her sister and forced to marry her captor. She also claims the commander was aware of the attack. She does not think her attacker should be punished because of fear of reprisals and in the spirit of reconciliation:

In the bush he was called Lt. Papay, ... He said they were Mosquito's group. That he was pure rebel and would marry me and carry me into the bush and live with me there because they are bad people and want to destroy me and even the country.

What Perpetrators Said During the Attacks

More than half of the women who reported sexual violence answered the question, "What did [your attackers] say to you, or to each other?" About a fourth of these reported that their attackers explicitly claimed to be targeting supporters of Pa (Tejan) Kabba. Of these, many women were directly told to go tell Pa Kabba about what had happened to them: One woman told PHR "They told me to go complain to Tejan Kabbah after they have burnt my clothes and house, then raped me." Another reported that "they told me if I refuse to lie down they will kill me and after they finished they told me to go and report to Pa Kabba." This was almost identical to what was reported to PHR by another woman: "They told me they are going to kill me if I refuse to follow them and they told me to lie down. They also used all sort of obscene language at me and they told me to go and tell Tejan Kabba." These remarks suggest that the attacks were politically motivated.

Other women reported comments made by their attackers that suggest political motivation. According to one participant, "they asked me, 'whom are you going to vote for?'" Another told PHR "they said they are coming with their boss Foday Sankoh to take over from Pa Kabbah, and that we should support them." A 22 year-old woman who was abducted by the RUF with her husband's other wife quoted her attackers; "We will never release you until we marry you... Because Foday Sankoh is not president, that's why we are doing this to women." Another told PHR "they said they were fighting because the government was corrupt." A 19 year-old woman was raped along with all seven other female members of her household. "They were saying we are not ready for disarmament until they release Foday Sankoh from prison to come to us."

Many also reported to PHR that they were threatened with violence or death by their attackers if they did not cooperate, as evidenced by some of the statements above. A woman from Port Loko whose husband was beaten, whose sons were abducted and are still missing, and who was raped along with her daughter and her husband's other wife reported the

rebels saying to her “that if I don’t allow them to rape me they were going to kill me, so I allowed them.”

Why Did Respondents Think Combatants Attacked Women?

In response to the question posed by the PHR/UNAMSIL team, “Why do you think combatants did these things – sexually abusing women and girls – during this war?” the majority of women did not reply or stated that they did not know. Many of those who answered gave the question over to God, saying only God knew why the assailants did those things. Among those who ventured an opinion, most maintained that the combatants targeted women because women are weak, they cannot fight back, or run away. Some women stated simply that the men wanted sex. A smaller, but significant, group of respondents indicated that the men committed acts of sexual violence because they did not respect women or their mothers. Other women cited the sense of omnipotence felt by their attackers. As one woman explained, “They are rebels. They could do anything.” Another said, “because they wanted young women and they have money and guns.”

Several responses suggested the actions of the perpetrators were strategic: “They use women as human shields in their campaign against the government and whenever they have planned attacks women lead in order to be spies.” “They know what they did it for – they hold the gun and their motive was to see women and rape them.”

Women’s Concerns about the Future and about Their Health

The majority of women who responded to the two questions about their biggest worries about the future in general and about their health referred to the financial and personal insecurity they faced as a result of the war. Women expressed fear that the war would not end and that they would experience future attacks and abuse. They spoke of their lack of livelihoods, homes, and husbands to provide for them. As one woman told PHR “Presently my husband is no more. Who will take care of me in the future? They have looted my properties and I do not have anything for now.” A number of women expressed fear about how they would provide for themselves or for their children, including offspring from the rapes they experienced. One woman told PHR, “I am homeless, bankrupt, and where can I get help to take care of my unborn child?”

In their responses about overall worries about the future, some respondents linked their fears about their vulnerability as “violated” women without a male partner or family with concern about their health:

There will be no better future for me because I am broken. No man will marry me or take me seriously. I don’t want to become sick, to get what they call AIDS. People will begin to say a lot about me if they know what happened to me.

The concern about having contracted a sexually transmitted disease or AIDS was a prominent concern expressed by several participants in response to the question about specific health worries. Women described experiencing diffuse abdominal and pelvic pains and expressed worry that these represented sexually transmitted diseases. Yet, they were afraid of the stigma associated with seeking help for rape-related health problems:

I don't want to have AIDS. I am afraid to go to the hospital. I don't want people to know if it is true that I have AIDS. I don't know whether I have AIDS or not.

Other women expressed a desire for medical treatment, but spoke of their lack of access to medical assistance at the IDP camps. Many of the respondents, both those who had directly suffered sexual trauma and those who had not, spoke in general terms of being physically and mentally sick, but with little hope of receiving necessary medical care.

In addition to the series of open-ended questions asked by PHR of those who survived sexual violence, all participants were given the opportunity to provide additional comments at the end of the interview.

Many respondents expressed a strong desire for an end to the war so they can return home and resume their previous routine including work, food and housing: “I want the government to help with all possible means to put an end to this war. I am fed up being displaced. I want to go back. I want perfect peace so that our children can go back to school and we would no longer have fear.”

Many, however, did not know the state of their homes, which they feared or knew had been burned or looted: “When the rebels attacked us at night, I left naked and ran into the bush. They burned and looted everything in our house.” In the camps many women have little to do but gather firewood to occupy their time, which some sell to earn money. Some complained of food shortages and lack of access to medicines: “I worry about my daughter because she never discloses anything about her experience when she was abducted. I want the government to help me with money so that I will be able to take her to the hospital for medical check up since she refuses to talk to me. I need clothes for my children and also for myself.” Another expressed her desperation:

Since four years back they abducted my son – until now I don't know if he's dead or alive. I want to see him. The condition we are living in is deplorable. We are praying and asking for rapid deployment – we want to return. There is nothing to live on unless the mere bulgur. My sides are paining me from laying on the ground – we have no place to sleep.

A number of women who had lost their husbands in the war stressed the need for education and skills training for women and assistance in sup-

porting their children: “Now that they have killed my two children and also my husband is dead, how am I going to maintain the other children as we need assistance?”

Now I have lost my husband so I do not have a husband. I have no money. I am also an old woman. All that I had was left to the mercy of the rebels because I had to run when they were behind us. As you can see, my feet are swollen, I cannot walk – I cannot do anything. The first thing is that I do not have money – If I had money I would start doing something. All I can say now is that I wish the war would end.

Women requested loans for business purposes, as well as a need for assistance with school fees so they could send their children back to school: “We are praying that this war ends. We will also like to see rehabilitation take place in our community. We want our homes rebuilt, but most of all education for our children. We know that once they are educated, they in return will help build our nation.” Several women not only recognized the importance of education for the long-term success of the country, but specifically noted education for girls:

We want education in our land. The saying goes that when you educate a woman, you educate a nation. We want our girl children to go to school, learn skills – and even we parents, if need be. We want loan schemes because some of us were traders, but today the rebels have suffered us.

Many of the additional comments could be categorized to reveal the most common concerns among IDP women who did not report sexual violence. The prevailing response was a desire for the war to end (168/424): “My heart’s desire now is to see that the war ends so that we can go back home. Those who took the guns on us, we want God to take the guns from them so that we can go to our homes in peace.” A quarter (108/424) said that they wanted to return home: “Only begin the perpetrators to come out of the bush and lay down their weapons for us to go home – we’re home-sick.” Education for children was also mentioned (30/424) – and education/skills for the participant by (10/424). A thirty-four year-old woman with five young children who had been displaced since January 1999 and is separated from her husband said that she “needs help from any NGO to set up women’s groups for the promotion of women’s activities to become self-reliant.”

Fifty-eight women expressed a need for clothing, food or other household items including pots for cooking, utensils and bedding. Twenty requested financial assistance and 15 medical assistance. Fifteen requested assistance with building and repair.

Of those who reported sexual violence, 79 provided additional comments. The comments they provided were related to the preceding ques-

tions which focused on details about their perpetrator and their concerns about their health and their future. The most common comments among this group also had to do with a desire for an end to the war and for going home. Other concerns cited in descending order of frequency were: health/medical, schooling/training, clothing, shelter, cooking tools, financial support/loans, child care, food, family tracing, justice, and fear of future attacks. “Help me with school fees as I want to be a lawyer in the future. My mother is poor and do not have money. Protect women also.”

Many of these women also asked for assistance to simply begin rebuilding their lives, in some cases their pleas reflect an acute helplessness and desperation more evident among those who reported sexual violence. Many have lost their husbands, their homes, their children, their possessions and in some cases their ability to work due to disability and disease. “I am going to let the human rights people help me for medication. I am slowly dying – please help.” “Let the government and other NGOs decide on any help for us.” “We have suffered greatly during this war – even something to eat and wear we do not have, so please help us.” “Provide enough medicines because only panadol (paracetamol²¹⁰) is available. Rebuild our homes, send doctors who are very well with their jobs.” “Please UNAMSIL, help us. We are tired of this war. We want to return back. Please UN come help us with this war – help us return to our homes.”

Even those who felt less defeated pleaded for help: “I am thanking all those who ask you people to come and interview us about our experiences in the war in Jesus name. I greet them all. I pray God will touch the heart of the human rights people to think of our plight and bring immediate help for us.”

²¹⁰ Also known as acetaminophen or Tylenol.

V. APPLICATION OF RELEVANT INTERNATIONAL LAW

The acts of sexual violence, killings, and torture documented in this report that were perpetrated against civilians in Sierra Leone are crimes against humanity and war crimes as defined by international legal standards.²¹¹

Traditionally, rape and other forms of sexual violence were regarded as legitimate spoils of war, and sexual access to the vanquished women viewed as an incentive to capture a town. During the Middle Ages, wartime rape was increasingly prohibited, though rarely punished. Sexual violence was generally viewed as an unfortunate but inevitable byproduct of war. Although evidence of rape, enforced prostitution, sexual slavery, forced abortion, forced pregnancy, forced sterilization, sexual mutilation, and sexual humiliation was entered into the official transcripts of the Nuremberg and Tokyo War Crimes Trials held after World War II, attempts to prosecute the crimes were very limited.²¹²

As recent events in such conflicts as those in the former Yugoslavia and Rwanda have demonstrated, sexual violence is increasingly used as a powerful weapon of war, a means to cause serious bodily and mental harm to not only women, but to all members of the opposing group. Rape and other forms of sexual violence, including reproductive crimes, are now regarded as means of inflicting terror and destruction upon the civilian population and the armed forces protecting them.²¹³ Partly as a result of reports of women being detained and systematically raped in the Balkan conflict and during the Rwanda genocide, the international community has recognized these acts as serious crimes which merit prosecution and punishment. This acknowledgement has led to the inclusion of gender-based crimes in not only the Statute of the International Criminal Court, but also the Statutes of the International Criminal Tribunal for the former Yugoslavia²¹⁴ and International Criminal Tribunal for Rwanda.²¹⁵ Several judgments rendered by these tribunals have recognized various forms of

²¹¹ Rome Statute of the International Criminal Court (adopted 7/17/98). See www.untreaty.un.org/English/notpubl/rome-en.htm

²¹² See Askin, K.D., *War Crimes Against Women: Prosecution in International War Crimes Tribunals* (1997).

²¹³ See discussion in Askin, K.D., "Women and International Humanitarian Law," in Askin, K. & Koenig, D., eds. *Women and International Human Rights Law*, vol. 1, 1999.

²¹⁴ Statute of The International Criminal Tribunal for the Former Yugoslavia (adopted 5/25/93) www.un.org/icty

sexual violence as instruments of genocide, means of torture, crimes against humanity, and war crimes, regardless of the nature of the conflict as international or internal.²¹⁶ Sexual violence, including rape and sexual slavery, is specifically included in the Statute of the Special Court for Sierra Leone.

Humanitarian law

The legal instruments that constitute what is referred to as international humanitarian law, or laws of war, set out protections that apply in times of conflict. These overlap and supplement the protections offered by human rights law.

In the case of an internal conflict, such as the one in Sierra Leone, the protections that exist are less complete. Nonetheless, rape, extrajudicial killing, and torture are clearly prohibited under any circumstance. The origin of these standards is codified in Article 3 common to all four of the 1949 Geneva Conventions, which afford protections to civilians, prisoners of war, and others rendered *hors de combat* in internal armed conflicts.²¹⁷ The 1977 Additional Protocol I which regulates international armed conflicts and Additional Protocol II, which regulates non-international armed conflict, expand on these protections.²¹⁸ Sierra Leone is a party to all four of the 1949 Geneva Conventions²¹⁹ and both Additional Protocols.²²⁰

Common Article 3 which applies to all parties in internal conflicts such as Sierra Leone's, prohibits "violence to life and person, in particular murder of all kinds, mutilation, cruel treatment and torture" and "outrages upon personal dignity, in particular humiliating and degrading treatment." Additional Protocol I that regulates international armed conflict specifies that "Women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent

²¹⁵ Statute of The International Criminal Tribunal for Rwanda (adopted 11/8/94). See www.ictt.org

²¹⁶ See especially Prosecutor v. Jean-Paul Akayesu, Judgement, ICTR-96-4-T, September 2, 1998; Prosecutor v. Anto Furund'ija, Judgement, IT-95-17/1-T, December 10, 1998; Prosecutor v. Zejnil Delalic et al., Judgement, IT-96-21-T, November 16, 1998; Prosecutor v. Kunarac et al., Judgement, IT-96-23-T & IT-96-23/1-T, February 22, 2001.

²¹⁷ See e.g., Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War, August 12, 1949, 75 UNTS (1950) 287-417.

²¹⁸ 1977 Geneva Protocol II Additional to the Geneva Conventions of 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts, June 8, 1977, 1125 UNTS (1979) 609-99 [hereinafter Additional Protocol II]. Protocol Additional to the Geneva Conventions of August 12, 1949, and relating to the Protection of Victims of International Armed Conflicts June 8, 1977 [hereinafter Additional Protocol I].

²¹⁹ Succession: June 10, 1965

²²⁰ Ratified: October 21, 1986

assault.”²²¹ Additional Protocol II which applies in certain internal armed conflicts expands upon and explicitly forbids “violence to the life, health and physical or mental well-being of persons, in particular murder as well as cruel treatment such as torture, mutilation”²²² and “outrages upon personal dignity, in particular humiliating and degrading treatment, rape, enforced prostitution and any form of indecent assault.”²²³ The jurisprudence of the ICTY and ICTR has reinforced the principle that serious violations of these provisions constitute war crimes. As such, the acts of rape, killing and torture documented in this report, which were committed with a nexus to the armed conflict, are war crimes and international crimes prosecutable regardless of the presence of an armed conflict if committed in the context of crimes against humanity or genocide.

Human Rights Law

Sierra Leone has signed or ratified several international human rights treaties that prohibit the abuses committed against civilians documented in this report. These include the International Covenant on Civil and Political Rights (ICCPR),²²⁴ the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT),²²⁵ and the Convention on the Rights of the Child (CRC).²²⁶ These treaties protect the right to life, and the right to be free from torture and arbitrary detention. Sierra Leone is also a party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).²²⁷

International human rights law distinguishes certain rights as non-derogable. These must be respected in all circumstances including times of conflict. The right to life is one such right and is set out in the ICCPR²²⁸ and, in the case of children, the CRC.²²⁹ Another non-derogable right identified in the ICCPR is the right to be free from torture.²³⁰ This right is set out in more detail in the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Sexual violence including rape is

²²¹ Additional Protocol 1, Article 76 (1)

²²² Additional Protocol II, Article 4(2)(a).

²²³ Ibid, article 4(2)(e).

²²⁴ Acceded: August 23, 1996.

²²⁵ Signed: March 18, 1985; ratified by parliament March 1, 2001

²²⁶ Signed: February 13, 1990; ratified: June 18, 1990

²²⁷ Signed: September 22, 1988; Ratified: November 11, 1988. Sierra Leone’s initial and second and third periodic reports were due December 11, 1989, 1993 and 1997 respectively

²²⁸ ICCPR, Article 6(1)

²²⁹ CRC, Article 6(1)

²³⁰ ICCPR, Article 7

also recognized as a form of torture in reports by the Special Rapporteur on Torture, and in cases before the European Commission on Human Rights and the Inter-American Court of Human Rights.

The Slavery Convention defines slavery as “the status or condition of a person over whom any or all of the powers attaching to the right of ownership are exercised.”²³¹ As recognized in the *Kunarac Case*, indicia of slavery may include “sex; prostitution; and human trafficking” as well as “control of sexuality.”²³² The case stood for the proposition that enslaving women and girls and subjecting them to rape constituted sexual slavery. Also, article 8 of the ICCPR states that “No one shall be held in servitude”²³³ and prohibits forced labor.²³⁴

Non-State Actors

Regarding international humanitarian law, the provisions of Common Article 3 of the Geneva Conventions apply to all parties to a conflict, this includes armed opposition forces such as the RUF and the AFRC. As such, these non-state actors may be held accountable for their violations of international humanitarian law.²³⁵

The *Kunarac Case* in the ICTY recently emphasized that under international humanitarian law, the “presence of a state official or of any other authority-wielding person in the torture process is not necessary for the offense to be regarded as torture.”²³⁶ Thus, whereas human rights law might require state action or sanction of torture, international humanitarian law and international criminal law does not. This is consistent with the Statute for the International Criminal Court, which also deleted the state-actor requirement.²³⁷ All persons, regardless of whether acting in an official capacity or not, can and should be held individually criminally liable for international crimes, including war crimes and crimes against humanity. The perpetrators of the crimes documented in the PHR survey can and should be prosecuted for their crimes.

The PHR study documented that 6% of abuses were committed by government forces. However, most abuses for which the affiliation of perpetrators was identified were committed by the RUF or unspecified rebels

²³¹ Slavery Convention Article 1(1) www.hri.ca/uninfo/treaties/28.shtml

²³² *Kunarac et al.*, paras. 542-43.

²³³ ICCPR, Article 8(2)

²³⁴ ICCPR Article 8(3)

²³⁵ E/CN.4/2001/73 Report of the Special Rapporteur on violence against women, its causes and consequences Violence against women perpetrated and/or condoned by the State during times of armed conflict (1997-2000)

²³⁶ *Kunarac et al.*, para. 496.

²³⁷ Rome Statute untreaty.un.org/English/notpubl/rome-en.htm

(86%). As an armed opposition group, the RUF is not a party to the human rights instruments above, however the characteristics of the RUF and the nature, pattern, and seriousness of the abuses are such that the RUF may be held to the standards contained therein.

The Special Court for Sierra Leone

Background

At the request of the Government of Sierra Leone, the United Nations proposed establishing an international court for prosecution of those responsible for the commission of atrocities during the war. UN Security Council Resolution 1315, adopted on August 14, 2000, requested negotiations for creation of a court to prosecute “crimes against humanity, war crimes and other serious violations of international humanitarian law,”²³⁸ and to try those “persons who bear the greatest responsibility”²³⁹ for these crimes.

Following negotiations, it was determined that the court for Sierra Leone would differ from the International Criminal Tribunals for the Former Yugoslavia and Rwanda in several ways.

The Sierra Leonean Court would be based on a treaty or agreement between the United Nations and Sierra Leone. As such, unlike the ICTY and ICTR, it cannot assert primacy over national courts of other states nor can it order accused individuals located in another state to surrender.

Staff for the Special Court, including the judges and prosecutors, will be composed of both Sierra Leoneans and people from other countries.²⁴⁰ The Court’s subject matter jurisdiction will include acts in violation of international humanitarian law as well as certain crimes under Sierra Leonean law.²⁴¹

The Special Court will try cases of events occurring since November 30, 1996.²⁴² Although the conflict started in 1991, it was believed that extending the temporal jurisdiction to that time would impose too much of a burden on the court.

Security Council Resolution 1315 refers to voluntary contributions of funds, services and equipment,²⁴³ implying that the Security Council intended this to be the primary method of meeting the Special Court’s

²³⁸ UN Security Council Resolution 1315, adopted on August 14, 2000 Available at www.un.org/Docs/scres/2000/res1315e.pdf.

²³⁹ Agreement between the United Nations and the Government of Sierra Leone on the Establishment of a Special Court for Sierra Leone, Article 1 Available at: www.un.org/Docs/sc/reports/2000/915e.pdf.

²⁴⁰ *Ibid* Arts 2 & 3

²⁴¹ Statute of the Special Court for Sierra Leone. Article 1 Available at www.un.org/Docs/sc/reports/2000/915e.pdf.

²⁴² This is the date of the signing of the Abidjan accords, the first peace agreement between the RUF and the Sierra Leonean Government.

²⁴³ UN Security Council Resolution 1315 8(c)

costs.²⁴⁴ The UN Secretariat's Office of Legal Affairs has estimated that the Special Court's budget for the first three years will be about \$57 million of which some \$16.8 million will be required for the first year of operation.²⁴⁵ As of the end of November 2001, the UN had received contributions for \$14.8 million for the Court's first year. It had only received pledges for some \$20.4 million for the next two years. Initial steps toward the establishment of the court have taken place despite lack of funding.²⁴⁶

Gender-Based Crimes in the Special Court

The Statute of the Special Court for Sierra Leone explicitly includes gender-based violence in its definition of several categories of crimes that the Court has the power to prosecute.

The Statute, in its listing of Crimes against Humanity, includes "rape, sexual slavery, enforced prostitution, forced pregnancy and any other form of sexual violence"²⁴⁷ as prosecutable crimes when "committed...as part of a widespread or systematic attack against any civilian population."²⁴⁸

The Court also expressly includes "rape, enforced prostitution and any form of indecent assault"²⁴⁹ as violations of humanitarian law as enshrined in Common Article 3 and Additional Protocol II.²⁵⁰ As mentioned above, the court has the power to try certain offenses under Sierra Leonean law. Some of these may be used to prosecute gender-based violence against girls under the age of fourteen.²⁵¹

The term "systematic" requires a qualitative judgment by adjudicators as to active and passive complicity and the extent to which these crimes were committed. It is important to consider the high rate of sexual violence documented by the PHR survey. The frequency of sexual violence and other human rights abuses, especially those committed by the RUF, suggests that commanders are likely to have been aware of the crimes perpetrated by the forces under their command.

²⁴⁴ Amnesty International, *Sierra Leone: Renewed Commitment Needed to End Impunity*, 24/09/2001 Available at [www.web.amnesty.org/aidoc/aidoc_pdf.nsf/index/AFR510072001ENGLISH/\\$File/AFR5100701.pdf](http://www.web.amnesty.org/aidoc/aidoc_pdf.nsf/index/AFR510072001ENGLISH/$File/AFR5100701.pdf) p.7

²⁴⁵ *Ibid*, p.9

²⁴⁶ UN Daily Briefing, "Annan Authorizes Planning Mission for Sierra Leone Court", January 3, 2002, <http://www.un.org/News/ossg/hilites.htm>.

²⁴⁷ Statute of the Special Court for Sierra Leone Art 2 (g) Available at www.un.org/Docs/sc/reports/2000/915e.pdf

²⁴⁸ *Ibid*, Article 2 chapeau

²⁴⁹ *Ibid*, Article 3 (e)

²⁵⁰ *Ibid*, Article 3 chapeau

²⁵¹ *Ibid*, Article 5

The Truth and Reconciliation Commission

The Lome Peace Agreement of July 7, 1999, provides for the establishment of a Truth and Reconciliation Commission (TRC) to “address impunity, break the cycle of violence, provide a forum for both the victims and perpetrators of human rights violations to tell their story [and] get a clear picture of the past in order to facilitate genuine healing and reconciliation”²⁵² by addressing human rights violations committed from the start of the conflict.

Enacted in 2000, the Truth and Reconciliation Commission Act²⁵³ provides more detail about the TRC, which will look at cases occurring prior to the signing of the Lome Agreement. As part of its mandate to “work to restore the human dignity of victims and promote reconciliation,”²⁵⁴ the TRC will pay “special attention to the subject of sexual abuses.”²⁵⁵ Some education efforts about the TRC have begun²⁵⁶ and preliminary steps towards selection of Commissioners and preparation of a budget have been taken.²⁵⁷ The TRC, however, is not expected to begin operations until after the elections in 2002. Most importantly, the nature of the relationship between the TRC and the Special Court has not yet been resolved.²⁵⁸

It will be particularly important for both the Court and the Commission to consult with and hire persons with expertise in and sensitivity to gender-related crimes, including sexual violence and to ensure the protection of women that come forward to testify.

²⁵² Peace Agreement Between The Government Of Sierra Leone And The Revolutionary United Front Of Sierra Leone Art. XXVI <http://www.sierra-leone.org/lomeaccord.html>

²⁵³ The Truth and Reconciliation Commission Act 2000. Available at www.sierra-leone.org/trcacat2000.html

²⁵⁴ TRC Act Part III 6 (2)(b)

²⁵⁵ TRC Act Part III 6 (2)(b)

²⁵⁶ <http://www.sierra-leone.org/trc.html>

²⁵⁷ Eleventh Report of the Secretary-General on the United Nations Mission in Sierra Leone p.7 www.un.org/Docs/sc/reports/2001/857e.pdf

²⁵⁸ Amnesty International, *Sierra Leone: Renewed Commitment Needed to End Impunity*, 24/09/2001; pp. 13-14 [www.web.amnesty.org/aidoc/aidoc_pdf.nsf/index/AFR510072001ENGLISH/\\$File/AFR5100701.pdf](http://www.web.amnesty.org/aidoc/aidoc_pdf.nsf/index/AFR510072001ENGLISH/$File/AFR5100701.pdf)

VI. RESPONSES TO THE SIERRA LEONE COMPLEX HUMANITARIAN EMERGENCY

Humanitarian Assistance

Numerous non-governmental and international organizations are working in Sierra Leone to address the complex humanitarian emergency that has emerged from the ongoing conflict. These groups are doing their best to provide a range of basic services under extremely difficult conditions. There are, however, significant gaps in services due to funding, coordination and security problems. The task is made all the more challenging by the frequent movement of populations including the periodic surges of returnees from neighboring countries. United Nations Office for Coordination of Humanitarian Assistance (UNOCHA) is the lead coordinating body for humanitarian relief in Sierra Leone with Sierra Leone's National Committee for Relief Reconstruction and Rehabilitation (NCRRR).

After the peace process deteriorated in May 2000 most relief agencies were forced to evacuate the country and humanitarian assistance temporarily ceased. Relief activities resumed, however, in the second half of 2000 as agencies regained access to affected areas. The cease-fire agreements between the RUF and the Government of Sierra Leone as well as the recent opening of roads has allowed much improved access to areas of the country previously beyond the reach of aid agencies.²⁵⁹

Numerous agencies are working to build shelter; feed and provide healthcare for the displaced; reintegrate adult and child soldiers; reunite families; care for orphans; mitigate the ill effects of the civil war, particularly for children, women and the injured; provide food security; educate the population and rebuild the infrastructure of the country.²⁶⁰ Meeting the food needs of the displaced, one of the greatest challenges to the relief community, has been managed by four implementing agencies: Care, Catholic Relief Services (CRS), World Vision and the UN World Food Program (WFP). The provisions of shelter, education and healthcare have also been priorities.

Basic health services are offered in clinics set up temporarily in some IDP and demobilization camps by organizations such as International

²⁵⁹ Sierra Leone-Complex Emergency Situation Report #1 (FY2001), April 20, 2001 p 1.

²⁶⁰ For a more detailed list of organizations working in Sierra Leone specifically on the issue of sexual violence, see Appendix C.

Committee for the Red Cross (ICRC), Médecins sans Frontières (MSF), the International Medical Corps (IMC), and the International Rescue Committee (IRC), though like the PHUs they suffer from a shortage of trained staff, equipment and medications.²⁶¹ Some of those who were maimed in the fighting or who had their limbs amputated by rebel forces have received more comprehensive assistance from various NGOs including Handicap International (HI), MSF, and Christian Children's Fund (CCF). Such programs involve reconstructive surgery, prostheses, physical therapy, counseling and vocational training.

Despite several rebel incursions, the capital, Freetown, has been one of the most secure areas in the country and provided a base for the various aid organizations working in Sierra Leone. This concentration of services has led to problems of coordination in the Western area, as well as inadequate services in the provinces, although both issues are beginning to be addressed as the security situation continues to stabilize.²⁶² UNOCHA and UNHCR are making significant progress in developing maps on who is doing what and where in the humanitarian arena. The maps of individual international non-governmental organizations are now available, in electronic form, at the Humanitarian Information Center in Freetown.

NCRRR is providing emergency recovery funding and technical support in over one-third of the country, which is accessible in the following sectors: agriculture, capacity building, community infrastructure, education and health facilities rehabilitation water and sanitation, and roads.

Relief agencies, with the support of international donors, are also responding to the needs of half a million refugees in Guinea by setting up camps and providing food, medical care and education.²⁶³

International Community Response to the Crisis in Sierra Leone

Though a number of international and non-governmental organizations have had operations on the ground providing humanitarian and development assistance for decades, the international community has been particularly active in promoting peace in Sierra Leone since the signing of the Lome Accord in 1999. Efforts to end the crisis have included strengthening the UN peacekeeping mission, taking concerted action to curb the trade in diamonds used to procure arms, supporting the demobilization effort, and resolving to establish a Special Court for Sierra Leone in an effort to end impunity.

The United Kingdom (UK) has played a particularly prominent role in the marked improvements in the security situation over the past year. The

²⁶¹ During a March 2000 investigation, PHR observed that many clinics had no gloves, antibiotics or antibiotic cream.

²⁶² USAID, BHR, OFDA, Humanitarian Situation Report #1, October 3, 2001.

²⁶³ USAID, BHR, OFDA, Situation Report #1, October 3, 2001.

UK sent a team of Special Forces in response to the May 2000 crisis. Since then, the British have maintained a high-profile military presence and are actively screening new recruits and training the new Sierra Leonean army. While the United States has declined to send American soldiers to Sierra Leone, in an effort to build regional peacekeeping capacity the US has trained battalions of peacekeepers in Nigeria, Senegal²⁶⁴ and Ghana who could serve under the West African Regional Peace Keeping Force (ECOMOG) and/or the United Nations Department of Peace Keeping Operations (UNDPKO) in the future, and has provided logistical and technical support to UNAMSIL and ECOMOG.

The US and the UK have also assumed a leadership role within the UN structure to address conflict diamonds as well as the involvement of Charles Taylor and Liberia in the conflict.

While many developed countries have been active diplomatically and through humanitarian efforts, only developing countries including: Nigeria, India, Kenya, Jordan, Zambia, Bangladesh, Pakistan, Ghana, Guinea, and Nepal have contributed troops to the peacekeeping force.

Multilateral and Bilateral Support

While the international community is actively engaged in ending the conflict and is funding UNAMSIL in the amount of millions of dollars per day, Sierra Leone has historically received inadequate humanitarian and development assistance.²⁶⁵ Of over \$64 million requested by UN agencies for humanitarian assistance for Sierra Leone in 2000, only 65% was funded through contributions – and a portion through carry-over funds for the previous year. The increased appeal (CAP) of \$74 million in 2001 was also underfunded by 35%, or approximately \$26 million.²⁶⁶ Most donors channeled assistance to Sierra Leone through either the United Nations agencies or international NGOs, rather than through bilateral assistance given the weak state of the government. The primary donors involved in Sierra Leone are the European Union, The African Development Bank, The United Kingdom Department for International Development (DFID), The United States Agency for International Development (USAID), and the World Bank. The World Bank's activities have focused on agriculture, education, infrastructure and health. In addition to advising the government on economic reform, the Bank has provided funds of over \$650 million to various initiatives since 1995²⁶⁷ and manages the

²⁶⁴ Fisher-Thompson, J, US Aid West African Force in Sierra Leone on Track www.reliefweb.int/w/rwb.nsf/s/440FC9976409CA70C1256A1D003CB447

²⁶⁵ Pratt p. 24

²⁶⁶ 2001 UN Consolidated Inter-Agency Appeals for Humanitarian Assistance Summary of Revised Requirements and Contributions by Affected Country/Region. November 6, 2001.

²⁶⁷ World Bank web site www.worldbank.org, Countries: Sierra Leone

trust fund for the DDR process.²⁶⁸ Among the largest government donors of assistance to Sierra Leone are the US, UK, Norway, Germany, Sweden, Canada, Japan, France, Denmark and the Netherlands. The European Commission has earmarked 15.5 million Euros in 2001 to meet the needs of refugees, IDPs and host communities in Sierra Leone and Guinea. In both countries funds are channeled through partner organizations including Premiere Urgence, Action Contre La Faim, Enfants Refugies du Monde, Oxfam, International Medical Corps (IMC) and the International Federation of the Red Cross which are providing food, water and health care to the targeted population, assistance for IDPs, assistance for humanitarian agencies working on the ground, and special support for children, amputees and war-affected women.²⁶⁹

While the international community has provided increased humanitarian aid, particularly in 2001 in response to the refugee crisis in Guinea, many urgent humanitarian and development needs remain unmet due to the sheer scale and complexity of the crisis. Furthermore, Sierra Leone has historically received less development assistance in real terms and per capita than other nations in the region. In fact, official development assistance figures reveal that aid to Sierra Leone declined from \$133.4 million (\$30.6 per capita) in 1992 to \$106.3 (\$21.9 per capita) million in 1998.²⁷⁰ Though countries including the US may have hesitated to invest in a country wracked by political instability and corruption, now that the security situation is improving, it is vital that Sierra Leone receive strategic capital infusions in order to consolidate the delicate peace.

The current level of international involvement coupled with the relatively conciliatory position of the RUF offers the most optimistic outlook for peace in years. With active support for development and good governance by the international community, Sierra Leone with all its potential could become a model for the positive involvement of the international community. In the absence of adequate funding, it is likely that conflict in the country could reoccur as well as a broadening of the conflict in the region with serious humanitarian and security implications.

In addition to short-term engagement to enforce peace and longer-term development and nation building efforts to foster a climate less conducive to conflict, there is a particular need for greater assistance for women and girls who, even before the war, were disadvantaged due to discriminatory laws and cultural practices. Women and girls who have lost their fathers, sons and husbands due to the war are now heading households with severely limited resources while trying to recover from displacement and

²⁶⁸ World Bank, "Fact Sheet: Sierra Leone Disarmament Program and Donor Conference" Washington DC June 5 2001 Available at www.worldbank.org/afr/sl_pr_factsheet.pdf.

²⁶⁹ IRIN-WA, "ECHO Director Visits Guinea, Sierra Leone," May 16, 2001.

²⁷⁰ UNDP, *Human Development Report 2000*.

human rights abuses. Funding is urgently required for medical treatment, housing and skills training for survivors of sexual violence and for improved education, law enforcement, and judicial processes in order to better protect the population from sexual violence in the future.

United States Assistance

The US Government has provided more than \$300 million in humanitarian assistance to Sierra Leone since the war began ten years ago from a number of departments within the United States Agency for International Development (USAID) and the US Department of State. These include: the Office of Food for Peace (USAID/FFP), the Africa Bureau (USAID/AFR), and the Bureau of Population, Refugees and Migration (State/PRM). The total USAID humanitarian assistance in FY 2000 was nearly \$40 million.²⁷¹ The total US Government humanitarian assistance to Sierra Leone for FY 2001 was over \$75 million. That figure includes approximately \$20 million in support for humanitarian assistance programs²⁷² in agriculture, health, IDP resettlement, nutrition, shelter, water/sanitation, and education and training for ex-combatants, as well as electoral/political processes support and support for the reconciliation process, including human rights; \$37.3 million in food assistance,²⁷³ and nearly \$10 million for programs to assist returning refugees.²⁷⁴

The US also provided substantial support for Sierra Leonean refugees in Guinea. In addition to \$60 million provided in response to UNHCR's Global Appeal for Africa for 2001, which was not earmarked, as well as \$33 million earmarked for West Africa, over \$22 million was allocated in 2001 (more than twice last year's figure) to address the refugee crisis in Guinea largely through international non-governmental organizations.²⁷⁵ Programs in Guinea and Sierra Leone addressing war-affected women that received funding from PRM in 2001 include the Center for Victims of Torture (approximately \$1.5 million) for psycho-social assistance to traumatized refugees in Guinea and Sierra Leone, the IRC (approximately \$250,000 for programs addressing sexual and gender-based violence, and IMC (\$725,000) for gynecological surgeries.²⁷⁶

²⁷¹ USAID Pledges \$2 million to Sierra Leone to Aid War-Affected, USAID Press Release June 27, 2000.

²⁷² Organizations receiving US funds include: Action Contre La Faim, Africare, CARE, CRS, Merlin, International Medical Corps, UNICEF, World Vision, and WFP.

²⁷³ Food assistance is distributed between WFP, CRS, CARE, and World Vision

²⁷⁴ Sierra Leone-Complex Emergency Situation Report #1 (FY2002), October 3, 2001. P.12

²⁷⁵ From a phone conversation with Mary Lange of PRM/State, October 26, 2001. Organizations receiving PRM funds in Guinea and Sierra Leone include: UNHCR, IOM, WFP, UNICEF, WHO, OCHA, FAO, ICRC, Center for Victims of Torture, WHO, The Red Cross, Action Contre La Faim, American Refugee Committee, IMC, Save the Children, IRC

²⁷⁶ From a phone conversation with Mary Lange of PRM/State, October 26, 2001

USAID's Office of Transition Initiatives (OTI), is focusing its activities on supporting reconciliation and reintegration activities. OTI began working in Sierra Leone in January, 1997 and will exit in March, 2002 after handing off activities to other donors. In FY 1999, OTI supported the Sierra Leonean peace process with 232 small grants to civil society groups working in the areas of human rights, peacebuilding and youth activism for community development. This assistance for civil society's peace-building initiatives is particularly related to reconciliation and reintegration of war-torn communities in the provinces, and civic education to prepare for upcoming elections has been ongoing since FY 2000 and 2001. Also in 1999, OTI sent representatives to the Lome Peace talks. In 2000, at the request of the Sierra Leonean government, OTI provided specific technical assistance to establish the Commission for the Management of Strategic Resources, National Reconstruction and Development (CMRRD), the Truth and Reconciliation Commission (TRC), and the Commission for the Consolidation of Peace (CCP).²⁷⁷

OTI has also been supporting a nationwide, non-formal education initiative intended to reach 40,000 ex-combatant and civilian young adults. This two-year program, which began in January, 2000 combines reintegration orientation and counseling, life-skills training, vocational counseling, agriculture skills and development, civic education, and functional literacy training. The Youth Reintegration Training and Education for Peace (YRTEP) program focuses simultaneously on reintegration of ex-combatants and war-torn communities, and remedial education for youth who were unable to attend school due to the war. As of August 2001, 36,180 male and female war-affected youth and ex-combatants are participating in the program in over 1750 sites throughout the country. Approximately 18% of those enrolled were officially discharged combatants.²⁷⁸ The initiative addressed sexual violence only in one question as part of a 20-minute segment on responsible sexuality, which includes a discussion question related to sexual violence.²⁷⁹ This year the program has been expanded to include a second track of adult non-formal education, aimed at private and public sector leaders nationwide. So far, 180 civil servants, traditional and religious leaders, civil society leaders and leaders of professional groups, youth groups and women's groups are participating in the program.²⁸⁰ OTI has also funded efforts by the Sierra Leone Ministry

²⁷⁷ Documents provided to PHR by OTI summarizing their activities in Sierra Leone

²⁷⁸ Ibid

²⁷⁹ Email correspondence with Patrick Wingate, OTI/USAID to PHR, October 29, 2001.

²⁸⁰ OTI's international implementing partners in Sierra Leone are World Vision, Management Systems International (MSI), Common Ground Productions, and the International Foundation for Election Systems (IFES).

of Gender and Children's Affairs to create public awareness and build consensus on the role of women as peacemakers and agents of reform.

The OTI FY 2001 budget for Sierra Leone of \$3,804,081²⁸¹ is divided between five principal efforts:²⁸²

- Assistance to the Government of Sierra Leone for development of a new diamond policy and operations to address the conflict diamond problem;
- A continuation of the Reintegration Training and Education for Peace Program;
- A continuation of funding for a small grant program for civil society's peace building initiative with an added focus on the reintegration of war-affected women and girls and the development of community leadership;²⁸³
- Communication support through NCDDR for demobilization, reconciliation, and reintegration, and to media and distance learning support for OTI's non-formal education program; and
- Co-funding with the UK (DFID and other USAID offices) to provide election assistance for national parliamentary, local and paramount chief elections scheduled to be held in 2001.

The US also pays 27% of the cost of the peacekeeping force in Sierra Leone. Though it is an assessed contribution, and therefore mandatory, several holds have been placed on the transfer of funds in the past year. Most of the funds were ultimately released, however, the problem of arrears adversely impacted the force and may have hampered the ability of the UN to get firm commitments of troops from member nations.²⁸⁴

The United Nations

The UN is deeply invested in Sierra Leone with the largest peacekeeping force in the world and most agencies operational on the ground including: UNHCR, OCHA, WFP, WHO, UNFPA, UNICEF, and UNDP. UNAMSIL is working to ensure that a human rights perspective is mainstreamed throughout the system and boasts the first permanent child rights protec-

²⁸¹ Sierra Leone-Complex Emergency Situation Report #1 (FY 2001) April 20, 2001, p.2.

²⁸² In FY 2000, OTI provided \$3,284,000, and in FY 2001 is expected to contribute \$3,770,000.

²⁸³ OTI provided funding for programming for girls and women war victims to FAWE through World Vision, according to PHR correspondence 6/12/01 with Stephen Grant, USAID Sierra Leone Desk Officer.

²⁸⁴ According to the UN contributions office, as of August, 2001, the US had paid \$44 million for all peacekeeping operations in 2001 and owed \$1.8 billion, of which \$800 million was arrears.

tion officer connected to a UN peacekeeping operation. The UN's recognition of the particular circumstances faced by women in the Sierra Leonean war is reflected in more recent programs that have been carefully designed to ensure that the needs of women are addressed. At least 15 projects presented for funding in the Inter-Agency Consolidated Appeal for 2001 focus on the special needs of women.²⁸⁵ In addition, the United Nations Special Rapporteur on violence against women, Ms. Radhika Coomaraswamy, visited Sierra Leone in August 2001.

²⁸⁵ UN Consolidated Inter-Agency Appeal for Sierra Leone 2001

VII. THE FUTURE FOR WOMEN IN SIERRA LEONE

Women, already disadvantaged and vulnerable prior to the outbreak of fighting in Sierra Leone,²⁸⁶ have suffered in egregious ways, as documented in the PHR survey. Many women have lost the protection of husbands, fathers and sons – the PHR survey revealed that 23% of IDP women were widowed or separated due to the war. Not only are women targets of violence simply because of their gender, but the low social status of women interferes with their ability to obtain treatment and ensure protection from future attacks, particularly in the climate of social breakdown that has existed in the country for much of the past 10 years.

Thousands of former combatants who have spent years murdering and raping are returning to their communities without punishment or accountability for their crimes to live among women and children who are likely traumatized. The greatest concern consistently expressed by survivors of sexual violence in interviews with PHR was an extreme fear that the fighters would return to abuse them again. Education for spouses, family members and communities is also important to mitigate social rejection.

The RUF and other factions have been reluctant to release abducted women and children in spite of their obligation to do so under the Lome Peace Accord.²⁸⁷ Girls and young women who escaped from the rebels or who were released, suffer a variety of consequences such as: sexually transmitted infections (STIs), including HIV/AIDS; trauma with symptoms of Post-traumatic Stress Disorder (the symptoms of PTSD are: recurrent and intrusive memories of a distressing event (intrusive memories in the form of visual or auditory flashbacks), persistent avoidance of things that remind one of that event and hyperarousal, i.e., hypervigilance, inability to sleep or stay asleep, inability to concentrate, and anxiety; stigmatization and alienation by their communities and families; unwanted pregnancies and unsafe and illegal abortions; scarring and serious gynecological problems, such as prolapsed uterus and bladder perforations.²⁸⁸ Some are pregnant or are now single mothers of so-called “bush babies.”²⁸⁹ Some women who were raped, now suffer from vesico-vaginal

²⁸⁶ Conciliation Resources, “Gender and Conflict in Sierra Leone,” 1997 Available at www.c-r.org/occ_papers/briefing5.htm

²⁸⁷ Peace Agreement Between The Government Of Sierra Leone And The Revolutionary United Front Of Sierra Leone, Article XXI Available at: www.sierra-leone.org/lomeaccord.html

fistulas (VVF). This condition can leave them incontinent and often renders them social outcasts.²⁹⁰ UNICEF reported that one 16-year-old who was gang raped and suffered VVF would not leave the hot, dark hut of her refugee camp for fear of being teased and humiliated.²⁹¹

Many of those who became pregnant as a result of rapes are now faced with the task of raising their babies as single mothers. Many have few parenting skills, and are limited in their ability to support themselves and their children. In some cases, families reject either their daughters or their babies, leaving these young women and their children in extremely vulnerable positions.²⁹² Some live in fear that the fathers, members of rebel groups, will come back from the bush to claim their babies.²⁹³

The consequences of human rights abuses including sexual violence are not merely physical. Previous studies by PHR and others²⁹⁴ suggest that a high level of psychological trauma is associated with displacement and exposure to human rights abuses. A Sierra Leonean psychologist who participated in both investigations reported that most of those she interviewed exhibited acute signs of distress in all four of the following spheres: physical, cognitive, emotional, and behavioral. Survivors of abuses spoke to her of numerous physical symptoms – aches, pains, trembling, startle responses to sudden sounds or movement, anxiety attacks, upset stomachs, elevated blood pressure and excessive fatigue. Additionally, there were cognitive symptoms related to difficulties in decision mak-

²⁸⁸ Summary report from March 2000 investigation into the medical consequences of human rights abuses committed during the war in Sierra Leone (available at www.phrusa.org/campaigns/sierra_leone/sierra_tripreport.html) and also World Health Organization, *Reproductive Health during Conflict and Displacement: a guide for programme managers*. Department of Reproductive Health and Research World Health Organization, 2000.

²⁸⁹ PHR Summary report from March 2000 investigation.

²⁹⁰ PHR interview with Rabih Torbay of International Medical Corps, Freetown, March 2000 and January 2001.

²⁹¹ PHR interview with Glennis Taylor of UNICEF, Freetown, January, 2001; These women and girls, who are unable to begin to recover from their trauma, could be helped with specialized surgery; there is, however, currently no one in the country with the necessary expertise. A number of organizations including, Marie Stopes, MSF, and IMC have been trying to secure funding to bring a gynecological surgeon to the country. IMC has recently applied for a \$300,000 grant from USAID for a range of services for survivors of sexual violence including vaginal fistula repair

²⁹² Observations of counselors at FAWE and COOPI who had been working with girls who had become pregnant as a result of rape as told to PHR, March, 2000.

²⁹³ Ibid.

²⁹⁴ PHR, *The Taliban's War on Women: a Health and Human Rights Crisis in Afghanistan*, 1998; PHR, *Women's Health and Human Rights in Afghanistan A Population-Based Assessment (2001)*; MSF-Holland, "Assessing Trauma in Sierra Leone :Psychosocial Questionnaire: Freetown Survey Outcomes," 2000. Available at: www.doctorswithoutborders.org/publications/reports/2000/sierraleone_01-2000.shtml

ing, poor concentration, memory loss, flashbacks, and confusion. On an emotional level, many reported symptoms related to depression, anger, anxiety, fear and resentment. Finally, all reported behavioral changes – withdrawal from friends and family, changes in normal behavior patterns, inability to function the way they did before the war. These symptoms of distress were particularly remarkable in those women and girls who reported experiencing sexual violence.²⁹⁵ These clinical observations are consistent with the PHR survey findings.

Responses to Sexual Violence in Sierra Leone

Support services for rape survivors in Sierra Leone were, until fairly recently, virtually non-existent.²⁹⁶ In response to conflict related sexual violence, a number of local and international non-governmental organizations have developed services to aid survivors including: medical care, psychological counseling, housing and skills training for young mothers, family mediation to encourage parents to accept returned abductees, and public education efforts. These organizations are, however, only able to assist a fraction of victims. They lack the capacity to address the needs of the many who have not yet been released able to escape from the rebels and arrive in Freetown where until recently virtually all²⁹⁷ of the programs were based. Even if access to populations in the rebel-held east and north continues to improve, there is limited infrastructure in place to respond to the needs of a population which may have experienced particularly high levels of sexual trauma.

UNICEF has been a leader in coordinating services for girls who have suffered sexual violence. UNICEF reports that two specialized programs that provided for girls who were raped and have subsequently borne children, have been enormously helpful.²⁹⁸ Despite the successes of UNICEF, FAWA, COOPI, MSF, IMC and others, there are no government or UN-led multi-sectoral efforts in place to prevent or respond to sexual violence in Sierra Leone.

²⁹⁵ Observations made by psychologist Dr. Yinka Akinsulure-Smith, who interviewed survivors of abuses on behalf of PHR in March, 2000.

²⁹⁶ Human Rights Watch, *Sexual Violence within the Sierra Leone Conflict*, February 26, 2001.

²⁹⁷ The IRC has a program servicing Kenema and Bo.

²⁹⁸ PHR interviews with Glennis Taylor of UNICEF, Freetown, March, 2000 and January, 2001.

VIII. APPENDICES

APPENDIX A:

Sexual Violence Survey Instrument

**Sierra Leonean Women's Health Survey
(PRIMARY PARTICIPANTS ONLY)**

6 Feb 01

1A. CASE ID _____ (1-2,000) ID

1B. Household member interviewed: A HMC

2. Date of interview _____ - _____ - 2001 DATE
(month) (date)

3. Researcher code _____ ICD

4. Language code _____ (1, 2, 3, 4, 5, 6) TCD

5. Location code _____ (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20) LCD

6A. Participation Outcome: [Circle ONE] OUTC 1 2 3 4a 4b 4c 4d 5a 5b 5c 5d
 Eligible/Survey Complete = 1
 Not Eligible = 2
 Not Available = 3
 Refusal= 4a=No Time; 4b=Fear Reprisal; 4c=Oppose Study; 4d=No explanation; 4e=Other
 Unable to Complete= 5a=Interrupted; 5b=Emotional; 5c=Safety; 5d= Lack of privacy; 5e=Request to stop; 5E=Other
 Unable to conduct interview due to language =6

6B. Was participant referred to another organization(s)? [Circle ONE] Yes.....1 (GO TO Q6C) REFR
 No.....0

6C. If yes, which organizations? (list) WORG

Read ONLY text that is in italics
For a response of 'don't know' code DK. If no response to a question, code NR

1) *Hello, my name is _____ I am working with the UN and Physicians for Human Rights, an American NGO. I would like to speak to the woman who knows the most about the persons in the household. [once you have identified the woman continue with introduction]*

2) **Our purpose:** *We are gathering information from displaced women, which we hope will help to better promote and protect the health and human rights of women.*

3) *We are only here to ask questions. We are not here to provide humanitarian assistance.*

4) **Confidentiality** *We will not report the information in a way that will reveal your identity.*

5) *We would like to speak to you and perhaps other women in the household. We want to ask you questions about your experiences during the war.*

6) *We are conducting this survey in many households in Sierra Leone and have chosen your home randomly from this camp.*

7) *It is important that we have some privacy for our conversation because some of the questions may be sensitive*

8) *If you do not understand a question, please ask me to explain it to you. You are free to stop at any time during the interview. If a question makes you uncomfortable, we will skip the question and go to the next question. Do you have any questions before we begin?*

7. What is your tribe? [circle ONE] ETH
 Krio1
 Temne2
 Mende3
 Limba4
 Kono.....5
 Other [SPECIFY] _____ 6

9. I want you to tell me-- are you married?.....
 [READ ALL CHOICES; Circle ONE] MAR
 Married and living with husband now....1
 Never Married2 (GO TO Q 12)
 Separated due to the war.....4
 Divorced/separated not because of war.....3
 Did your husband die because of the war?...5
 Did your husband die NOT because of the war?.....6

11. [IF SHE IS OR WAS EVER MARRIED] Are you/were you the only wife?
 Only wife.....1
 Which wife are/were you?
 First.....2 WIFN
 Second.....3
 Third.....4
 Fourth.....5
 Other.....6 [specify] _____

12. What is your religion? [Circle ONE] RELG
 Muslim.....1
 Christian.....2
 Other [SPECIFY] _____3

13. What level did you complete in school? _____ level [number years of school] _____
 EDU

14. What was your job before you fled your home? _____ WRK

15. Where were you born [be sure to use correct spelling]

- A. Province _____ LVPR
- B. District _____ LVDS
- C. Chiefdom _____ LVCH
- D. Town or Village _____ LVVL
- E. If not born in Sierra Leone, which country? _____ LVCT

16. When were you first displaced? _____ year; _____ month MLV

17. Where did you live at the time before you were first displaced?

- A. Province _____ BDPR
- B. District _____ BDDS
- C. Chiefdom _____ BDCH
- D. Town or village _____ BDCT

18. How many times have you fled the fighting? (number of times) _____ FLED

19. How long have you lived in this camp? number _____ weeks/months/years [circle one] NHME

20. I will give you four choices to answer this next question about your health. The question is: In the last 2 years, how has your general health been? And the four choices are: [CIRCLE ONE] GH

- In the last two years, my health has been Very good1.....E good-o. I noh get wan problem.*
- OR -In the last two years, my health has been Good2.....E fine.*
- OR -In the last two years, my health has been Fair3.....I dey manage.*
- OR -In the last two years, my health has been Poor4.....E bad off. E noh good at all.*

Which one of those things I just read is most correct for you? [read choices again if needed]

22. For this question, again I will read you some choices so you can answer the choice that is most correct for you: How would you describe your state of mind since your displacement? [Circle ONE] PSY

- Is your state of mind since displacement Very good1.....E good-o. I noh get wan problem.*
- Is your state of mind since displacement Good2.....E fine.*
- Is your state of mind since displacement Fair3.....I dey manage.*
- Is your state of mind since displacement Poor4.....E bad off. E noh good at all.*

24. Since the war, have you ever had thoughts that you were better off dead? DED

- YES.....1
- NO.....0

25. Since the war, have you ever tried to hurt yourself or end your life?. SUI

- YES.....1
- NO.....0

26. I am going to read you a list of things – For each one, I want you to tell me if that thing would help your state of mind?

[READ ALL CHOICES; circle all that apply]

	YES	NO	
26A Women's support groups	1	0	GWSG
26B Country medicine/ traditional healer	1	0	GTRD
26C Traditional ceremonies	1	0	GTCR
26D Religious counseling/support	1	0	GRCS
26E Mental health counseling	1	0	GMHC
26F Medical assistance	1	0	GMAS
26G Income generating projects	1	0	GIGP
26H Skills training	1	0	GSKT
26I Education	1	0	GEDU
26J Humanitarian assistance/ food & shelter	1	0	GHUM
26K Anything else? (Other) [SPECIFY] _____			GOTR

28A. To summarize – in your household before the first time you ran because of this war – there were

_____ total people living together – eating together and sleeping under the same roof

_____ number of Women/Girls

_____ number of Men/Boys

IF NO SEXUAL ABUSE TO SELF: GOTO PAGE 12.

IF SEXUAL ABUSE TO SELF: Keep going on this page

36. Now I want to learn more about the sexual abuse you suffered. Remember that everything you tell me is confidential.

BE VERY VERY SENSITIVE and RESPECTFUL with these questions and LISTEN CAREFULLY

(each incidence of molestation, being forced to undressed, stripped of clothing, forced intercourse/rape, and other sexual acts)

Record each incident as a separate entry. Provide coded responses for all abuses reported.

When was the incident	Where	Abuse Type(s)	By Whom / Group	Number of Attackers	How long did it last	After Effects
		DO NOT READ CHOICES. List all that apply				
SVWN	SVWR	SVAT	SVGP	SVNP	SVD	SVC
1= within the last 6 months 2= 6-12 months ago 3= 1-3 years ago 4=3-5 years ago 5=5-10 years ago	1=Home village/town 2=Outside Sierra Leone 3= IDP camp 4= Refugee or transit camp 5=While fleeing 6= Non home village residence 7=While abducted 8= Other [SPECIFY]	1=Molestation 2=Being forced to undress 3=Stripped of clothing 4=Intercourse/rape 5=Vaginal intercourse 6= Oral intercourse 7= Anal intercourse 8=Forced marriage 9= Insertion of foreign object 10=Abduction 11= Sexual slavery 12= Gang rape 13= Forced to commit act with other civilian 14=other sexual acts [SPECIFY]	1=RUF 2=AFRC 3= EX-SLA 4=CDF 5=ECOMO G 6= UN Peacekeeper 7=SLA 8=West-Side Boys 9 = Other [SPECIFY] 10=mixed group		1= less than 1 hr 2= 1 hour to 6 hours 3= 6 hours to 1 day 4= 1 day to 2 days 5= 2 days to 7days 6= 7 days to 1 month 7= 1 month to 6 months 8= 6 months to 1 year 9=more than 1 year	1=Bleeding, 2= Torn 3= Bruised 5=Pregnant 6= STD 7= Fear of STD/AIDS 8= Stigmatized by family/community 9= Rejected by family / community 10=Anxiety 11= Depression 12=Reproductive complications 13= Physical disability not reproductive [SPECIFY] 14= Other [SPECIFY]

37. *Were you already pregnant before this thing happened?* [Circle ONE] PREG

YES 1 (GO TO Q38)

NO 0 (GO TO Q39)

38. *How many months pregnant were you when this happened?* _____ (months) PRNM

39. *Have you told anyone else about the incident before today?* [Circle ONE] TELL

YES....1 (GO TO Q43)

NO.... 0

42. *Why didn't you tell anyone about the incident before now?*

[DO NOT READ CHOICES; Circle all that apply]

42A Fear of being stigmatized by the community NTST

42B Fear of rejection by my husband/ family NTSR

42C Fear of physical retaliation by perpetrator NTPR

42D No one asked NTNA

42E Does not trust anyone NTNT

42F Feelings of shame or social stigma NTFS

42G Other [SPECIFY] _____ NTOT

43 *This thing you suffered – we want to know how much it has caused problems in your relationships with friends and family? I will tell you four choices and you tell me the one that is right for you:*

[READ ALL CHOICES; Circle ONE]

This thing has caused relationship problems Not at all.....1.....E nob ambog me at all. REL

This thing has caused relationship problems A little.....2.....Lili bit, no mob.

This thing has caused relationship problems Quite a bit.....3.....E ambog me plenty

This thing has caused relationship problems Extremely.....4.....E ambog me pass mark. Bad bad wan.

44. As a result of the incident, did you seek help for your **health**? [Circle ONE] SHLP
 YES.....1 (GO TO Q45)
 NO.....0 (GO TO Q50, NEXT PAGE)

45. Where did you seek help for your **health**?
 [READ CHOICES; circle all that apply]

- 45A Hospital SHHO
- 45B Health center SHHC
- 45C Country medicine / Traditional healer SHCM
- 45D NGOs SHNG
- 45E Other [SPECIFY] _____ SHOT

46. How long after the incident(s) did you seek this help? TTSH\
 days _____ months _____ years _____

47. Did you tell the health care provider what happened to you? [Circle ONE] THCP
 YES.....1
 NO.....0

50. What has helped you through all this you have suffered?
 [DO NOT READ CHOICES; Circle all that apply]

- 50A Discussion with other survivors of sexual violence HLDS
- 50B. Discussions with friends HLDF
- 50C Religion HLRL
- 50D Discussions with family members HLFA
- 50E Assistance from NGO workers HLNG
- 50F A medical care provider HLMC
- 50G Not telling anyone about the incident HLNT
- 50H Support of family HLSF
- 50I Country medicine/ traditional healer HLCM
- 50J Traditional ceremonies HLTR
- 50K Work/job/employment HLWK
- 50L Taking care of household HLHW
- 50M Trying to forget about it HLFR
- 50N Other [SPECIFY] _____ HLOT

51. I am going to read a list – please tell me which things on this list you think would help you with your state of mind and help you cope better with your experience?

[READ ALL CHOICES; circle all that apply] COPE

	YES	NO	
51A Women’s support groups	1	0	SWSG
51B Country medicine/ traditional healer	1	0	STRD
51C Traditional ceremonies	1	0	STCR
51D Religious counseling/support	1	0	SRCS
51E Mental health counseling	1	0	SMHL
51F Medical assistance	1	0	SMAS
51G Income generating projects	1	0	SIGP
51H Skills training	1	0	SSKT
51I Education	1	0	SEDU
51J Humanitarian assistance/ food & shelter	1	0	SHUM
51K Other [SPECIFY] _____			SOTR

53. Do you think your attacker’s commander was aware of his attack on you? [Circle ONE] CMDR

YES.....1
NO.....0

54. Should your attacker(s) be punished for what they did to you? [Circle ONE] PUN

YES.....1 (GO TO Q56)
NO.....0 (GO TO Q55)

55. Why do you say you don’t want your attacker to be punished?

[DO NOT READ CHOICES; Circle all that apply]

- 55A Fear of reprisal/revenge NPIR
- 55B Fear of rejection/ stigmatization NPSJ
- 55C Respondent doesn’t want to be reminded of the incident; wants to forget NPNR
- 55D In the spirit of reconciliation NPRC
- 55E No confidence in a system for such punishments NPNC
- 55F Other [SPECIFY] _____ NPOT

GO TO Q58

56. Do you think punishment of perpetrators might prevent this from happening to others? [Circle ONE]

PREV
YES.....1
NO.....0

57. Of all those people who did these things to you, which ones should be punished?

[DO NOT READ CHOICES; Circle all that apply]

- 57A Perpetrators PUPR
- 57B Commanders PUCM
- 57C All involved in the attacks PUAL
- 57D No One PUNO
- 57 E Other [SPECIFY] _____ PNOT

Now I want to know if there is anything more you can tell me about what happened.

*58A. Do you know of anything that could identify your attacker, such as:
Did they call each other by name?*

58B. How did you know which military group your attackers were with?

58C. What did he/they say to you, or to each other?

59. Why do you think combatants did these things – sexually abusing women and girls -- during this war?

60. What are your biggest worries about your future after what you have suffered?

61. What are your biggest worries about your health?

FOR ALL PRIMARY PARTICIPANTS

30. Do you believe that perpetrators of human rights abuses should be punished? BELP

YES.....1

NO.....0

33. Now, please tell me – at any time in your lifetime, have you ever had any of these things happen to you:

sexual violence such as molestation, being forced to undress or stripped of clothing, forced intercourse or other sexual acts committed by FAMILY MEMBERS, FRIENDS, OR CIVILIAN STRANGERS?

Age at assault	Types of sexual assault	Perpetrator
DAGE	SXAS 1=Molestation 2=Being forced to undress/Stripped of clothing 3=Attempted rape/attempted intercourse 4=Rape/ intercourse 5=Other sexual acts [SPECIFY] 99 = NO ABUSE	PERP 1=Boyfriend 2=Husband 3=Father 4=Son (4a, 4b..) 5= Brother (5a, 5b..) 6= Uncle(6a, 6b..) 7 = Other Relative (7a, 7b) [SPECIFY] 8= Other Non-relative known to individual (8a, 8b..) [SPECIFY] 9= Stranger

34A. About this sexual violence committed by COMBATANTS - How much you are afraid that it could happen to you or your family? Like before, I will give you four choices for your answer.

[READ ALL CHOICES; Circle ONE] COMF

- Are you worried about this Not at all.....1.....E noh day worry me at all.
- Are you worried about this A little.....2.....E day worry me small, lili bit, no moh.
- Are you worried about this Quite a bit.....3.....E day worry me plenty..
- Are you worried about this Extremely.....4.....E day worry me pass mark. Bad bad wan.

34B. And now this sexual violence committed by FAMILY MEMBERS, FRIENDS, OR CIVILIAN STRANGERS – How much are you afraid of this for yourself and your family?

[READ ALL CHOICES; Circle ONE] DOMF

- Are you worried about this Not at all.....1.....E noh day worry me at all.
- Are you worried about this A little.....2.....E day worry me small, lili bit, no moh.
- Are you worried about this Quite a bit.....3.....E day worry me plenty..
- Are you worried about this Extremely.....4.....E day worry me pass mark. Bad bad wan.

35 I am going to read some statements, one at a time. For each one, please say if you agree or disagree

	<u>Agree</u>	<u>Disagree</u>
35A Women and girls should have the same access to education as men and boys. ...EDAC....1	1	0
35B Women should be able to express themselves freely.EXPR....1	1	0
35C Family problems should only be discussed with people in the family.PROB....1	1	0
35D A good wife obeys her husband even if she disagrees.OBEY....1	1	0
35E It's a wife's duty/obligation to have sex with her husband even if she doesn't want to OSEX..1	1	0
35F A man has the right to beat his wife if she disobeys him.....BEAT.....1	1	0
35G Women and girls need more education about their rights to refuse sex.....EDRS.....1	1	0
35H More should be done to protect women and girls from having sex when they don't want to.....PRRS.....1	1	0
35I Women and girls need more education about their reproductive health.....RHLT.....1	1	0
35J Women should have the right to control the number and spacing of their children...BSPC...1	1	0
35K There should be legal protections for the rights of women.LPRW.....1	1	0

REVIEW Page 5, Question 28:

Did she report human rights abuses for any other female member of the house over age 13?

IF YES, go to Question 62 (page 14).

IF NO, go to Page 15.

62. You told me that other female household members suffered some kind of war-related abuse. When you and I finish, can you introduce me to them so I can ask if they will let me interview them?

YES1 [GO TO NEXT PAGE] PRMI
 NO0

63. Tell me why you cannot introduce me to them?

Family member reported in Q28 FNI	Why unable to be introduced FNIW
(use same codes from Q28, page 5)	<p>[DO NOT READ CHOICES; Circle all that apply]</p> <p>1=Not available 2=She doesn't want to talk, 3=Not permitted by others to talk, 4=Too young (< 13 years old) 5=Dead 6=Missing 7=Other [specify]</p>

TAKE A MOMENT TO REVIEW THIS FORM: Be sure all questions are answered and any refusal/inability to answer a question is noted on this survey

For Participants who report NO human rights violations: GO TO PAGE 16.

For Participants who report Human Rights violations by combatants that they themselves have suffered:

Everything that you have told me so far will be kept confidential which means that your identity will not be revealed .

There are now plans for a Special Court to punish people like your attacker(s) for their crimes and to get justice for the victims and for a Truth and Reconciliation Commission. I am going to tell you more about these plans:

There are plans to create a Special Court with the support of the UN. This Special Court will bring to justice those people most responsible for war crimes and crimes against humanity, such as mass killing, wide-spread mutilation, sexual violence against girls and women, sexual slavery, abduction of children and adults ,and forced conscription.

The Lomé Peace Agreement provides for the establishment of a Truth and Reconciliation Commission "to break the cycle of violence, provide a forum for both the victims and perpetrators of human rights violations to tell their story and to get a clear picture of the past to facilitate genuine healing and reconciliation". The Truth and Reconciliation Commission will only be established once there is sustainable peace. Since the outbreak of fighting in May 2000 its establishment has been on hold though some preparations towards its establishment are taking place.

The Truth and Reconciliation Commission and Special Court will be looking for persons who have suffered human rights abuses during the war. If you are willing to be contacted by the Truth and Reconciliation Commission or Special Court staff, I will take your name.

1A Do you want us to give your name to the special court ? We understand if you prefer to remain anonymous. Yes.....1 [check SP on PAGE 17] SP
No.....0

1B Do you want us to give your name to the Truth and Reconciliation Commission? Yes.....1 [check TR on PAGE 17] TRC
No.....0

If respondent answered YES to 1A and / or 1B , GO TO PAGE 17 – Question 2.

ALL PRIMARY PARTICIPANT INTERVIEWS:

66. *I have asked you many questions. Are there any additional comments you want to make?*
[if you need more space, write on back side of this page]

[IF YOU BELIEVE SHE NEEDS FOLLOW UP – HEALTH CARE AND/OR COUNSELING:]

Some examples:

- This is the first time she has told anyone about the sexual abuse
- She said she wants to kill herself or harm herself or feels it would be better if she was dead
- She said she has tried to kill herself
- She was extremely upset – (pass mark, bad bad wan) – during this interview
- or She was NOT emotional at all while describing serious abuses
- She is very sick – needs medical care and probably will not go on her own

--**Explain to her about services available in this camp – health care, counseling services.**

--**ASK PERMISSION to give her name to that organization(s) so that someone will visit her at her booth and talk more with her.**

--**IF SHE REFUSES permission to give her name, BE SURE she understands that help is available and where to go for that help.**

WHEN ALL FINISHED – CLOSING STATEMENT:

1) *Thank you for taking the time to talk with me.*

2) Reminders:

As I stated earlier, this information will be kept confidential.

We are talking with many women all over Sierra Leone, and we are asking these questions to learn how to better protect the health and human rights of women.

3) Ask for their help with confidentiality:

As we move around the country conducting this survey, we are telling people that this is a Women's Health Survey and we are not telling anyone who we are interviewing.

While we are in this camp, people are curious about what we are doing.

But we want to protect the privacy of all the women we are going to talk with.

So we ask that you NOT give any details about what we discussed until after a few days have passed – after we leave this camp. That way, we can protect the privacy of all the women we talk to while we are here.

Again, thank you for your time.

If there are any other female household member(s) to be interviewed, ask to be introduced to the first one now. Use a Secondary Participant form , pink paper.

When finished with all interviews in this household:

- 1) Separate the SP/TR page (page 17) – even if it is blank.
- 2) Complete the top of Page 1.
- 3) If you have any concerns or referrals to make, NOTE them in your notebook to discuss with Supervisor.
- 4) File the Questionnaire and Page 17 in your folder.

SP _____ TR _____

2. Surname _____

First name _____

Middle Name _____

Current address _____

3. I know that you will not be living in this camp forever. Where do you plan to go when you leave the camp:

A. *Province* _____

B. *District* _____

C. *Chieftom* _____

C. *Town or Village* _____

4. Is there someone else whose name and residence information you can give us who will know how to contact you after you leave this place?

Name _____

Address _____

Relationship to participant _____

APPENDIX B:

Summary of PHR/UNAMSIL Researcher Training and Supervision

Overview

The field surveys were conducted by a staff of 21 Sierra Leonean women primarily from the Temne, Mende, and Kono ethnic groups. These researchers were selected based on education, experience or knowledge about sexual violence, and language skills. All researchers were fluent in English, Krio, and at least one other language. All had completed high school level education, several had attended university classes, and a few had university level degrees. All of the researchers were affected by the war, most of them were displaced at least once, and approximately half had lived as refugees in Guinea for a period of time. None of the researchers had prior experience with quantitative surveys such as this one.

There were five Field supervisors for the project who provided extensive training and supervision of the researchers, among other duties. Each supervisor brought a specialized set of skills and experience to the team. In combination, this knowledge and experience made a complementary and highly skilled team of supervisors for the project:

Binta Mansaray, Sierra Leonean, specialized training and experience in qualitative research on sexual violence through in depth individual interviews with Sierra Leonean women

Adeyinka Akinsulure-Smith, PhD Psychology, Sierra Leonean, specialized training and experience in psychological counseling with survivors of sexual violence and other forms of torture

Chen Reis, JD, MPH, specialized training and experience in quantitative research and human rights issues

Beth Vann, MSW, specialized training and experience in West Africa humanitarian aid field work, national staff training, and sexual violence aid programs with Sierra Leonean refugees/IDPs

Louise Taylor, MBA, LLM, UNAMSIL liason, human rights officer

Researcher training consisted of eight to nine days classroom teaching and experiential role play followed by at least one day of field observation. At the end of the 7th day, trainees were tested on skill and ability. After testing, trainees were divided into two groups. Group I proceeded to

the field to begin supervisory observation and conducting the survey. Group II stayed in the classroom for an additional day of intensive training and observation before joining Group I.

Training was conducted at UNAMSIL headquarters in Freetown.

Training commenced with 24 trainees. Three of the trainees were unsuccessful when tested, and supervisors determined through observation that they were unable to accurately conduct the survey. By the end of the 10th training day, there were 21 researchers trained, observed by supervisors, and sufficiently prepared to conduct the survey in the field.

There was at least one supervisor, and usually two, at each field site. Supervisors managed the sampling by making assignments for areas or zones, and also provided supervision, guidance, and support for the researchers.

Throughout each day, the supervisor remained in a designated central location to provide any support or assistance needed. In the morning, researchers were given assignments, survey forms, and supplies. Around mid-day, each researcher checked in to review her completed surveys, hand them in, and gather a fresh supply of forms and another assigned area if needed. This was repeated at the end of the day. Researchers were encouraged to return to the supervisor at any time for questions, problems, and to discuss particularly severe situations they encountered. For each field site, supervisors had information about services available for referrals, such as health care, counseling, etc. When the affected research participant agreed, supervisors made referrals for follow up by local or international organizations best able to provide assistance.

Training

Training was interactive; researchers provided input on the questionnaire and interview procedures and observed and participated in role play. A training schedule was developed in advance and revised frequently to meet the needs of the trainees. The survey was printed in English, but researchers learned to administer it in Krio.

During Days 3 – 6, revisions were made to the survey instrument for easier translation from English to Krio. Sentences and questions were reformed to better follow the pattern of Krio speech. These changes enhanced researchers' ability to both understand the intended meaning of the questions and to translate them into any language they would be using.

Day 1 Training

Introductions

- Intro to Physicians for Human Rights, UNAMSIL Human Rights Section
 - Purposes and Overview of the project
 - Confidentiality and Conduct Agreement (discussion, signatures)
 - Training plan, field work plan and logistics
-

This was the researchers' first exposure to quantitative research. At first, it was difficult for them to understand their role as data collectors and not "counselors". The Confidentiality Agreement proved to be an extremely useful tool for conveying the nature and purposes of the project. The Agreement included detailed descriptions of expectations for researcher conduct, professional integrity and dignity, confidentiality, information sharing, impartiality, and accuracy in transmission of information from the research participant. Item by item discussion of the standards and expectations, in Krio, clarified many questions from the researchers. After this discussion, they were much better able to discuss the project and asked questions more relevant to the work at hand.

Day 2 Training

Sexual Violence:

- Definitions and types of sexual violence, myths and facts
- Causes and contributing factors
- After-effects and consequences – health, emotional, legal psychological after-effects – cognitive, behavioral, and emotional
- Exploration of our own personal values, biases, attitudes – how to keep these out of the interview process
- Emotional responses of research assistants to secondary trauma

Human Rights and Lome Peace Agreement

- Overview of international human rights documents
 - Special Court for Sierra Leone War Crimes
 - Truth and Reconciliation Commission (TRC)
-

The purpose on this day was to ensure that all researchers would be working with the same definitions and concepts for the topics on the

agenda. For many, this was the first candid description of the various forms of sexual violence, and there were many questions.

Detailed descriptions of the variety of cognitive and behavioral after-effects was necessary for researchers to understand the types of behaviors they might see that could help them identify problems needing referral, and choose strategies for interviewing.

Discussion of the special court and TRC was part of the survey, and it was important that all researchers thoroughly understand so that they could explain it to research participants as needed.

Day 3 Training

Interview skills

- Developing trust
- Body language
- Techniques for eliciting narrative accounts of individual experiences
- Privacy
- Confidentiality

Survey instrument

- Reading, explanation item by item
-

Included a practical and detailed discussion of various strategies and words (in Krio) to encourage participants to disclose private and potentially embarrassing information.

Day 4 Training

Survey instrument

- Translation to Krio, item by item
 - Discussion, question and answer
 - Practice role plays in groups of 3
-

After going through the survey in Krio, supervisors determined it was time to suspend the full classroom didactic methods and begin experiential learning. Researchers were divided into groups of three. They were given three role play scenarios for practice interviews. One person played the researcher, one the participant, and one an observer. After each interview, they were to listen to feedback and switch roles until each person had practiced at least once as researcher.

Supervisors circulated among groups observing, giving feedback, and gathering information about common areas of confusion or misunderstanding. From time to time, supervisors called the group together to discuss and clarify issues.

Day 5-7 Training

Continue Practice

- Role plays in groups of 3, feedback, switch roles
- Discussion with entire group for common issues and problems
- Instrument revisions and instruction

End of Day 7

- Test
-

During these three days, supervisors became familiar with each researcher's strengths and weaknesses. At the end of Day 7, a test was administered to all researchers: the two Krio speaking supervisors conducted a mock interview while the researchers observed as a group, each completing her own survey instrument form.

In the evening, supervisors reviewed and made corrections and notes on the forms using the "Interviewer's" completed form as the guide. Based on these reviews and supervisory observations made during the practice role plays, the trainees were divided into two groups for the next day's session. Group I excelled in their tests and were observed to be well skilled in interviewing. Group II made errors on their tests and were observed to have some problems in conducting interviews.

Day 8 Training

Review tests with individual researchers

Group I:

- Observe individually in role plays, review documentation
- Translation to Temne and Mende; practice

Group II: Focus training on weaknesses

- Techniques for systematic random sampling and the use of sample site maps
 - Identification, assistance, referral for serious problems and severe cases
-

Supervisors distributed tests to researchers and discussed individually each error and area of concern. Researchers were given the responsibility to focus on their own weaknesses during the day's role-plays and discussions. Only three of the trainees performed poorly on the test and had also been observed making interview errors that demonstrated they did not understand the purposes of the survey. These three individuals were excluded from the project, leaving 21 researchers.

Supervisors observed each researcher in Group I conducting a role play interview to verify that her skills were adequate. Group I was then divided into Temne and Mende sub-groups to go through the questionnaire and develop consensus on translation into those languages.

At the end of the day, mapping and methods to be used for systematic random sampling were explained. The role of the supervisor in the field was also discussed, emphasizing the need for researchers to identify and bring forward for supervisory assistance information about any situations they encountered that were problematic.

Day 9 Training

Group I to field site to begin survey and individual observation by supervisors

Group II in classroom for continued practice and individualized training and observation

At the field site, each researcher was observed at least once conducting a complete interview from introduction through closing statements. Supervisors gave immediate feedback, and observed additional interviews if there were problem areas.

In the classroom, Group II (12 people) received individualized assistance. By the end of the day, it was determined they were ready for field observation.

Day 10 Training

Groups I and II at field site conducting surveys

Continue individual observation with supervisors

Group I teaching Temne / Mende translation to Group II

Individual supervisory observation continued until all researchers had been observed and deemed adequately knowledgeable and skilled.

Supervision

By the end of Day 10, supervisors were thoroughly aware of each researcher's strengths and weaknesses in conducting the survey and documentation on the instrument. For the duration of the fieldwork, supervisors continued to provide guidance, review, and advice as needed for each individual researcher. A supervisor reviewed each completed survey, giving immediate feedback for any errors or items left blank. Survey skills most closely monitored were:

- ✓ Appropriate and accurate introduction and explanation of purpose of survey
- ✓ Complete and accurate questioning and corresponding documentation
- ✓ Ability to elicit information about private, shameful, and traumatic events in a warm and respectful manner
- ✓ Correct and simple explanation of the Special Court and TRC
- ✓ Appropriate requests to interview other household members
- ✓ Complete and accurate closing statement
- ✓ Ability to accomplish all of this in a rapid fashion while maintaining warmth and respect. Primary interviews were expected to take no more than one hour, with secondary interviews maximum 40 minutes.
- ✓ Accurate counting and selection of households in accordance with sampling method in each field site
- ✓ Ability to find and maintain privacy for interviews in very crowded settings

APPENDIX C

Summary of Existing Treatment and Protection Services for War-Affected Women in Sierra Leone²⁹⁹

Prior to the rebel incursion into Freetown in January, 1999, there were no services in the country specifically addressing the problem of sexual violence.³⁰⁰ The alarming number of women and girls who were sexually abused during the invasion precipitated a response from several organizations including UNICEF, the Forum for African Women Educationalists (FAWE), Cooperazione Internazionale (COOPI), and MSF-Holland. A task force was established which created a network of medical practitioners and counseling centers to treat the thousands of reported cases, MSF-H set up a training program for counselors, and COOPI and FAWE opened comprehensive programs to assist women and girls who had become pregnant as a result of rebel rapes.

In response to a growing recognition of the widespread and particularly brutal nature of the crimes committed against women and girls, many new programs are now servicing survivors and beginning to address some of these problems. It is challenging, however, to provide services in Sierra Leone given the continuing insecurity, ever-changing population shifts, lack of awareness and recognition of the scope of the problem, and chronic funding shortfalls. With scarce resources and constant emergency situations, both the government of Sierra Leone and the UN agencies face a number of difficulties in providing coordination, continuity and leadership for the myriad of humanitarian and development needs in the country. Therefore, services addressing the various aspects of sexual/gender violence are fragmented and coordination is a continuing problem. In spite of these challenges, there are a plethora of international NGOs and UN agencies operating in Freetown, many of which are working in highly successful cooperative arrangements. With the improving security situation, some groups are beginning to expand their services to the provinces and are seeking funding to do so.

There was general agreement among all organizations interviewed by PHR that there is a need for development of both prevention and response services to include all relevant sectors, and also for improved coordination among providers and sectors. There was general acknowledgement that some

²⁹⁹ The information about individual organizations was compiled primarily from PHR interviews conducted with representatives of the organizations in March, 2000 and January, 2001, as well as from written information published by the organizations themselves. Additional information was provided by Glenis Taylor of UNICEF, the UN Inter-Agency Consolidated Appeal for Sierra Leone, 2001 and other sources which are cited in the footnotes.

³⁰⁰ Sexual Violence within the Sierra Leone Conflict, *Human Rights Watch*, February 26, 2001.

of these problems could be alleviated if one agency took the lead, perhaps expanding the UNICEF model to include all survivors of sexual violence.

International Organizations and Non-Governmental Organizations Providing Treatment and Protection Services:

Most organizations working on sexual violence are providing treatment, though several have been documenting abuses and some are beginning to work more strategically to improve protection and the status of women through education and institutional capacity building. UNICEF, Campaign for Good Governance and a handful of others are addressing the problem from a number of angles.

Treatment Services

UNICEF chairs a sexual violence committee in Freetown comprised of international, local and government agencies working on the needs of girls. The committee meets regularly and its members include: COOPI, MSF-Holland, Marie Stopes, CARITAS, GOAL, FAWE, Planned Parenthood Association of Sierra Leone (PPASL), The Ministry of Social Welfare, and the Council of Churches of Sierra Leone with their Child Rights Monitoring Network. The Committee currently acts as a referral system for girls who were abducted and raped. Girls are brought by their parents, families, UNAMSIL representatives, and some simply show up at UNICEF headquarters in Freetown. Though those actively seeking assistance have dwindled in the West, there are many who require services outside of Freetown where programs are not as coordinated. Those groups working in cooperation with the Committee on Sexual Violence in the provinces include: Christian Brothers, War-Affected Girls Association (WAGA), PPSL, CARITAS-Makeni, the IRC in Kenema and FAWE, now with a new branch in the South. Committees on sexual violence were recently formed in the Southern and Eastern provinces.

While UNICEF's efforts are focused on those under 18, the needs of women are also being addressed through their education efforts, which are aimed at the population as a whole. UNICEF is providing training on sexual violence for lawyers and police, as well as in schools, which includes information on rape, its effects, and what to do if raped. They have found that more women and girls are coming forward, but that the judicial process is slow and frustrating. These efforts will continue next year with the aim of reaching all schools in the country and an emphasis on prevention, if funding is available.³⁰¹

The International Rescue Committee (IRC) is providing comprehensive maternal-child health services, sexual violence services and operating an interim care center for former child soldiers in Kenema District. IRC was

³⁰¹ Email correspondence with Glenis Taylor of UNICEF, November 18 and 19, 2001.

the first international NGO to focus on sexual violence beginning in November 1999 in Kenema. Kenema was chosen because it was identified as the best place to filter displaced people from rebel areas of Kono and Kailahun. IRC has been providing sexual violence services under the umbrella of a safe motherhood program, which addresses basic reproductive health. The IRC team trains core groups of local women who then reach out to others in their chiefdoms. They are focusing particularly on Lebanese and Blama camps near Kenema, and are expanding their outreach to other camps in the area. For example, in Blama camp there are 21 chiefdoms represented from districts in the South and in the East, and one woman has been selected to represent each group. They use reproductive health and maternal/child health as an entry point, deliver reproductive health kits (which include condoms, family planning, STD/HIV prevention information), and introduce the subject of sexual violence. Basic training on sexual terms and definitions of sexual violence is provided. Sexual violence is not the initial focus because women are generally unaccustomed to talking about sexual violence and women's rights.

The IRC staff has generally found physical needs to be more urgent than psycho-social needs. IRC staff reported to PHR that they are attempting to introduce the program in each community/village and have found that women are responding very positively to their sensitization efforts around the notion of women's rights as human rights. According to IRC staff, the women they are working with generally express excitement when they learn that their husbands do not have the right to beat them.³⁰² In 2000, IRC conducted a survey in several of the camps in Kenema to learn more about sexual violence in the community. Results were not available at the time of writing.

The Forum for African Women's Educationalists (FAWE) is a pan-African NGO which has been successful in promoting education for girls. FAWE expanded their mandate to respond to the needs of rape victims after the January 1999 incursion by rebels into Freetown and, because there was a vacuum, became the primary organization providing medical and counseling services to rape survivors. Their ultimate goal, in service of their mandate, is to get these girls back to school and as of March 2000 they had been 100% effective in negotiating with parents of girls who had babies as a result of rapes, to keep them in school.

FAWE began their rape victims program in March 1999 with a sensitization effort over radio and TV and by going to secondary schools and communities to let people know that FAWE was offering medical and counseling services. They did this outreach both to make the community aware of the new services being offered, but also as part of an effort to remove some of the stigma around talking about rape. Within one year

³⁰² PHR interview with IRC field staff, Kenema 2000.

FAWE served over 2,000 women and girls in the Western Area alone. All participants saw a doctor at least once. All participants in the program began with individual counseling two times per week and then transitioned into group counseling. Once girls returned to school, they were monitored by the guidance counselors at their schools who have been briefed by FAWE on their circumstances. FAWE planned to end the program in Freetown because they had largely addressed the need and because they had run out of funds. Once the full-time program concludes in Freetown, FAWE arranged for those participants who still need counseling to see MSF counselors and organized some doctors to take referrals.

FAWE has also been working to sensitize the community at large to accept girls who have become pregnant as a result of rape. Many of these girls have been gang raped and do not know who the father is. There is often a stage of rejection of these babies both by the mother and their communities. FAWE created two training centers in the eastern area of Freetown, which provide comprehensive services to young women/girls and their babies including: skills training, education, parenting skills and medical care for their children. They do not provide human rights training specifically, but do sensitize the adolescents about what is inappropriate treatment. The program was designed very much in response to the needs identified during counseling session with their patients. Those young women participating in the program who were interviewed by the PHR team reported feeling much better since being enrolled in the program (though they were anxious about what they would do when the program concluded) and expressed a keen interest in learning marketable skills so they could care for their children. In 2000, FAWE expanded its programs to Kenema in the eastern area, where sexual violence has been particularly widespread, and immediately enrolled 700 victims.

FAWE has also produced a series of radio programs to educate the public against rape. The discussion/phone-in programs were aired every 2 weeks in 1999, with the hope that they would be aired bi-weekly once funding is available.

COOPI (Cooperazione Internazionale), an Italian NGO specializing in international relief and development projects, has been working in Sierra Leone since 1967. In 1998, COOPI expanded its development mandate to help children released by the rebels and operates several interim care centers, that provide family tracing services, medical care, counseling and skills training. One of its centers, the Conforti Welcome Home is similar to FAWE's program for girls who became pregnant as a result of rape, except that it also provides housing. Conforti Welcome Home was set up as a temporary facility for pregnant girls and child mothers who could not go home for reasons ranging from their area of origin being inaccessible for fear of rejection by their families. Those enrolled in the program

expressed a desire for skills training before returning to their families so they have something to offer and are not dependent. COOPI is providing them with such training, as well as general education and literacy, and is working actively to sensitize communities and families to be more accepting and supportive of these young mothers and their babies. COOPI operates the **Holy Mary Clinic** in the eastern part of Freetown where the women and girls at Conforti Welcome Home receive a full range of reproductive health services including deliveries.³⁰³

COOPI also has established psycho-social teams, which make ‘house calls’ in IDP camps and host communities in and around Freetown. They have also created self-help groups in a number of IDP camps in the Western area. COOPI takes referrals from both camp clinics and the community.³⁰⁴ They are committed to a community-oriented approach to psycho-social care, to developing local capacity and building on indigenous coping mechanisms. Most of the counselors are from the Sierra Leonean community and were teachers or nurses. The organization provides basic training on trauma and then encourages the counselors to adapt the information to their own culture. They have found that their patients are most responsive when they are engaged in a task, and so the self-help groups are organized around activities like needle work. According to one aid worker interviewed by PHR, approximately 40% of the women they see have been sexually abused. COOPI is committed to offering options so survivors of trauma can find the treatment and support that works for them.³⁰⁵

Marie Stopes Society (MSSSL), an international NGO headquartered in the UK, is a reproductive health agency. Many sexual violence survivors are seen among the 7,000 women treated each month in the three MSSSL outpatient clinics in west-, central- and east Freetown. MSSSL offers a range of reproductive health services including a maternity center, ante- and post-natal care, and treatment and diagnosis for STDs. While they were forced to close their clinics in Port Loko and Segbwema in the east, they are expecting to open new centers in the provinces, perhaps in Bo and Makeni. The organization accepts referrals for abandoned children and rape survivors in need of delivery services through the Child Protection

³⁰³ PHR visited the Welcome Home in March, 2000 and spoke extensively to COOPI staff there.

³⁰⁴ Information on COOPI’s psycho-social programs is based on a PHR interviews with Patrick Campbell of COOPI and local COOPI counselors in Freetown in March, 2000.

³⁰⁵ While Coopi started off doing individual counseling, they have often found working in groups to be more culturally appropriate, and therefore effective. COOPI counselors report that children respond best in a group of three or four – though, even under ideal circumstances, it can take 4-5 sessions for them to realize there are no negative consequences in telling the truth and to open up. COOPI mental health providers told PHR that integrating rebel wives has been even more challenging than integrating child soldiers.

Committee on Sexual Violence, which MSSSL fully subsidizes. The director, Pamela Greene, and Dr. Yvonne Harding are actively seeking comprehensive health care services and improved inter-agency referral systems and coordination. According to Dr. Harding, there is a lack of surgical care for the small number of sexual violence survivors who need it, but the psychological scars are more common and sometimes require long-term intervention. Like other members of the Sexual Violence Committee, Marie Stopes does not test patients for HIV partly because of concerns over the lack of an official national policy on confidentiality of test results. Though MSSSL's concerns are valid, hundreds of pregnant women are passing the disease on to their babies or to their partners when transmission could be prevented with medication. MSSSL's funding from DFID is coming to an end in 2001, and at the time of their interview with PHR, the organization was pursuing new grants.

Doctors Without Borders/Médecins sans Frontières-Holland (MSF-H), an international medical relief organization, has been providing a range of health care and psycho-social services in Sierra Leone since 1994. While the French and Belgian branches also have programs in Sierra Leone, MSF-Holland has been more focused on war-affected women and mental health. In January, MSF-H released a report documenting high levels of trauma among the population and has since advocated for governments and donor agencies to provide greater resources for treatment of post-traumatic stress among the general population. MSF-H also identified the need for specialized surgery for VVF and VRF cases. These surgeries were provided for a brief period after the 1999 Freetown invasion, but the specialist was in-country only for a short time. CCSL referred girls who suffered physical consequences from sexual violence to MSF for surgery at **Connaught Hospital**. MSF has also been providing referral services for FAWE and other members of the sexual violence committee, and has supplied all medications required for participants in the program. At National Workshop IDP camp in the Western Area, MSF-H provided counseling to the displaced population. In addition to Freetown, MSF also had programs in Makeni and Kambia.

International Medical Corps (IMC) is focusing on providing health care to ex-combatants, dependents of fighters, displaced and the community at large. Reproductive health services are offered at IMC clinics, including treatment of STDs. All patients receive information about safe sex and condoms. In April 1999, IMC launched a pilot program with Rural Aid, a local NGO, focused on basic health education including HIV prevention counseling.

Since only medical screenings (no treatments) are available at DDR camps, all referrals of former combatants and their dependents are sent to IMC clinics. IMC health workers have also identified a need for special-

ized VVF and VRF surgeries among their patients. While the organization has secured surgical space at **Lungi Hospital**, there is a need for an expert surgeon, some additional equipment, and referral/ transport assistance for patients from Freetown.³⁰⁶ IMC received a grant from the US government to hire surgeons to treat victims of VVF and to train Sierra Leonean surgeons in the procedure.

Planned Parenthood Association of Sierra Leone (PPASL), is a member of International Planned Parenthood Federation (IPPF), and has been promoting maternal and family welfare in Sierra Leone for over 40 years. At its clinics in the major urban areas of the country, PPASL has been offering a range of reproductive health services at reduced rates, including treatment of STDs, laboratory tests, and maternal and child care. PPASL takes referrals from the Council of Churches of Sierra Leone for patients who require medical care due to sexual violence.

Because of its links to IPPF, PPASL is able to tap into the resources of the larger organization to address the AIDS epidemic including educational materials about HIV, general best-practices on reproductive health and a supplies of low-cost condoms. PPASL relies particularly on community members and leaders to act as peer counselors and to educate the population at large. The organization has reached out to the most vulnerable groups with education programs including IDPs, the military, and youths through the school system. PPASL reported to the researchers of the recent WHO/Associates for Global Change study on HIV/AIDS in Sierra Leone that they had virtually no contact with the National AIDS Control Program.

Due to the war, Planned Parenthood has experienced shortages in both staff and supplies, including medications. Health care providers at PPASL in Kenema reported to PHR a dramatic jump in syphilis and gonorrhea among their clients, which was not a significant problem before the conflict. They also noted that most of their patients do not reveal that they have been victims of sexual violence. It is possible that the hesitancy of survivors to report is exacerbated by the predominance of male clinicians observed by the PHR team during a March 2000 investigation.

Leonet, an NGO funded by Americans concerned about Sierra Leone, works with street/unwanted children, many of whom are sexual violence/abduction survivors. Leonet has been assisting a number of young girl abductees who have been rejected by their families due to resulting pregnancies. UN agencies, government ministries, and NGOs refer the “most hopeless” cases to Leonet. The organization is also operating a day care and skills training centers in Kissy, the eastern part of Freetown, which was hardest hit by the January incursion of 1999, and was operat-

³⁰⁶ At time of writing, IMC was in the process of obtaining a list of VVF patients awaiting surgery from a physician at Princess Christian Medical Hospital (PCMH) in Freetown.

ing in Port Loko. The building was given to them by the community and is open to other single mothers, but the program is at a standstill because of lack of funding. Leonet uses Marie Stopes for referrals.

Cause Canada, an international relief and development organization, has been active in Sierra Leone since 1989. Their activities include refugee assistance, primary health care, vocational and post war reconciliation, and reintegration of women and girls affected by war. The program for war-affected women and girls consists of counseling, medical treatment, vocational training and community reintegration.

The International Committee of the Red Cross (ICRC) provides a range of services, focusing its activities in the last year on emergency aid and protection of war-affected civilians. ICRC's surgical team has performed hundreds of surgeries on destitute patients with war-related injuries, established and upgraded medical and surgical facilities, assisted thousands in reconnecting families that had been separated due to the war, and raised the coping abilities of vulnerable and displaced women by teaching them skills to increase their self-sufficiency. ICRC is also providing training to the new Sierra Leonean army and UNAMSIL troops on humanitarian law.³⁰⁷ They are also supporting a community theater program to educate the population about HIV transmission.

Other Groups Working Directly and Indirectly with War-Affected Women and Girls

- CARITAS: a UNICEF Child Protection partner and operates interim care centers in Lunsar and Makeni
- The Ministry of Social Welfare and ICRC collaboration to link children with relatives through the National Family Tracing Network
- A joint effort by UNDP/UNIFEM to create a holistic program for women and girl refugees to support reintegration
- A UNDP project providing medical, social and legal support, as well as micro-credit
- UNAMSIL's Civil Affairs Division has been helping the Government of Sierra Leone restore its authority in rebel-held areas and identifying

³⁰⁷ ICRC, Update on ICRC activities in West Africa: Sierra Leone-Guinea-Liberia. December 15, 2000. <http://www.icrc.org/icrceng.nsf/5cacdf48ca698b641256242003b3295/62e58fc7be68051cc12569b6004a9e5c?OpenDocument>

³⁰⁸ In July, 2001, UNAMSIL distributed \$45,000 from their trust fund to support the activities of three community-based organizations working with survivors of sexual violence.

urgent humanitarian needs in these regions. The division also raises funds to support locally-based programs to assist sexually abused women and girls and ex-combatants.³⁰⁸

Documentation, Education and Protection Services

Campaign for Good Governance (CGG) is a Sierra Leonean NGO based in Freetown that works “to facilitate the full participation of all Sierra Leoneans in the political, social and economic processes of development in Sierra Leone.” CGG has been at the forefront of fighting for gender equality and is interested both in improving women’s lives by enhancing their status as a group and as individuals, and in improving national government and civil society by involving women at all levels. CGG played a critical role in the success of the 1996 democratic election when the group mobilized market women who took to the streets to insist the election take place. As part of their efforts in both gender equality and human rights, CGG has been addressing sexual violence and human rights on a number of fronts including:

- Establishing a group in 1999 called SOS-Women in Freetown focused on violence against women and children. The group seeks to provide support for victims, promote accountability, and to educate women about their rights. Among their goals is to break the silence around sex and encourage victims and others to speak out;
- Investigating reports of mistreatment of women;
- Playing an active role in the first successfully tried rape case in Sierra Leonean history.³⁰⁹ CGG has also been active in efforts to change trial procedures, which required victims, including child victims, to testify in front of their rapists;
- Conducting public education presentations about sexual violence on the radio, including the use of short-wave radio to broadcast outside of Freetown since February 2000;³¹⁰
- Establishing a database of women in decision-making positions in government with the intention to advocate for more women in positions of power;
- Monitoring the full range of human rights abuses committed by combatants for the TRC and Special Court;

³⁰⁹ A 65-year-old man was sentenced with 10 years imprisonment for raping a 13 year-old girl. (CGG, 3/2000)

³¹⁰ The content of their broadcasts comes mostly from materials sent to them by the US Embassy in Freetown. (CGG, 3/2000)

- Providing legal advice and representation to human rights victims;
- Providing human rights education to schools, groups and communities in an effort to elevate the expectations the public has of their government.

Council of Churches of Sierra Leone (CCSL), a local NGO based in Freetown, created the Child Violations Monitoring Network (CRIVMON) in 1998 with technical and financial support from UNICEF. It works through a country-wide network of child and human rights organizations, as well as individual lawyers to document abuses committed against children. CCSL found sexual violence to be one of the most prevalent violations, with a sharp increase in the number of abuses occurring after the January 1999 rebel incursion into Freetown.³¹¹ It was Helen Bash-Taqi, then CRIVMON Co-ordinator, who informed the Child Protection Committee of the high number of rape cases in the communities. In response, UNICEF invited interested partners to meet and discuss how to facilitate physical and psychological rehabilitation for girls who had been abused by combatants. This led to the formation of the Sexual Violence committee. CCSL has submitted statistical documentation and narrative reports to UNICEF, which they hope will be used for accountability purposes in the TRC and Special Court processes and to bring the attention of the government to the problem, which thus far, has done little to either protect women and girls or prosecute their perpetrators. CCSL has a referral arrangement with Planned Parenthood of Sierra Leone but also makes medical referrals to other partners.

Human Rights Watch (HRW) closely monitors and documents a range of human rights abuses in Sierra Leone, including sexual violence. HRW produces frequent reports and press releases as part of an effort to advocate for accountability, stronger protection for civilians at risk and improved human rights training of former combatants. In February, 2001 HRW released a short report specifically on sexual violence during the conflict.³¹²

Amnesty International has also been producing regular reports and releases documenting rights abuses, including rape³¹³, and advocating

³¹¹ PHR interview with Helen Bash-Taqi of CCSL in Freetown, March, 2000. Generally, their research has revealed that most younger children were used as domestic servants, though cases of girls as young as 10 being used for sex have been documented. They also have cases of two boys (15 and 16) who were forced to have sex with their female commander and young boys who were forced to commit rapes.

³¹² Human Rights Watch, *Sexual Violence within the Sierra Leone Conflict*, February 26, 2001.

³¹³ Amnesty International, *Sierra Leone: Rape and other Forms of Sexual Abuse Must be Stopped*, May 30, 2000.

³¹⁴ Amnesty International, *Sierra Leone. Rape and other forms of sexual violence against women and girls*, June 29, 2000.

within the Sierra Leonean government and the international community for protection, justice, and concerted action against the diamond and arms trades which are fueling the war. Amnesty also produced a report specifically documenting war-related sexual violence in Sierra Leone.³¹⁴

Women's Forum is a Freetown-based nation-wide network of women's groups established in February 1994 in response to the need among women for sharing ideas, building effective alliances and taking collective action on issues of common concern and interest to the overall advancement of the status of women and the promotion of children's rights. The Women's Forum played a crucial role in ensuring that the first democratic elections since independence from British rule took place in 1996. They are in a position to promote the need for legal reform and put pressure on political parties to address women's rights in the upcoming general elections.³¹⁵ The Women's Forum was identified at a forum chaired by UNHCR in 2001 as a potential partner to house a data-base on sexual violence and disseminate information on the issue.³¹⁶ With adequate financial support, the Women's Forum could also address the ongoing problems of coordination on the issue.

Network Movement for Justice and Development (NMJD) is a Sierra Leonean NGO, active in Freetown, Kenema, Bo and the Kono district, with a strong foundation and solid experience in civil society, public advocacy, and rural development. NMJD is well suited to provide public advocacy to change the laws governing treatment of women/children, and to promote community development to establish community-based prevention and response systems in both rural and urban areas.³¹⁷

GOAL is an Irish NGO working with street children and commercial sex-workers in Freetown. In a survey conducted in 2000, they found that nearly half of the girls interviewed were between the ages of 13-17, many were formerly with the rebels, and 98% were addicted to drugs. The sex trade is an ongoing problem that has been aggravated by the war and sexual violence continues to be a daily problem in the lives of these girls – perpetrated by customers, boyfriends and military personnel. GOAL has established a drop-in center for these girls where they offer counseling, non-formal education and medical care. GOAL also advocates for the

³¹⁵ Witness, *Witness action in Women and Sexual Violence in Sierra Leone*, December 2001 www.witness.org

³¹⁶ One of the problems raised at a workshop organized by UNHCR in Geneva in March, 2001, was the non-availability of adequate information and data about the extent of sexual violence in Sierra Leone which makes it difficult to provide targeted support for survivors. It is hoped that the findings of the PHR/UNAMSIL survey will help address this problem.

³¹⁷ NMJD received technical and training assistance from a representative of John Snow International in September, 2000 and has also received a small grant to expand their programs from the Washington D.C. based, Reproductive Health of Refugees Consortium.

rights of these girls with the police. Although family reunification has been particularly challenging because there is such a stigma attached to prostitution, GOAL is attempting to mediate with families to allow the girls to go home.

HIV/AIDS Prevention and Care

Society for Women and AIDS in Africa is a regional organization which focuses on the gender dimension of the HIV/AIDS epidemic and works to improve women's access to information, to challenge the cultural and legal constraints of patriarchal societies, and to encourage women's financial independence and self-esteem. The Sierra Leone branch, SWAASL, was set up ten years ago and has played a central role in organizing stakeholders to address the epidemic strategically and cooperatively. Major present and future activities which arose from a conference on best practices convened by SWAASL in 1998 include: establishing an AIDS/STD Resource Center, conducting research on the prevalence and impact of the disease, and orchestrating awareness campaigns targeted at war-affected women, commercial sex workers and other vulnerable groups.

Shepherd's Hospice – Sierra Leone's only hospice has no in-patient capacity, but at the time of this writing had 25 volunteer counselors throughout the greater Freetown area. The hospice has received modest funding from Catholic Relief Services (CRS) and WHO, and is expected to receive additional funds to rehabilitate their building and expand their services. Because of the stigma surrounding HIV and the frequent reports of those discovered to have the disease being thrown out of their homes and shunned by their families, it is essential to establish in-patient services.³¹⁸ There is currently nowhere else in the country to refer those who are ill for care and counseling.

National AIDS Control Office, a body within the Sierra Leonean government, is trying to revive AIDS-related activities nationwide. This office is intended to facilitate coordination and planning between government, NGOs, and international organizations working on the issue, but lacks the necessary capacity.³¹⁹ Among their activities, NACC has conducted prevalence testing among pregnant women as recently as 1997 and organized efforts to inform parliament of the need for a more active government role in preventing and treating HIV/AIDS.

³¹⁸ World Health Organization and Associates for Global Change, *HIV/AIDS in Sierra Leone: The Future at Stake, The Strategic and Organizational Context and Recommendations for Action*, December 20, 2000.

³¹⁹ According to a presentation made by a representative of the National AIDS Control Office attended by PHR in March 2000, testing of pregnant women at clinics revealed the following growth in HIV prevalence rates: 2% in 1992, 2.7% in 1993, 3.4% in 1994, 4.5% in 1995, 5.5% in 1996, and 7% in 1997.

APPENDIX D

Referrals

The PHR/UNAMSIL team took every precaution to minimize the risk of re-traumatization for interview subjects, including careful design of the survey instrument, sensitivity training of the research team, and by the central involvement of two consultants, one a psychologist and one a social worker, who had extensive experience counseling survivors of sexual violence. In spite of the team's best efforts, it was recognized that the women and girls interviewed were taking some emotional and practical risk in sharing their stories, as well as giving up some of their time. While PHR decided against giving the participants any material compensation or token, and made it clear at the outset that the team was not offering any humanitarian services, it felt the least it could do was educate them about and connect them to existing services in the area. First, PHR established contact with those organizations providing medical and psychosocial support in the camps where the team intended to survey and explained the nature of the study. All the groups we contacted including: IMC, IRC, MSF-H, ADRA, GOAL, Concern, and Merlin, were happy to provide referral services to the women and girls we interviewed. In most cases, the researchers simply told the participant about the services offered in her camp, however special arrangements were made for "high risk cases." Researchers were trained to identify particularly severe cases requiring intervention and to request permission from the individual to pass her name along to the appropriate health care provider. Great care was taken to ensure that any names taken were separated from the completed questionnaires to ensure strict confidentiality. The PHR/UNAMSIL team is grateful to those organizations and individuals who so generously cooperated with this effort.

The researchers also provided a brief explanation of both the Special Court and the Truth and Reconciliation Commission in an effort to begin to educate the population and to ensure that the participants had an adequate understanding to determine whether they wanted PHR to give their names to these bodies. Any names that were given to pass on to the TRC or Special Court were separated from the questionnaires, so that no information about the participant's history would accompany her name. These names and contact information are in the possession of the UNAMSIL Human Rights Section until they can be passed on to the appropriate bodies.

