



**Universal Periodic Review: Stakeholder Report
Submitted by Global Freedom Group (GFG)
Country in Review- Sierra Leone
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Executive Summary:

This report provides an overview of policies affecting women's rights in Sierra Leone, with particular attention to three key areas that continue to undermine gender equity:

Gender-Based Violence (GBV), Female Genital Mutilation (FGM), and Child Marriage. It evaluates existing legal frameworks, challenges, and recent policy developments in these areas and draws on recurring concerns and recommendations from stakeholders' submissions to the UN Human Rights Council's UPR of Sierra Leone across three cycles (2011, 2016, 2021). The report synthesizes patterns of concern and proposed remedies, focusing on systemic barriers and opportunities for reform.

Despite legislative reforms, Gender-Based Violence (GBV) remains widespread. Survivors of domestic and intimate-partner violence encounter structural and financial barriers to justice, including medical fees required to pursue cases, limited access to police services, and pressure to accept out-of-court settlements, all of which contribute to impunity. Investigations and prosecutions are often weak, with local authorities sometimes obstructing justice. Sexual violence against women and girls—committed by relatives, teachers, and even security personnel—remains a critical concern, while response services are severely overstretched.

Female Genital Mutilation (FGM) continues at alarmingly high rates, rooted in cultural traditions and reinforced by powerful secret societies. Although Sierra Leone has made policy commitments under international frameworks, FGM is not explicitly prohibited in law. The absence of comprehensive legislation perpetuates the practice.

Child marriage persists despite legal reforms raising the age of marriage. Poverty, limited educational opportunities for girls, weak enforcement of laws, and inadequate birth registration drive its continuation. While earlier government initiatives, such as the Agenda for Change and Agenda for Prosperity, emphasized child and family rights, progress has been uneven.

Stakeholders urge Sierra Leone to adopt stronger legislation, ensure enforcement, expand survivor support systems, and invest in community-led interventions to dismantle harmful practices and advance gender equality.

Methodology

This UPR report examines recent Sierra Leone policy developments related to Sustainable Development Goal (SDG) 5 on gender equality. It focuses on policies affecting gender-based violence (GBV), female genital mutilation (FGM), and child marriage. It assesses laws, enforcement, services, and budgets affecting girls and women, especially those in rural communities, adolescents, survivors of GBV, persons with disabilities, and low-income households. The report also considers regional and global implications and benchmarks Sierra Leone's progress against international standards, concluding with recommendations to enhance women's rights and well-being.

A: Gender-Based Violence

A1: Overview

Domestic and sexual violence remain pervasive in Sierra Leone, despite legal reforms such as the Sexual Offences (Amendment) Act, 2019. Stakeholders and the National Human Rights Institution (NHRI) report weak investigations, few prosecutions, and interference by traditional leaders, leaving women and girls with significant barriers to reporting and accessing justice. Sexual and Gender-Based Violence (SGBV) continues to be under-reported, and many women do not feel safe coming forward. It is imperative that young girls and women are able to live, learn, and work in safety, free from violence and fear, in their homes, schools, workplaces, and communities.

A2: Current Policies

- 2007 “Gender Acts” (Domestic Violence Act; Devolution of Estates Act; Registration of Customary Marriage and Divorce Act).
- Sexual Offences Act 2012 (SOA) and Sexual Offences (Amendment) Act 2019; creation/expansion of Family Support Units (FSUs), One-Stop Centres, and a free toll line for survivors.

A2-1: Implementation/Practice

- Domestic violence continued to increase despite the 2007 laws; survivors face exorbitant medical report fees essential for prosecution and pressure to settle out of court.
- FSUs exist but are under-resourced/under-staffed; access to post-rape health care remains inadequate. After the 2019 SOA amendment, stakeholders still describe pervasive SGBV and fear of reporting¹

A3: Key Issues

- Weak enforcement and low accountability: poor investigations, few prosecutions, and settlements outside the justice system
- Resource gaps: Family Support Units, (FSUs) lack personnel/equipment; hospitals struggle to deliver survivor-centered clinical care and evidence collection.
- Procedural/financial barriers: medical report fees block access to justice; survivors lack legal/psychosocial support.
- Trust and safety to report: fear of stigma/retaliation depresses reporting.

A3-1: Priority bottleneck: From report to conviction

- Fees for medical evidence, under-resourced FSUs, and weak health-justice coordination creates case attrition and under-prosecution.

A4: Recommendations

A4-1: Remove barriers and guarantee survivor-centered services.

Adopt a regulation making forensic/medical reports free, ensure post-rape clinical care (PEP, EC, STI prophylaxis) nationwide, and require standardized medico-legal forms usable in court; fund legal aid and psychosocial support for survivors. (MoHS/MoJ/Police/Legal Aid).

A4-2: Strengthen enforcement of SOA 2012/2019 and FSU capacity.

Issue prosecutorial guidance to curb out-of-court settlements; deploy specialized SGBV prosecutors co-located with FSUs; set time limits for charging; equip FSUs and One-

¹

Stop Centres with staffing and supplies; publish quarterly SGBV dashboard(s) on reports, charges, and convictions. (DPP/Police/MoGCA/MoHS).

B: Female Genital Mutilation

B1: Overview

Female Genital Mutilation (FGM) is highly prevalent and deeply embedded in social norms. In 2011, stakeholders noted the Government failed to show political will; a draft ban was removed from the 2007 Child Rights Act (CRA), and FGM persisted. In 2015, stakeholders cited ~88–90% prevalence and secret societies' role in forcible initiations. By 2021, Sierra Leone was reported to have one of the highest FGM rates (~90%).

B2: Current Policies

- No explicit criminal prohibition of FGM at national level; the CRA 2007 lacks a ban after removal of a draft clause. There has also been an amended 2025 CRA law which also lacks ban of FGM
- HRCSL (2021): recommended enacting a specific law prohibiting FGM and a National Action Plan on SGBV.

B2-1: Practice & context

- The Bondo society encourages and conducts FGM. The Mano River region (Sierra Leone, Liberia, and Guinea) is home to the Sande, a traditionally all-female society which remains concealed in female authority and secrecy. Genital cutting remains a prerequisite for membership in secret organizations, despite variations among different nations and ethnic groups. Initiates of the Bondo swear an oath of secrecy and are prohibited from disclosing what occurs in the Bondo bush. In Sierra Leone, this group is commonly known as the Bondo Society. Breaking the oath is thought to result in infertility and/or a curse on the individual and/or family. It is forbidden for non-members to enter the Bondo bush, talk about Bondo matters, or anger a Bondo member. This practice is considered a rite of passage, initiating a girl into womanhood. Stakeholders note that initiations are illegal, yet no law specifically bans FGM itself, creating a deterrence gap.

- 2015–2021 stakeholders repeatedly urged criminalization, amending the CRA, monitoring mechanisms, awareness-raising, and protections for activists.
- 2025, successful amendment of 2025 CRA law, however no criminalization or ban of FGM itself

B3: Key Issues

- Legal vacuum: absence of a direct criminal ban undermines prevention and enforcement.
- Social entrenchment: strong customary authority and Bondo influence sustain the practice.
- Contradictory signals: initiation-related offences vs. no FGM ban which causes confusion and limited deterrence.
- Protection gaps for girls: Child Rights Act of 2007 (CRA) does not unequivocally prohibit FGM as the clause to ban FGM was removed prior to the passing of CRA; high prevalence continues.; Child Rights Act of 2007 was amendment in 2025, without a ban on FGM.

B3-1: Priority bottleneck: Law VS. Norms mismatch

Without explicit criminalization and CRA alignment, community messaging competes with powerful customary narratives, weakening prevention and accountability.

B4: Recommendations

B4-1: Criminalize all forms of FGM and align child protection.

Enact a national law criminalizing all types of FGM, with aggravating factors, extraterritoriality, and no “consent” defense for minors; amend the CRA (2007) to unequivocally prohibit FGM and require implementing regulations within 6 months. (Parliament/MoJ/MoGCA).

B4-2: Operationalize enforcement and community change.

- Establish monitoring mechanisms, mandatory reporting, and a public registry of cases;

- Enforce the ban on initiation ceremonies, with penalties for organizers/financiers;
- Fund multilingual awareness campaigns and partnerships/MOUs with chiefs and Bondo leaders to end cutting and adopt alternative rites. (Police/DPP/MoGCA/Local Gov/MoHS)

C: End Child Marriage

C1: Overview

Child marriage remains a pressing concern in Sierra Leone, despite notable progress. According to the *Child Marriage Data Portal*, 1.1 million women and girls in the country were married before age 18, including nearly 372,000 before age 15. Among women aged 20–24, 30% were married before age 18, down from 51% in 1994, while 9% were married before 15, compared to 21% in 1994 (*Sierra Leone DHS, 2019*).

The consequences of child marriage are severe and lifelong. Girls who marry early are far more likely to drop out of school, cutting short their opportunities for economic independence and leadership. They face higher risks of early pregnancy, maternal mortality, and complications such as obstetric fistula, which can permanently impact their health and dignity. Married girls are also more vulnerable to gender-based violence and exploitation, reinforcing cycles of poverty and inequality. Ending child marriage is therefore not only a moral and legal imperative, but also a vital strategy for improving education, health, and gender equality outcomes across Sierra Leone.

C2. Key Issues

The decline in child marriage rates masks the complex realities facing adolescent girls. Sierra Leone was ranked 26th out of 163 countries in UNICEF's *Children's Climate Risk Index (2023)*, placing it among the most vulnerable countries globally. Floods,

landslides, and disease outbreaks—combined with economic instability and political unrest—undermine education, healthcare, and protection systems.

Adolescent girls bear the brunt of these overlapping crises. School closures and poverty heighten the risk of early marriage, while gender-based violence and high adolescent pregnancy rates reinforce cycles of inequality. Maternal mortality remains alarmingly high, at 354 deaths per 100,000 live births (WHO, 2023), with 14% of maternal deaths among adolescents. Harmful traditional practices also persist: 83% of women have undergone female genital mutilation, making Sierra Leone one of the highest-prevalence countries in West Africa (*Sierra Leone DHS, 2019*).

C3. Current Policies and Gaps

Sierra Leone has made policy strides. The Child Rights Act (2007) sets 18 as the legal age of marriage, and national strategies target adolescent pregnancy, maternal health, and gender-based violence. The government has also implemented the Maternal Death Surveillance and Response (MDSR) system to strengthen accountability in maternal care.

Yet, UNICEF notes that weak enforcement, limited infrastructure, and entrenched social norms undermine these policies. Resources for adolescent-friendly health services and mental health support are insufficient, leaving girls especially vulnerable in times of crisis.

C4. Recommendations

To end child marriage and safeguard girls' rights, Sierra Leone requires sustained international partnerships. Ending child marriage is not only a human rights imperative—it is a foundation for achieving gender equality, improving maternal and child health, and breaking cycles of poverty. With stronger collaboration, accountability, and resources, Sierra Leone can accelerate progress toward a future where every girl has the opportunity to learn, grow, and thrive.

C4-1: UNICEF emphasizes the importance of investing in girls' education, expanding adolescent health services, and supporting community-led change to shift harmful gender norms. Global and local actors, including civil society partners, have a critical role to play in advancing these efforts.

C4-2 : Government leadership is critical. The National Secretariat for the Reduction of Teenage Pregnancy (NSRTP) under the Ministry of Health spearheaded child marriage efforts, but limited senior-level engagement weakened coordination. The passage of the Child Marriage Act and the launch of Phase III of the UNFPA-UNICEF Global Programme to End Child Marriage under the Ministry of Gender mark an important shift toward stronger government ownership.

C4-3 : Sustainability of community-based interventions is essential. To ensure scale and cost-effectiveness, communities must integrate positive parenting and life skills training into existing social service and education structures. This approach maximizes resources and broadens reach

C4-4 : Multisectoral partnerships strengthen outcomes. Collaboration among government, civil society, and UN agencies has proven vital. Joint efforts between UNICEF, UNFPA, UNDP, and UN Women have delivered impactful results in addressing child marriage, GBV, and adolescent pregnancy. Upcoming initiatives, including the EU–UN Spotlight Programme, offer opportunities to deepen this cooperation.

C4-5 : Evidence and communication matter. Improved documentation, monitoring, and data systems are needed to demonstrate progress and inform policy. The expansion of GBVIMS+ in 2025 will be a key step. Building trust and relationships across ministries, civil society, and law enforcement has already proven effective in advancing legislation, highlighting the value of inclusive dialogue.

The path forward for Sierra Leone is clear: 2025 must be a year of accelerated action and accountability. By investing in capacity-building, embedding gender-transformative curricula, and scaling sustainable community interventions, the foundations for long-

term change will be secured. Innovative pilots and digital tools will extend the reach of essential services, while strong enforcement of the Prohibition of Child Marriage law and passage of the Child Rights Bill will reinforce national commitment. These combined efforts represent more than policy shifts— expand the reach of essential services, while the strong enforcement of the Prohibition of Child Marriage law and the passage of the Child Rights Bill will reinforce the promise to protect girls, expand their opportunities, and secure their futures. With sustained leadership and collaboration, Sierra Leone can move closer to ending child marriage and achieving true gender equality.

Conclusion

Ending child marriage, gender-based violence (GBV), and female genital mutilation (FGM) is essential for achieving gender equality, improving health outcomes, and breaking cycles of poverty in Sierra Leone. While progress has been made, persistent structural and social barriers continue to threaten girls' rights and well-being.

GBV remains widespread, with survivors facing limited access to medico-legal services, under-resourced Family Support Units, and weak investigative and prosecutorial systems. Strong social norms and traditional practices exacerbate these challenges, making community engagement and normative change essential.

Child marriage continues to impede education, health, and future opportunities for girls. The 2024 passage of the Prohibition of Child Marriage Act is a critical step, but effective enforcement and alignment with broader child protection policies are needed to ensure girls can exercise their rights.

FGM, while declining, remains prevalent and socially sanctioned. A comprehensive legal prohibition aligned with the Child Rights Act, alongside community-led alternative rites, is required to end this harmful practice.

To make lasting change, Sierra Leone must: strengthen enforcement of laws, remove financial and logistical barriers to survivor support, and expand community-led initiatives that shift harmful gender norms. Integrating these approaches across GBV, child marriage, and FGM will protect girls' rights, enhance accountability, and promote sustainable gender equality.

With coordinated action, Sierra Leone can transform policy and practice into real protections, ensuring that every girl can grow, learn, and thrive free from violence and discrimination.

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