



EMPOWERING COMMUNITIES TO END GENDER-BASED VIOLENCE



SGBV SURVIVOR INCIDENT REPORT 2025

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FOREWORD

As we present our 2025 survivor data, the message is clear: sexual and gender-based violence remains one of the most urgent protection crises facing women and children in our communities.

In 2025, our services recorded 2723 sexual assault cases, representing the overwhelming majority of reported violence. We also documented 330 cases of physical assault, 514 pregnancies resulting from abuse, 2 psychological assault cases, and 1 HIV-related case identified through survivor response services.

These numbers demand national attention.

The high number of sexual assault cases alongside the significant number of pregnancies resulting from abuse highlights persistent risks affecting girls, adolescents, and vulnerable populations. These are not isolated incidents; they reflect structural gaps in prevention, accountability, and protection systems.

Increased reporting is a sign of progress. Survivors are coming forward because community awareness is growing, services are more accessible, and trust in response systems is strengthening. But reporting alone does not equal justice.

Extreme case profiles include:

- A 6 months youngest old female baby was sexually penetrated by an unknown perpetrator, signalling violence affecting infants and demonstrating severe safeguarding gaps within households and communities.
- The oldest survivor of 58 years old who was gang raped by 5-armed perpetrators in her home at about 3:00 AM. Her house was set on fire in a community dispute between villages.
- A Fatality case of a 14-year-old JSS female pupil who was sexually penetrated by a police officer, brought to Freetown Rainbo Centre unconscious, referred to PMCH main hospital, but later died. This signals severity escalation, delayed care-seeking, and life-threatening violence against adolescents.

We must act decisively to:

- Strengthen enforcement of existing protection laws
- Improve case progression through the justice system
- Scale school safeguarding measures
- Enshrine zero tolerance for SEA/SH in development projects
- Expand survivor-centred economic empowerment
- Invest in prevention at the community level

The 514 pregnancies linked to abuse represent one of the most urgent protection concerns. These cases underscore the intersection between violence, health, education disruption, and long-term economic vulnerability.

Survivor data must not remain in reports; it must drive reform. Our organization calls for stronger coordinated action across government institutions, development partners, and communities. Prevention must become a national priority, not a programmatic add-on. Every statistic represents a child, a woman, a life trajectory altered.

Our responsibility is to ensure those trajectories are protected going forward.

As an organization, we remain committed to transparency, evidence-driven advocacy, and institutional strengthening. Our role is not only to respond to violence but to shape systems that prevent it.

In 2026, we will continue to deepen our technical advisory support to government and development partners, strengthen safeguarding compliance frameworks, and scale data-informed prevention strategies.

Every number in this report represents a life interrupted, but also a life that chose courage. Our duty is to ensure that courage is met with justice, dignity, and lasting support.

Together, we must move beyond reaction toward systemic prevention and institutional accountability. With resolve and commitment,

Daniel F. H. Kettor,

Executive Director.

Rainbo Initiative.

CASELOAD IN 2025: STRATEGIC INTERPRETATIONS & INSIGHTS

Overall Caseload and Survivor Profile

The organization managed a very high SGBV caseload, positioning it as a critical frontline service provider within the national response system.

Types of Assault:

Assault	# of Cases
Sexual	2,723
Physical	330
Psychological	2
Total	3,055

Assault by sex	# of Cases
Female	3,030
Male	25
Total	3,055

Strategic Interpretation:

- Sexual violence remains the dominant protection risk, accounting for the vast majority of reported cases.
- The extremely high proportion of female survivors confirms that SGBV is still a gendered crisis requiring targeted protection policies.

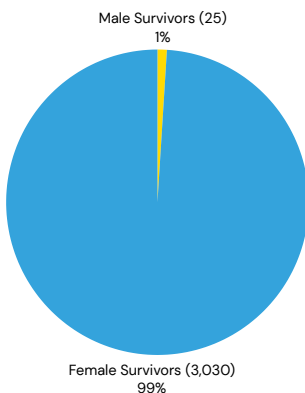


Figure 1: Assault by Gender

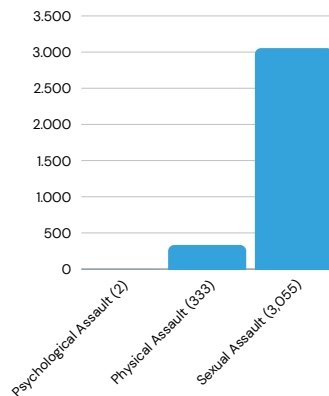


Figure 2: Type of Assault

Extreme Case Profiles & Protection Implications (2025 SGBV Data)



Youngest Survivor
6 months



Oldest Survivor
58 Years



Death
1 Recorded

Key Insights:

1. Violence spans the entire life cycle
 - Survivors ranged from infancy to older adulthood.
 - Confirms SGBV is not limited to adolescent girls it is a whole-of-life protection crisis.
2. Unknown perpetrators remain a major risk
 - Infant case highlights hidden violence and safeguarding failures.
 - Points to note for stronger household-level prevention and detection.
3. Sexual violence linked to community insecurity
 - Armed gang rape in a dispute context signals conflict-related GBV patterns.
 - Daytime occurrence suggests perpetrator confidence and weak deterrence.
4. Severity and lethality risk exist
 - The death of a 14-year-old shows that SGBV includes life-threatening physical trauma.
 - Reinforces the urgency of the rapid clinical pathway.

Assault By Rainbo Centres and Age Disaggregation

District	0 - 5	6 - 10	11 - 15	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 55	56+	Total
Bo	15	34	168	116	6	2	4	2	1	0	0	348
Freetown	75	105	409	270	10	7	7	0	0	1	1	882
Freetown HQ	15	28	142	83	8	3	0	0	0	0	0	279
Kenema	14	42	184	135	3	3	0	1	0	0	0	382
Kono	14	29	154	118	16	15	8	6	4	0	0	364
Magburaka	4	8	41	49	19	22	7	5	1	1	0	159
Makeni	15	29	142	118	25	7	6	1	2	0	1	346
Kambia	2	5	50	67	10	28	5	3	1	0	0	171
Mile 91	0	2	9	35	28	24	13	4	2	2	7	126
Grand Total	134	282	1,299	991	125	111	50	22	11	4	9	3,055

Table 1: Assault by Rainbo Centres & Age Disaggregation

Annual Narrative

In 2025, a total of 3,055 cases were recorded across Rainbo centres, with a pronounced concentration among adolescents. Young people aged 11–15 (43%) and 16–20 (32%) accounted for approximately three-quarters of all reported cases, confirming adolescence as the most vulnerable period.

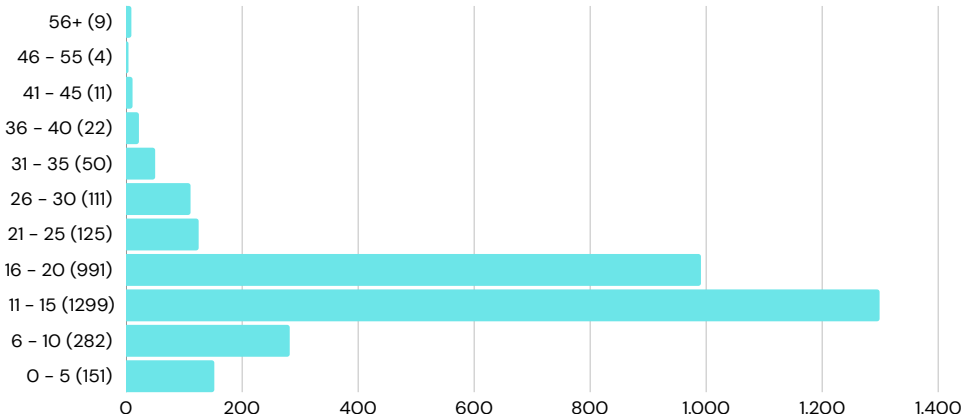


Figure 2: Age Group Distribution of cases

Geographic analysis shows the highest case burden in Freetown, followed by Kenema, Kono, Bo, and Makeni, reflecting both population density and stronger reporting pathways in urban areas. More than half of all cases involved children under 15, underscoring the continued need for child-focused prevention, school-based interventions, and strengthened early reporting systems, while also highlighting possible under-reporting among adults and in lower-volume districts.

Assaults By Months

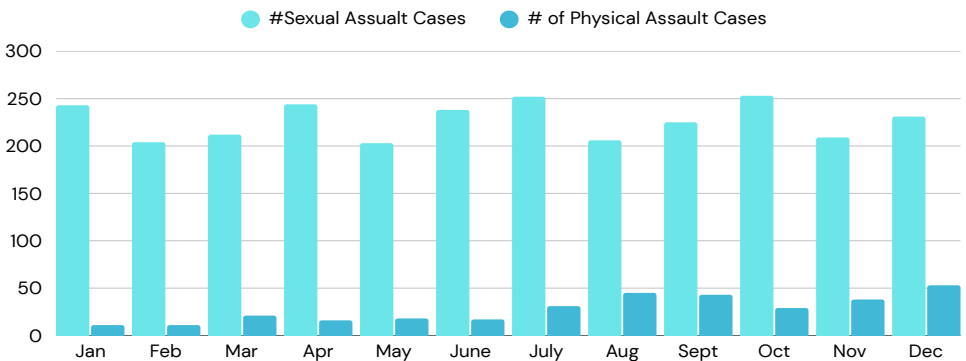


Figure 3: Assault by Month across the Rainbo Centres

Hotspot Insight

- Primary Hotspot: Freetown
- Secondary Cluster: Kenema, Kono, Bo, Makeni
- Emerging/Lower Reporting areas: Mile 91, Magburaka, Kambia

Severity Pattern

- High severity risk: Adolescents (11–20) — highest exposure window.
- Moderate risk: Younger children (0–10) — significant child protection concern.
- Lower observed risk: Adults — likely under-reporting rather than low incidence.

Geographic Risk

- High-risk urban concentration: Freetown
- Medium risk growth districts: Kenema, Kono, Bo, Makeni
- Hidden risk districts: Low numbers may indicate access gaps rather than lower prevalence

COMPREHENSIVE INDICATOR TABLE

Assault	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Total
Sexual	243	204	212	244	203	238	252	206	225	253	209	231	2,723	3,055
Physical	11	11	21	16	18	17	31	45	43	29	38	53	330	
Psychological	2	0	0	0	0	0	0	0	0	0	0	0	2	
Pregnancy	42	33	44	60	33	49	53	30	48	41	37	44	514	
HIV/AIDS	0	0	0	1	0	0	0	0	0	0	0	0	1	
Other STIs	170	161	173	203	172	195	203	172	163	201	177	189	2,179	
Referrals from FSU	236	201	210	244	203	234	241	207	220	232	212	236	2,676	
Referrals from Community	16	13	12	12	16	14	39	39	44	45	23	38	311	
Referrals from Partners	2	1	11	4	2	7	3	5	6	5	12	10	68	
Other service providers	64	30	45	64	51	64	79	52	68	43	37	44	641	
Follow up home visitation	32	23	28	35	20	31	61	28	47	42	8	4	359	
Follow up treatment	85	81	83	75	75	66	92	56	87	83	64	81	928	
Female Survivors	253	213	233	259	219	253	283	242	270	282	242	281	3,030	
Male Survivors	1	2	0	1	2	2	0	9	0	0	5	3	25	

Table 2: Comprehensive Indicator Table ©Rainbo Centre Data

Note: The Data presented is limited to reported cases at the Rainbo Centres and does not reflect the total incidence of SGBV cases in Sierra Leone. The Statistics are generated solely by the Rainbo Centres, which collects data through its response and prevention activities with survivor consent. This information should not be used to follow up on survivors or shared irresponsibly.

Total Cases that access Justice														
Description	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Total
Cases with First time magistrate Court Appearance	2	2	1	1	2	0	0	0	0	0	0	0	8	21
Cases Committed To High Court	0	0	9	0	3	1	0	0	0	0	0	0	13	
Cases successfully prosecuted	0	0	7	0	2	0	0	0	0	0	0	0	9	

Table 3: Cases that accessed Justice from the Rainbo Centres

Overall, Justice Pathway Performance

- **First-time Magistrate Court Appearances: 8 cases**
- **Cases Committed to High Court: 13 cases**
- **Cases Successfully Prosecuted: 9 cases**

This indicates that a portion of cases progressed beyond the magistrate level and some resulted in successful prosecution, showing partial functionality of the justice referral pathway.

Referral Pathways (Strong but Highly Centralized)

- Referrals from Family Support Unit (FSU): **2,679**
- Community referrals: **308**
- Partner referrals: **68**

What This Means:

- The police remain the primary gateway into survivor services.
- Community-based detection is still underdeveloped.
- Partner ecosystem engagement appears low relative to caseload

Health Consequences Reflect Severity of Violence

- STI cases are nearly as high as sexual assault cases, a major public health signal.
- Pregnancy outcomes linked to abuse remain concerning.

Interpretation: This suggests:

- Repeated abuse
- Delayed care seeking
- Limited preventive protection
- Possible gaps in PEP access timelines

Operational District – Level Warning

- SGBV is not only a justice issue, but also increasingly a reproductive and public health emergency.

Case Management Strength – But Follow-up Drop-Off Appears Late-Year

- Home visits: **359**
- Follow-up treatment: **928**

However, visits decline sharply in Nov–Dec, which may indicate operational constraints such as; staffing constraints, transport limitations, and seasonal access barriers.

Justice Outcomes

Despite thousands of survivors:

- Magistrate appearances: **8**
- High Court commitments: **13**
- Successful prosecutions: **9**

Conviction Pipeline Reality

This is not a Rainbo failure it reflects structural justice bottlenecks such as:

- case attrition
- survivor withdrawal
- evidentiary barriers
- investigation delays
- prosecutorial capacity gaps

Monthly Trends

Justice access was heavily concentrated in the first half of the year. Activity peaked in March, where:

- High Court commitments were highest (**9 cases**)
- Successful prosecutions were also the highest (**7 cases**)

After June, there is near-zero progression, suggesting a significant slowdown or reporting gap.

Prosecution Success Rate

- 9 successful prosecutions out of 13 High Court commitments (**~69%**)
- This is a strong prosecution outcome rate when cases reach advanced judicial stages.

The main bottleneck is case progression, not prosecution success.

A REFLECTION OF SURVIVOR DATA 2024 - 2025

Between 2024 and 2025:

- Total SGBV caseload increased by approximately **10 – 15%**.
- Physical assault cases doubled, representing the most concerning rise.
- Pregnancy cases increased by **18%**.
- Community and partner referrals nearly doubled, with a strong awareness impact.
- Justice outcomes improved significantly in prosecution rates.

2025 reflects:

- Better detection and referral systems
- Stronger legal follow-through
- But escalating violence patterns require urgent prevention scaling.

Comparative Analysis: 2024 to 2025

i. Key Indicators

Indicators	2024 Total	2025 Total	Variance	% Change
Sexual Assault	2,771	2,723	-48	-1.73%
Physical Assault	165	330	+165	+100.00%
Psychological Assault	0	2	+2	New cases recorded
Pregnant Cases	434	514	+80	+18.4%
HIV/AIDS Cases	9	1	-8	-88.9%
Other STIs	1,959	2,179	+220	+11.23%

Table 4: Overall caseload | Rainbo Centre Data ©

Key Insights:

- Sexual assault slightly decreased (stabilisation trend)
- A **1.7%** decrease suggests relative stability rather than a major decline.
- This may reflect efforts to prevent fluctuations in reporting or patterns of service access.
- Sexual assault remains the dominant case type, requiring continued priority.

Interpretation: Prevention messaging and response services should remain heavily focused on this area.

ii. Survivor Demographics

Indicators	2024	2025	Variance	% Change
Female Survivors	2,744	3,030	+286	+10.4%
Male Survivors	27	25	-2	-7.4%

Table 5: Survivor Demographics

Insight:

- Female survivors remain overwhelmingly affected.
- Slight drop in male reporting. This may indicate stigma or underreporting.
- Gender pattern consistent with SGBV trends in Rainbo operational districts

iii. Referral Pathway

Referral Sources	2024	2025	Variance	% Change
FSU	2,595	2,679	+84	+3.1%
Community	158	308	+150	+94.90%
Partners	18	68	+50	+277.8%
Other Service Providers	640	641	+1	+0.20%

Table 6: Referral Pathways

Insight:

- FSU remains the dominant referral pathway
- Referrals from FSU increased slightly (**+3.2%**), confirming it continues to be the primary entry point into services.
- Growth is modest, suggesting a stable but saturated pathway.

Implication: Continued collaboration with FSU is important, but additional pathways are needed to expand reach.

iv. Service Delivery Follow up

Indicators	2024	2025	Variance	% Change
Home Visit	309	359	+50	+16.2%
Follow up Treatments	894	928	+34	+3.8%

Table 7: Service Delivery Follow-up

Insight:

- Case management strengthening is evident.
- Home visits improved significantly.
- Treatment follow-up is stable, but should scale proportionally with caseload growth

v. Access to Justice

Indicators	2024	2025	Variance	% Change
First Court Appearance	36	21	-15	-41.7%
Committed to High Court	7	13	+6	+85.7%
Successfully Prosecuted	5	9	+4	+80%

Table 8: Access to Justice

Justice System Interpretation

- Fewer first appearances in 2025 (**-42%**)
- BUT higher escalation to High Court (**+86%**)
- AND higher prosecution success (**+80%**)

This suggests:

- Stronger case preparation
- Improved evidence handling
- Better survivor support through prosecution

Risk and Trend Interpretation High Risk Areas

- Physical assault doubled
- Pregnancy cases increased significantly
- Sexual assault continues upward trend (**+10%**)

Positive Institutional Trends

- Community and partner referrals increased dramatically
- Justice success rate improved
- Case management strengthened

COMPARATIVE NARRATIVE OF 2024 AND 2025

In 2025, Rainbo Initiative recorded a higher overall service demand compared to 2024, reflecting both increased reporting and intensified survivor support needs. Sexual assault cases increased from 2,771 in 2024 to 3,055 in 2025 (+10.2%), indicating a sustained and growing burden of sexual violence. The most pronounced escalation was observed in physical assault, which doubled from 165 cases in 2024 to 333 in 2025 (+101.8%). This rise was particularly concentrated in the second half of 2025, signalling an increased risk environment and the need for strengthened prevention and protection measures.

Health-related service indicators also rose. Pregnancy cases increased from 434 to 514 (+18.4%), reinforcing the continued need for integrated clinical care, psychosocial support, and referral pathways for survivors facing sexual violence-related pregnancies. Similarly, other STI-related cases rose from 1,959 to 2,179 (+11.2%), consistent with the higher reported caseload and continued demand for timely clinical response. HIV/AIDS cases decreased from 9 to 1; given the low baseline, this should be interpreted cautiously and reviewed alongside testing access, PEP uptake, and documentation practices.

Referral patterns demonstrate a clear expansion of community-level engagement and detection. Community referrals nearly doubled from 158 in 2024 to 311 in 2025 (+96.8%), while partner referrals increased from 18 to 68 (+277.8%). This pattern suggests improved awareness, trust, and collaboration with external actors, particularly from mid-2025 onward. Referrals from the Family Support Unit (FSU) remained the largest referral channel and increased modestly (2,595 to 2,676; +3.1%), highlighting FSU's continued central role in survivor pathways to care.

Rainbo's case management response also strengthened. Home visits increased from 309 to 359 (+16.2%), and follow-up treatment remained consistently high (894 to 928; +3.8%), showing sustained investment in survivor continuity of care. Female survivors remained the majority of service users, increasing from 2,744 to 3,030 (+10.4%), while male survivor reporting decreased slightly (27 to 25), underscoring the need to address barriers that limit disclosure and access for men and boys.

Access to justice showed mixed but important dynamics. First-time magistrate court appearances reduced from 36 to 21 (-41.7%), while cases committed to the High Court increased from 7 to 13 (+85.7%) and successful prosecutions increased from 5 to 9 (+80%). This pattern may indicate fewer initial court appearances but stronger case progression and outcomes for a subset of cases, potentially reflecting improved legal support, evidence readiness, or strategic case selection. Overall, the 2025 data indicate increased survivor demand and improved community and partner reporting, alongside a rising profile of physical violence and sustained reproductive health impacts requiring continued expansion of prevention, clinical response, and legal accompaniment.



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