

Research Article

Access to Social Work Support for Survivors of Sexual and Gender-Based Violence (SGBV) in Sierra Leone: A Case Study of Freetown

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Abstract

This study examines the accessibility, quality, and effectiveness of social work support services for survivors of Sexual and Gender-Based Violence (SGBV) in Freetown, Sierra Leone. Despite the existence of legal frameworks such as the Domestic Violence Act (2007) and the Sexual Offences Act (2012, amended 2019), survivors continue to face significant barriers in accessing psychosocial support due to weak institutional coordination, limited integration of social workers into national SGBV response mechanisms, and entrenched socio-cultural norms. Using a qualitative research design grounded in feminist and critical social work theory, the study draws on in-depth interviews with survivors and key informants from government and non-governmental institutions. Findings reveal widespread mistrust in formal systems, fragmentation among service providers, and a lack of awareness about the role of social workers. The paper identifies the urgent need to professionalize and institutionalize social work within SGBV frameworks through national policy reforms, survivor-centered approaches, community engagement, and inclusive practices that address the intersecting identities of survivors. Recommendations include the establishment of a national regulatory body for social work, improved stakeholder coordination, and targeted training for trauma-informed, gender-sensitive service delivery. The study contributes to the discourse on localized and professionalized responses to gender-based violence in post-conflict Sierra Leone.

Keywords

Social Work Integration, Survivor-Centered Support, Institutional Barriers, Gender-Based Violence (SGBV), Intersectionality

1. Introduction

Sexual and Gender-Based Violence (SGBV) remains a persistent and deeply rooted challenge in Sierra Leone, affecting women, girls, and vulnerable populations disproportionately. According to UN Women (2021), approximately

62% of women in Sierra Leone have experienced some form of physical or sexual violence in their lifetime. Despite the enactment of robust legal frameworks such as the Domestic Violence Act (2007) and the Sexual Offences Act (2012,

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amended 2019), enforcement gaps, sociocultural constraints, and institutional weaknesses continue to hinder the realization of justice and holistic support for survivors. The capital city, Freetown, while relatively better resourced, still mirrors these national challenges, with urban poverty, overcrowding, and inadequate service delivery compounding the issue [9].

The role of social work professionals in responding to SGBV is critical, as they provide psychosocial support, advocacy, referrals, and empowerment strategies for survivors. However, in Sierra Leone, the profession is still developing, with minimal recognition, limited training institutions, and scarce employment opportunities within the public sector [11]. Social work support is further undermined by the absence of a national framework that formally integrates social workers into SGBV response mechanisms. As a result, many survivors receive assistance from police or medical staff without the comprehensive, survivor-centered support that trained social workers are equipped to deliver [29].

In Freetown, existing services are largely centralized, and social workers often operate within NGOs or faith-based organizations rather than government systems. This creates a fragmented landscape of care, with survivors frequently unaware of their rights and the services available to them [26]. Cultural silence, fear of retaliation, and stigmatization also contribute to underreporting and reluctance to engage with formal support systems, particularly among young women and girls. These issues are exacerbated by a lack of trust in institutional responses, as many survivors perceive social workers as either unavailable or ineffective in ensuring safety and justice.

This article explores the state of access to social work support for SGBV survivors in Freetown, Sierra Leone, with the aim of uncovering the systemic, institutional, and socio-cultural barriers that affect service delivery. Through an examination of the lived experiences of survivors, interviews with frontline professionals, and engagement with institutional stakeholders, the study offers a grounded analysis of current practices and proposes actionable recommendations. The findings are intended to support the strengthening of social work frameworks in SGBV responses and contribute to national discourse on survivor-centered care.

2. Problem Statement

Despite commendable strides in legislative reforms and the establishment of support mechanisms to address Sexual and Gender-Based Violence (SGBV) in Sierra Leone, survivors continue to face formidable challenges in accessing professional social work services, particularly in urban centers like Freetown. Governmental initiatives, such as the establishment of Family Support Units within the Sierra Leone Police and the collaborative efforts of NGOs like Rainbo Initiative and Defence for Children International, have contributed to awareness creation, legal aid, and medical support. However, these initiatives have historically prioritized

legal and medical responses, often neglecting the critical role of social work in holistic survivor recovery.

There remain a lack of systematic integration of social workers into the national SGBV response framework. Most trained social workers operate in isolation or within under-resourced NGOs, lacking institutional support and professional development opportunities. Furthermore, existing research and interventions have not adequately explored survivors' experiences with social work services or the socio-cultural, structural, and institutional constraints that shape accessibility and responsiveness.

This research is informed by a critical gap in the current literature and service provision: the limited understanding of how survivors in Freetown navigate and perceive the availability, quality, and impact of social work support. It seeks to illuminate the disconnect between policy ambitions and ground-level realities, while centering the voices of survivors and practitioners. By identifying the specific barriers and opportunities for social work engagement in SGBV response, the study aims to inform more inclusive, survivor-centered, and professionalized interventions within Sierra Leone's social welfare system.

3. Overall Aim

To examine the accessibility, quality, and effectiveness of social work support services available to survivors of Sexual and Gender-Based Violence (SGBV) in Freetown, Sierra Leone, and to identify systemic, institutional, and socio-cultural factors influencing survivor engagement with such services.

3.1. Research Objectives

- 1) To explore the lived experiences of SGBV survivors in accessing social work support services in Freetown.
- 2) To identify institutional, socio-cultural, and structural barriers that affect the provision and uptake of professional social work interventions for SGBV cases.
- 3) To assess existing social work frameworks and stakeholder practices in SGBV response, and propose recommendations for improving survivor-centered support mechanisms in Sierra Leone.

3.2. Research Questions

- 1) What are the personal experiences and perceptions of SGBV survivors in Freetown regarding the accessibility and effectiveness of social work support services?
- 2) What institutional, socio-cultural, and structural factors hinder the provision and utilization of professional social work services for SGBV survivors in Freetown?
- 3) How do current social work frameworks and stakeholder practices influence SGBV service delivery in Freetown, and what improvements can be made to enhance

survivor-centered support?

4. Literature Review

SGBV in Sierra Leone is both a product and perpetuator of patriarchal norms, poverty, and post-conflict trauma. Studies [28, 11], highlight the inadequacies of social service infrastructures in addressing the complex needs of survivors. This literature review critically examines global and local perspectives on access to social work support for survivors of SGBV, with a focus on three core themes: survivor experiences, institutional and socio-cultural barriers, and the role of social work frameworks. The review is grounded in scholarly contributions from both international and Sierra Leonean contexts and aims to identify points of convergence, divergence, and knowledge gaps that inform this study.

4.1. Survivor Experiences in Accessing Social Work Support

Globally, literature affirms that survivors of SGBV require comprehensive psychosocial care that includes counseling, advocacy, and empowerment services—domains often covered by social workers [34]. In South Africa, Makoe and Vawda (2010) observed that survivors who accessed professional social workers reported improved psychological well-being and increased trust in formal institutions. In contrast, studies in Sierra Leone, such as those by Sesay (2022), has shown that survivors are often unaware of the role or existence of social work professionals. This results in reliance on traditional or informal support systems, which may reinforce harmful gender norms or discourage reporting [31].

Moreover, Fullah (2023) notes that the fragmented nature of social work service delivery in urban Sierra Leone makes it difficult for survivors to access coordinated care, while Rainbo Initiative (2020) emphasizes the need for survivor-centered approaches tailored to local realities. While international models stress integration and trauma-informed care, Sierra Leonean studies highlight a lack of clarity about the role of social workers, pointing to a divergence in practice and perception.

4.2. Barriers to Access: Institutional and Socio-Cultural Challenges

A growing body of research highlights the multiplicity of barriers that limit survivors' access to sexual and gender-based violence (SGBV) support services. These barriers are not only rooted in individual experiences but are also structurally embedded within institutional systems. As highlighted by Bott et al. (2014) systemic constraints such as insufficient human resources, fragmented coordination among service providers, and the lack of effective implementation mechanisms continue to obstruct timely and comprehensive care

[3]. In the context of Sierra Leone, these issues are pronounced due to the chronic underfunding of public welfare institutions and a weak policy enforcement framework [36, 30]. Many government agencies tasked with addressing SGBV operate with outdated logistical tools, minimal staffing, and insufficient training in gender-sensitive service delivery.

The landscape becomes more complex with the involvement of non-governmental organizations (NGOs). While NGOs fill crucial service gaps left by the state, many operate in isolation, often driven by donor priorities rather than survivor-centered models [18]. Research by Defence for Children International (2019) and more recently by Turay (2023) illustrates that referral systems among NGOs are often non-existent or inconsistently applied, leading to a lack of follow-up and continuity of care. Moreover, the absence of integrated databases or standard operating procedures across institutions results in duplicated efforts and missed opportunities for collaborative interventions. This institutional fragmentation significantly hampers survivors' pathways to justice and psychosocial support [27, 32].

Socio-cultural norms further compound institutional shortcomings. Stigma, victim-blaming, and a pervasive culture of silence continue to dominate community responses to SGBV, particularly in low-income urban and rural settings. Gausset et al. (2021) and Jalloh (2022) argue that survivors often choose not to report abuse due to the fear of social ostracism or retaliatory violence [12]. In Sierra Leone, patriarchal ideologies are deeply entrenched in both formal and informal community structures, reinforcing harmful gender stereotypes and legitimizing male dominance [1, 5]. Religious and traditional leaders, who hold considerable sway in local governance, frequently discourage external reporting of domestic issues, framing them as private family matters rather than violations of human rights.

These socio-cultural dynamics are particularly detrimental to women and girls in slum communities, where informal justice systems prevail. Survivors are often coerced into accepting mediated settlements that do not prioritize their safety or justice needs [16]. A study by Mansaray et al. (2023) found that many survivors in Freetown's coastal slums preferred to seek help from community elders or religious leaders rather than formal authorities, mainly due to trust deficits and past negative encounters with police or social workers. In such environments, the decision to disclose abuse is shaped by intersecting factors such as economic dependency, age, and social standing, yet few local studies adopt intersectionality as an analytical tool [22].

International literature, particularly feminist and critical race scholarship, increasingly emphasizes the need for intersectional approaches in understanding SGBV experiences [7, 4]. Intersectionality allows for the analysis of how overlapping identities—such as gender, class, disability, and ethnicity—affect access to services and justice. However, this framework remains underutilized in Sierra Leonean SGBV

research. Most local studies focus on generalized community norms or familial influences without dissecting how specific identities compound vulnerability [33]. Bridging this analytical gap is crucial for developing more responsive and inclusive intervention strategies that account for the lived realities of all survivors.

Furthermore, digital exclusion and low literacy levels pose additional barriers. Survivors in rural communities often lack access to reliable information about available services due to poor mobile connectivity and limited outreach efforts [19]. Where digital platforms are employed for awareness campaigns, they predominantly target urban youth, inadvertently excluding older or illiterate populations. This digital divide mirrors broader inequalities in the social welfare system and reinforces the marginalization of already vulnerable groups [25].

Addressing these barriers requires a multi-layered approach that strengthens institutional capacity while also challenging deep-seated socio-cultural norms. This includes investing in training for service providers, fostering cross-institutional collaboration, and engaging local leaders in public education efforts. Moreover, future research and interventions must consciously incorporate intersectional analysis to ensure that the unique experiences of marginalized survivors—such as those with disabilities, LGBTQ+ individuals, and adolescent girls—are adequately represented and addressed [21].

4.3. Social Work Frameworks and Professional Engagement

International best practices underscore the critical role of institutionalized social work frameworks in responding to sexual and gender-based violence (SGBV). In countries such as the United Kingdom, Canada, and Australia, social workers are embedded within multidisciplinary teams in police departments, hospitals, schools, and community centers to provide trauma-informed and survivor-centered services [10, 14, 35]. These integrated models allow for early intervention, coordinated case management, and improved access to legal and psychosocial support. Such systems are underpinned by strong regulatory bodies, licensure requirements, and national policies that clearly delineate the role of social workers in SGBV cases [15].

In stark contrast, the social work profession in Sierra Leone remains underdeveloped and is yet to be fully recognized in national policy frameworks related to SGBV response. Despite the presence of a university-level training program and increasing engagement in grassroots interventions, social workers are often marginalized in formal decision-making spaces. As Fullah (2023) notes, there is an absence of a national licensing board or standardized curriculum for social work practice, leading to inconsistencies in service delivery. There is broad theoretical convergence on the need for social workers in addressing complex social harms such as SGBV;

however, practice diverges significantly between global north and global south contexts. In countries like Sweden and New Zealand, state-funded social work positions are embedded in crisis centers and shelters, ensuring continuous care for survivors [20, 2]. These systems promote collaboration between legal, health, and social welfare sectors, often facilitated through centralized case tracking mechanisms. In contrast, Sierra Leone's SGBV response mechanisms are heavily NGO-driven and lack uniform referral systems or case management protocols, as observed by [17]. This over-reliance on fragmented NGO interventions reflects the limited political will and inadequate resource allocation for social services.

Moreover, the limited capacity of the Ministry of Social Welfare, in terms of both human and logistical resources, severely constrains the visibility and impact of professional social work in SGBV response. Many frontline staff, particularly in rural areas, operate without vehicles, office space, or psychosocial tools, making consistent service delivery a challenge [36, 23]. Recent findings by the Rainbo Initiative (2023) also indicate that the absence of social workers in key institutions such as police stations and magistrate courts creates gaps in survivor support, especially during legal proceedings.

Another challenge is the lack of formal pathways for integrating community-based practitioners and paraprofessionals into the broader social work ecosystem. While community health workers and local advocates play crucial roles in early detection and support for survivors, their roles are often informal and unsupported by standardized training or supervision [6]. This further underscores the urgency of establishing a national council for social work regulation, curriculum development, and professional accreditation in Sierra Leone.

To bridge these systemic gaps, scholars such as Gray et al. (2018) and Morley & Macfarlane (2012) advocate for the localization of international social work models, emphasizing culturally grounded approaches that acknowledge the sociopolitical context of practice. In the case of Sierra Leone, this would involve strengthening university-based training, enhancing collaboration between NGOs and state actors, and embedding social workers in key sectors through policy reforms and budgetary commitment. It would also require sustained advocacy to elevate the role of social work in the national discourse on violence prevention, gender equity, and social justice [13, 24].

5. Methodology

5.1. Research Design

This study employed a qualitative research design rooted in critical social work and feminist inquiry, aimed at exploring the institutional and socio-cultural barriers to effective social work engagement in Sexual and Gender-Based Violence (SGBV) responses in Freetown, Sierra Leone. Qualita-

tive methods were suited to uncovering lived experiences, institutional challenges, and social dynamics that shaped access to services [8]. A critical lens allowed the research to interrogate power structures, professional roles, and survivor agency within urban social work systems.

5.2. Study Site

The study was conducted exclusively in Freetown, the capital city of Sierra Leone. Freetown was selected for its unique positioning as a hub of both governmental and non-governmental SGBV support services, as well as the coexistence of formal justice mechanisms and community-level dispute resolution practices. The city hosted a range of actors including the Family Support Unit (FSU), RainBo Initiative, Save the Children, and various women's rights organizations, offering a microcosm for understanding the tensions and gaps in SGBV service delivery and social work integration.

5.3. Sample and Participants

Participants were selected using purposive sampling to capture a range of perspectives and lived experiences:

Survivors of SGBV (n=15): Individuals who had experienced sexual or gender-based violence and had sought support from either formal institutions (e.g., police, hospital, NGOs) or informal networks (e.g., family, community leaders). The sample ensured diversity in age, socioeconomic background, and neighborhood.

Institutional Key Informants (n=12): This group included representatives from the Family Support Unit, Ministry of Social Welfare, RainBo Initiative, Save the Children, and the Advocacy Movement Network. Additionally, frontline social workers, counselors, and legal aid providers were interviewed to understand the operational challenges in delivering support and advocacy services.

5.4. Data Collection Methods

5.4.1. In-depth Interviews (IDIs)

Semi-structured interviews were conducted with survivors to explore their pathways to seeking help, encounters with service providers, and perceptions of social work involvement. Interviews were conducted in either English or Krio, depending on participant preference, and audio-recorded with consent.

5.4.2. Key Informant Interviews (KIIs)

Institutional stakeholders provided insights on policy implementation, professional training gaps, inter-agency coordination, and barriers to effective social work integration in SGBV responses.

5.4.3. Document Analysis

Institutional reports, policy documents, and training materials from relevant government ministries and NGOs were reviewed to evaluate the formal inclusion of social workers and policy alignment with global standards.

6. Data Analysis

Data was analyzed thematically and transcribed interviews and field notes were uploaded into NVivo software to aid in coding and pattern identification. Coding followed both inductive and deductive logics, based on the research questions and theoretical frameworks.

An intersectional lens (Crenshaw, 1991; Cho et al., 2013) guided interpretation to account for how identities such as gender, age, disability, and economic status intersected to influence survivor experiences and access to support systems. The agency approach (Ortner, 2006) was used to explore how survivors and social workers navigated institutional and community constraints.

7. Ethical Considerations

All participants were fully informed about the purpose, risks, and benefits of the study. Written and/or verbal consent was obtained, with options for participants to withdraw at any stage. Survivors were interviewed using trauma-informed practices, and referrals to psychosocial services were made where necessary. Data was anonymized and stored securely with access limited to the research team.

8. Findings and Recommendations from the Study

The research aimed to explore the accessibility, quality, and effectiveness of social work support services for survivors of Sexual and Gender-Based Violence (SGBV) in Freetown, Sierra Leone, and identify the barriers and opportunities for improving these services. The following are the key findings based on the study:

8.1. Survivor Experiences in Accessing Social Work Support

Lack of Awareness and Trust: Many survivors of SGBV reported limited awareness of the role and existence of professional social workers within the formal justice and support systems. Instead, they often turned to informal systems such as community elders or religious leaders, whom they trusted more than formal institutions like social work services.

Disconnection Between Policy and Practice: Survivors frequently encountered a significant gap between the legal and medical interventions they received and the psychosocial

support they needed. Social work interventions, though recognized as important, were often perceived as inadequate or non-existent, particularly in formal settings like police stations, hospitals, or courts.

Barriers to Reporting Abuse: Survivors, especially young women and girls, expressed cultural and familial pressures not to disclose SGBV incidents. Stigmatization, victim-blaming, and fear of retaliation were major factors that discouraged them from seeking professional support.

8.2. Institutional Barriers to Access

Fragmented Service Delivery: The study revealed that the social work response to SGBV in Freetown is highly fragmented, with a lack of coordination between various stakeholders involved in the response. There were significant gaps in communication and referral systems between police, medical professionals, NGOs, and social workers. As a result, survivors often fell through the cracks, and holistic support was not always available.

Resource Limitations: Social workers reported working under significant resource constraints, including inadequate funding, lack of training, and insufficient tools to conduct effective psychosocial interventions. Institutional capacity, especially within government-run services, was found to be limited, with social workers often lacking basic resources like office space, vehicles, and logistical support.

Lack of Professional Integration: Social workers were often marginalized within the broader institutional framework of SGBV responses. The absence of a formal integration of social work into police stations or courts meant that social workers were not embedded in key institutions where survivors sought help, limiting their impact and the effectiveness of interventions.

8.3. Socio-Cultural Barriers

Patriarchal Norms and Victim-Blaming: Socio-cultural barriers, such as entrenched patriarchal norms and victim-blaming attitudes, were identified as significant obstacles to the provision and uptake of social work services. Many survivors, particularly women, feared social ostracism or violence from the perpetrator if they reported abuse. These attitudes were often reinforced by religious and traditional leaders, who discouraged external reporting of domestic violence, viewing it as a private matter.

Fear of Retaliation and Stigma: Cultural silence around SGBV was found to prevent survivors from accessing professional support. Survivors, particularly in marginalized communities such as slums, avoided institutional support due to a lack of trust in social workers and fear of retaliation from family or the community. Negative past experiences with formal support systems, such as being dismissed or turned away by police officers or social workers, further exacerbated this issue.

Limited Access to Information and Digital Exclusion: Rural survivors, especially those with low literacy levels or limited access to digital technologies, faced barriers in obtaining information about available services. This gap in access to information isolated vulnerable groups and made it more difficult for them to navigate formal support systems.

8.4. Role of Social Work Frameworks in SGBV Responses

Limited Professionalization of Social Work: The study found that social work is still an underdeveloped profession in Sierra Leone. Social workers often lacked formal training or accreditation, resulting in inconsistent service delivery. Without a recognized licensing board or standardized curriculum, social work services varied greatly in quality and effectiveness.

Need for Institutionalizing Social Work in SGBV Responses: A key finding was the need to formally integrate social work into the national SGBV response framework. Social workers were rarely embedded in national institutions such as police stations or courts, which limited their ability to provide holistic, survivor-centered care. A formal integration of social workers into these settings could bridge gaps between legal and medical responses and ensure that survivors' rights were upheld throughout the legal process.

Call for Policy and Institutional Reforms: The research highlighted the need for structural reforms to ensure that social work services are formalized and adequately resourced. The study recommended the establishment of a national social work policy or framework to define clear roles and responsibilities for social workers in SGBV responses and ensure that social workers receive ongoing professional development and training.

8.5. Opportunities for Improving Social Work Support in SGBV Responses

Survivor-Centered Approaches: The study found that adopting a survivor-centered approach in social work practice was essential. Social workers who prioritized the safety, dignity, and autonomy of survivors were better able to support them through the recovery process. This approach involved listening to survivors' voices, offering informed choices, and advocating for their rights across institutional settings.

Strengthening Institutional Capacity and Training: Findings indicated that strengthening the institutional capacity of the Ministry of Social Welfare and other key institutions, alongside comprehensive training for social workers, would improve service delivery. Training programs focused on trauma-informed care, gender-sensitive practices, and coordination with other SGBV stakeholders were identified as critical for enhancing the quality of social work interventions.

Community Education and Engagement: The study emphasized the importance of community-based initiatives that engage local leaders, including religious and traditional leaders, in shifting cultural norms and attitudes toward SGBV. Education campaigns within communities could raise awareness about survivors' rights and the importance of professional support services, fostering greater trust in formal institutions.

9. Recommendations for Policy and Practice

Creation of a National Social Work Licensing and Regulatory Body: One of the key recommendations from the study was the establishment of a national licensing and regulatory body for social work to ensure consistent professional standards. This body would regulate training, licensing, and professional conduct, ensuring that social workers are equipped to handle SGBV cases effectively and ethically.

Improving Coordination Among Stakeholders: The study recommended strengthening coordination between government agencies, NGOs, and community-based organizations to create a more integrated, holistic approach to supporting SGBV survivors. A coordinated referral system would help ensure that survivors received comprehensive care across different services (e.g., legal, medical, and psychosocial).

Inclusive and Intersectional Approaches: The research called for an inclusive, intersectional approach to addressing SGBV, considering the unique needs of marginalized groups such as individuals with disabilities, LGBTQ+ persons, and adolescent girls. Social workers were urged to adopt practices that recognize and address these diverse needs in their interventions

10. Conclusion

The study concludes that survivors of Sexual and Gender-Based Violence (SGBV) in Freetown, Sierra Leone, face significant barriers in accessing professional social work support, despite the existence of legal frameworks and support initiatives. The profession of social work remains underdeveloped and largely excluded from national SGBV response mechanisms, with most interventions led by NGOs operating in isolation and under severe resource constraints. Survivors often lack awareness of social work services, and cultural stigma, fear of retaliation, and distrust in formal institutions further discourage engagement. The research highlights the urgent need for the formal integration of social workers into key service institutions such as police stations and courts, alongside the establishment of a national licensing and regulatory body to professionalize the field. A coordinated, survivor-centered, and intersectional approach—grounded in community engagement and strengthened institutional capacity—is essential for improving the quality and

accessibility of support services and ensuring justice and holistic care for SGBV survivors in Sierra Leone.

Abbreviations

SGBV	Sexual and Gender-Based Violence
NGO	Non-Governmental Organization
UN	United Nations
SOA	Sexual Offences Act
DVA	Domestic Violence Act
FSU	Family Support Unit
CSO	Civil Society Organization
UNDP	United Nations Development Programme
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
MoSW	Ministry of Social Welfare
HRW	Human Rights Watch
DFID	Department for International Development
WHO	World Health Organization
DCI	Defence for Children International
UNICEF	United Nations Children's Fund

Conflicts of Interest

The authors declare no conflicts of interest.

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