Discrimination on the Basis of Sexual Orientation and Gender Identity in Access to Health Care and Violence/Bias

A Sierra Leone Case Study
Discrimination on the Basis of Sexual Orientation and Gender Identity in Access to Health Care and Violence/Bias

A Sierra Leone Case Study
Global Rights: Partners for Justice is a human rights organization working in partnership with local activist in Africa, Asia and Latin America to build grass roots movements that promote and protect the rights of populations marginalized because of gender, ethnicity, race, socio-economic status, gender orientation or disability.

Global Rights: Partners for Justice
1200 18th Street NW
Suite 602
Washington DC 20036
www.globalrights.org

Global Rights’ partners in Sierra Leone:

Dignity Association
79 Pademba Road
3rd Floor
Freetown, Sierra Leone

Pride Equality
Rainbow House
15 John Lane
Freetown, Sierra Leone
www.prideequality.org

Funding for the research, development and publication of this report was generously provided by the Bureau of Democracy, Human Rights, and Labor (DRL) at the U.S. Department of State. This report was produced as part of Global Rights LGBTI program.

In the spirit of the United Nations’ encouragement of collective efforts at the international level (Resolutions 49/184), this report is placed in the public domain and put at the disposal of all interested persons to consult or use it. Reproduction is authorized provided that the text is for educational ends not commercial use and on the condition that credit is given to the publisher.

Front and back cover images: Pride Equality
Back cover translation: “Stand up for Human Rights in Sierra Leone”
Some say that sexual orientation and gender identity are sensitive issues. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake, and because it is our duty under the United Nations charter and the universal declaration of human rights to protect the rights of everyone, everywhere.”

— UN Secretary-General Ban Ki-Moon to the Human Rights Council, 7 March 2012.

**Acknowledgments**

Pride Equality and Dignity Association would like to thank Global Rights for funding these research projects and documentation of Human Rights violations of LGBTI persons in Sierra Leone. It is the funding of projects such as these that will help to minimize stigmatization, homophobia and trans-phobia in Sierra Leone. They would also like to thank Aisha Fofana Ibrahim, the consultant who guided them through this process.

Pride Equality and Dignity Association acknowledge with appreciation the participation of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community who participated in the *Defending LGBTI Rights in Sierra Leone* capacity building training sessions. The brave community that survived the various violations reported to Pride Equality and Dignity Association, and contained in this report and all the interviewees for trusting the interviewers and for taking the time to answer the questions.

Pride Equality would like to thank members of the project coordination team: George Reginald Freeman, Ephraim Bernard Wilson, Henrietta Regina Johnson, Denzil Morlai Kargbo, Bertha Shorunkeh-Sawyerr, Valentine Norman, Abdulrahman Barrie, Kemo Cham and Sulaiman Fofana.

Dignity Association would like to thank members of the research team: Mamadu Jalloh, Arnold Kamara, members of Suva Female Football Club, Badiatu Favour Tunis, Micheal A. Davies, Emma S. N. C. Coker, Abu Bakarr Kargbo, Mohamed T. Koroma, Agnes Lusani, Idrissa Sillah, Victor Lusani, Johnase William Conteh and Tanie Beatrice Kargbo.

*This report is dedicated in loving memory of Pride Equality’s leader, William (Bill) Bockarie. 1977-2013*
Table of Contents

I. Executive Summary .......................................................................................................................... 3
II. Country Overview Regarding Sexual Orientation and Gender Identity .............................. 5
III. Discrimination in Access to Health Services ........................................................................ 11
    Introduction .................................................................................................................................. 11
    Documented Cases ........................................................................................................................ 12
    Analysis and Findings .................................................................................................................. 15
    Conclusions ................................................................................................................................. 16
IV. Violence, Abuse and Harassment ............................................................................................. 18
    Introduction .................................................................................................................................. 18
    Documented cases ....................................................................................................................... 19
    Analysis and Findings .................................................................................................................. 25
    Conclusions ................................................................................................................................. 26
V. Recommendations ....................................................................................................................... 28
VI. Methodology .............................................................................................................................. 32
VII. Terminology ............................................................................................................................... 35
VIII. Background on Dignity Association and Pride Equality ...................................................... 37
I. Executive Summary

This report is the compilation of two research projects initiated in 2012 as part of the Global Rights’ project, *Increasing the Capacity of Sierra Leonean LGBTI Civil Society Organizations to Monitor, Document and Address Rights Violations in their Communities*. This is the first report on discrimination on the basis of sexual orientation and gender identity in Sierra Leone and represents a concerted effort by our partners Dignity Association and Pride Equality, whose knowledge and understanding of the unique challenges faced when collecting information in the local LGBTI community, allowed them to uncover data that could not have been collected otherwise.

The first research conducted by Dignity Association, investigates discrimination against members of the LGBTI community in the health sector. During the research phase, the team of Dignity Association distributed two questionnaires in Freetown and Makeni, one focused on the experience of the LGBTI community with health service providers and a second one on perceptions and attitudes of health workers towards patients perceived as LGBTI individuals. The second phase of the research involved in-depth interviews for the ten cases featured in this report. In the case of Pride Equality’s research on violence and discrimination against LGBTI persons, questionnaires were given to a select number of people in Kenema, Bo and Freetown; these were members of the LGBTI community who had at some point in time contacted the organization about different types of aggressions. Twelve of these incidents appear in this report. In both cases, the majority of interviews were conducted in Krio (the lingua franca in Sierra Leone) and translated into English.

Dignity Association’s research demonstrates that due to the perceived stigma faced by the LGBTI community, openly LGBTI people in Sierra Leone face a variety of impediments in exercising their right to health. A large number of the respondents reported experiencing considerable anxiety at the moment of seeking medical attention. Moreover, the criminalization of same-sex sexual conduct in Sierra Leone is often used as an excuse by medical professionals to deny services. As the data collected reveals, doctor’s knowledge of patient’s LGBTI status increases the likelihood of the patient being denied treatment, assaulted verbally and/or embarrassed at the medical facility. Additionally, the
research results confirm the need to examine the connections between incidences of discrimination and denial of treatment as a factor exacerbating the poor health status prevalent in the LGBTI community.

On the topic of violence and discrimination against LGBTI persons, Pride Equality’s research concludes that LGBTI individuals in Sierra Leone are frequently subjected to discrimination and high levels of verbal abuse, violence and harassment by public officials, members of their communities and even their own families. The research also reveals the overwhelming silence from the LGBTI and human rights communities as fear of exposure and association prevails.

Based on both research projects, the report offers recommendations to the government, as well as to the Human Rights Commission of Sierra Leone (HRCSL), the local police and the international community among others. Key recommendations to the government include: to repeal of sections 61 & 62 of the Offences against the Person Act 1861; and to accept the 2011 Universal Periodic Review (UPR) recommendations related to the respect of individuals based on their sexual orientation and gender identity. Others achievable in a shorter span of time are to provide training for the police and other law enforcement personnel on conducting unbiased investigations on cases involving crimes against LGBTI persons, and to incorporate LGBTI sensitivity training and non-discrimination in services as part of professional standards and ethics for professionals in the health sector.

Ultimately, both partners intend to use results from this research as part of their future advocacy work on policy and laws to influence structural and behavioral changes.
II. Country Overview Regarding Sexual Orientation and Gender Identity

LGBTI persons in Sierra Leone have the same legal obligations as all citizens, but the constitution and law omits them from the protection of the law and criminalizes them. In line with its growing international engagement, Sierra Leone has ratified several international human rights treaties that provide human rights protections from discrimination on the basis of sexual orientation and gender identity, but these protections remain unavailable in the national context.

National Law and International Obligations

Sierra Leone retains its colonial-era prohibition of “buggery” and “attempted buggery,” defined as male same-sex sexual activity. While prosecutions under these provisions are rare to non-existent, the continuance of this prohibition on the books legitimatizes harassment, discrimination, violence, stigma, and marginalization of individuals and a community. As noted by the UN High Commissioner for Human Rights, Sierra Leone is among a minority of the world’s countries (76) that continue to criminalize people on the basis of their sexual orientation and gender identity contrary to rights to privacy and non-discrimination guaranteed by UN treaties Sierra Leone has ratified.

The Constitution of Sierra Leone guarantees equality and non-discrimination in the enjoyment of fundamental human rights and freedoms for a specified and closed list of groups - race, tribe, place of origin, political opinion, colour, creed or sex - which does not include sexual orientation and gender identity.

---

1 Sections 61 and 62 of the Offences against the Person Act 1861.


3 1991 Constitution of Sierra Leone, Chapter III – The Recognition and Protection of Fundamental Human Rights and Freedoms of the Individual, Section 15 provides that “Whereas every person in Sierra Leone is entitled to the fundamental human rights and freedoms of the individual, that is to say, has the right, whatever his race, tribe, place of origin, political opinion, colour, creed or sex, but subject to respect for the rights and freedoms
While Sierra Leone has ratified numerous United Nations human rights treaties, it has lagged in “domesticating” these treaties so as to give them national effect.\(^4\) Hence citizens of Sierra Leone can seek remedies for the violations of international norms in global bodies, but not at home. Among the treaties ratified but not domesticated by Sierra Leone are several that have been interpreted by UN treaty bodies to prohibit discrimination on the basis of sexual orientation and gender identity.

For example, criminalization of private consensual same-sex acts violates an individual’s rights to privacy and to nondiscrimination and constitutes a breach of the International Covenant on Civil and Political Rights.\(^5\) The mere existence of such laws interferes with the right to privacy, regardless of whether they are enforced. The International Covenant on Economic, Social, and Cultural Rights prohibits discrimination in health care on the basis of sexual orientation and gender identity.\(^6\)

In 2011, Sierra Leone joined 84 countries at the UN Human Rights Council in a non-binding Joint Statement entitled “Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity.” The Joint Statement noted the “importance of respectful dialogue” and expressed the view that “there is common ground in our shared recognition that no one should face stigmatization, violence or abuse on any ground.” Signatories to the Joint Statement including Sierra Leone also recognized their “broader responsibility to end human rights violations against all those who are marginalized and take this opportunity to renew our commitment to addressing discrimination in all its forms.”

In Sierra Leone’s 2011 Universal Periodic Review (UPR), the UN Human Rights Council urged Sierra Leone to bring its laws into compliance with its international obligations in a wide array of areas. Alone among the UPR recommendations rejected by Sierra

---

\(^4\) Under Section 40(4) of the 1991 Constitution, any ratified treaty that “relates to any matter within the legislative competence of Parliament” or “that in any way alters the law of Sierra Leone” only has force of domestic law after it has been “domesticated” by the Parliament adopting implementing legislation.


\(^6\) See general comment No. 14 (E/C/2000/4), para.18
Leone were three specific to sexual orientation and gender identity:

- Bring its legislation to conformity with its commitment to equality and non-discrimination for all by prohibiting discrimination based on sexual orientation or gender identity;
- Repeal all provisions which may be applied to criminalize sexual activity between consenting adults;
- Repeal all provisions criminalizing activity between consenting adults.

In line with the specific UPR recommendations to Sierra Leone, the UN Human Rights Council has urged all member states to:

- Repeal laws used to criminalize individuals on grounds of homosexuality for engaging in consensual same-sex sexual conduct;
- Ensure that other criminal laws are not used to harass or detain people based on their sexuality or gender identity and expression;
- Enact comprehensive anti-discrimination legislation that includes discrimination on grounds of sexual orientation and gender identity among prohibited grounds and recognizes intersecting forms of discrimination;
- Ensure that combating discrimination on grounds of sexual orientation and gender identity is included in the mandates of national human rights institutions.

Finally, the UN Human Rights Council adopted a resolution calling upon member states to:

- Protect the right to life, liberty and security of persons irrespective of sexual orientation or gender identity;
- Prevent torture and other cruel, inhuman or degrading treatment on grounds of sexual orientation or gender identity;
- Protect the right to privacy and against arbitrary detention on the basis of sexual orientation or gender identity;

---

7 Report of the Working Group on the Universal Periodic Review – Sierra Leone, A/HRC/18/10, 11 July 2011, paras. 82.7-82.9; A/HRC/18/10/Add. 1, 13 September 2011, paras. 82.7-82.9.

- Protect individuals from discrimination on grounds of sexual orientation and gender identity;
- Protect the right to freedom of expression, association and assembly in a nondiscriminatory manner.

National Institutional Responses and Initiatives

The Human Rights Commission of Sierra Leone (HRCSL) is an Independent Human Rights Institution accredited as of 2011 with an “A” status to the International Coordinating Committee of National Institutions for the Promotion and Protection of Human Rights (ICC), reflecting the extent of its compliance with the Paris Principles. As reflected on its webpage, the HRCSL’s mission is “take the lead role in building a culture of human rights (including respect for individual responsibilities) which maintains human dignity for all in Sierra Leone in full compliance with the constitution, laws, international and regional instruments, through effective partnership and collaboration.”

The HRCSL has underscored however that it is mandated to investigate cases of discrimination inclusive of those based on sexual orientation and gender identity. So if a member of the LGBTI community should lodge a complaint to the HRCSL about being denied treatment at a health facility or denied a job or sacked from a job because of his/her sexual orientation, then it is within the HRCSL’s mandate to take up such a complaint. The HRCSL representative noted that to date it has received no such complaints.

A positive example of outreach and engagement with the LGBTI community is the work of the National Aids Secretariat (NAS), which recognizes that the best way to address this health issue is through non-discrimination on the basis of sexual orientation and gender identity given the national law and constitution. This view was reflected by a HRCSL representative in a media interview in 2011, noting “the law of Sierra Leone does not give the commission the mandate to advocate and support LGBT human rights.” This view was reiterated during the course of the research for this report with the assertion that the HRCSL cannot advocate for laws of protection which are not stipulated in the country’s constitution, which is the supreme law of the country.
working with and empowering the most affected populations, including gay men, other men who have sex with men (MSM), and transgender women. A 2011 study conducted by the National AIDS/HIV Control Program (NACP) of MSM revealed that many were “in the closet,” have multiple male sex partners, and bisexuality was common. The HIV infection rate among MSM was 7.5%, more than 5 times the national prevalence and that because MSM are more likely to engage in concurrent sexual activities with the opposite sex, the cycle of HIV transmission becomes higher. NAS therefore targets this population in its condom distribution program.

**Social and Cultural Context**

There is generally a strong feeling of homophobia in Sierra Leone, cutting across all ages, ethnicities and religions. The most common argument against homosexuality is that the practice is against all religious tenets and a foreign import that has no place in African societies. Some politicians and religious leaders view homosexuality as a threat to traditional, socio-cultural and moral beliefs and values and perceive it as a negative western culture that should not be allowed to take root in African societies.

The majority of LGBTI persons hide their sexual orientation and gender identity in order to protect their jobs and the stigma and discrimination attached to their sexual orientation and gender identity. Transgender women and men, because they are easily identifiable, become easy prey for attack. They are often insulted, harassed, physically attacked, denied medical services and painted negatively as mentally unstable people.

Members of the LGBTI community face insults, threats and exclusion from family members on the discovery of their sexual orientation and gender identity status. At least 15 respondents from both research projects had left home and testified to the fact that a significant number of their friends had abandoned family homes to stay with friends and other relatives who are more accepting of their sexual orientation and gender identity. In some cases, young people drop out of school and are unable to further their education because of the break in family support. The research also reveals that against LGBTI people are not uncommon in

---

9 A NAS study conducted in 2010 puts the figure of MSM at 2,365.
public places such as night clubs. LGBTI advocates also experience varying forms of ostracism\textsuperscript{10}.

In general, religious institutions, both Muslim and Christian, are not very responsive to the LGBTI community. Some religious leaders even preach against homosexuality and advise their followers not to accept the practice. On a few occasions, a Muslim cleric, Sheikh Marrah, in response to British Prime Minister David Cameron’s announcement on tying aid to LGBT rights, led demonstrations from the Eastern to the Western parts of Freetown to advocate against government recognition of LGBTI rights.

Also in response to Cameron’s statement, the head of the Sierra Leone Methodist Church, Bishop Arnold Temple asserted that:

\textit{The Church in Sierra Leone will do everything possible to protect democracy but our values will not accept the call from...Mr. Cameron for countries in the Commonwealth to accept the practice of lesbianism and gayism. We call on the government...to inform the British leader that such practices are unacceptable and we condemn it totally. Africa should not be seen as a continent in need to be influenced by the demonic threat as our values are totally different.}\textsuperscript{11}

\textsuperscript{10} Almost all of the staff and volunteers working at Pride Equality were told by their families that they must leave home after they were perceived to be gay, bisexual or lesbian due to their association with the organization.

\textsuperscript{11} US Department of State, 2011 Human Rights Report.
III. Discrimination in Access to Health Services

Introduction

In Sierra Leone members of the LGBTI community are faced with ever increasing health risks and disparate access to health services. Due to discrimination based on their real or perceived sexual orientation, LGBTI people are affected not only in terms of prevention policies, but also in terms of actual treatment whenever they seek medical attention.

The universal principle of non-discrimination is a core principle of the Universal Declaration of Human Rights - UDHR - and core human rights treaty bodies; including Article 12 (1) of the International Covenant on Economic, Social and Cultural Rights; in which state parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The Committee on Economic, Social and Cultural Rights goes even further when talking about sexual orientation and gender identity; in its recommendation 14 the Committee indicates “that the Covenant proscribes any discrimination in access to health care and the underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of sexual orientation and gender identity."12

Dignity Association investigated access to healthcare for LGBTI persons in Freetown and Makeni through interviews with healthcare personnel and members of LGBTI communities in both cities. Even though the Sierra Leone National Health Policy (2009) affirms that health is a basic human right and that health services should be made available, accessible and affordable to all people without discrimination, results from this research indicate that LGBTI persons do face discrimination when accessing medical services.13 Results also indicate that the likelihood of being discriminated against increased when medical providers

12 See general comment No. 14 (E/C/2000/4), para.18
13 According to the policy: (1) The overall goal of the health sector is to maintain and improve the health of all Sierra Leoneans resident within the country. (2) The Government of Sierra Leone is committed to pursuing such a goal in an equitable manner. It will work towards ensuring that all citizens have access to basic good quality health care. It has special responsibility to ensure the health of those citizens who are particularly vulnerable as a result of poverty, the result of conflict, gender or specific health problems.
became aware of a patient's sexual orientation and gender identity. Discriminatory practices range from disrespect, harassment, unnecessary postponement of treatment and outright denial of services. Throughout the research, Dignity Association conducted 80 interviews; some of these cases are described below:

**Documented Cases**

**Makeni**

**CASE 1**

In January 2013, a gay male aged 17 who lives with his parents in the northern district headquarter town of Makeni had been experiencing serious stomach pains for over a week was finally taken to a hospital by his mother. The mother is aware that he is involved in a same sex relationship and had refused to take him to the hospital because she does not approve of his sexual orientation. On arrival at the hospital she started to shout at her son in the presence of a doctor and some nurses saying that he is a homosexual, *his stomach is swollen with sperm* and that is why he has stomach pains. The doctor immediately became angry, stated that he will not treat such a person (homosexual) and asked them to leave the hospital. The mother appealed to the doctor to treat his son but the doctor refused and instructed them to leave the hospital. When they arrived home the boy was ashamed and depressed and thus decided to leave his parents' home to go and live with a friend, who took him to a local traditional herbalist. The herbalist provided treatment for him for a week.

**CASE 2**

In December 2012, a 20 year old bisexual male in senior secondary school in Makeni suffering from anal sores sought medical help at the general hospital. He had been suffering for weeks and only decided to seek treatment when the pain became unbearable. When he arrived at the hospital he told the doctor the reason for his visit and was asked a lot of probing questions by the doctor. He eventually had to tell the doctor that he had these sores through anal sex. The doctor was angry with him and asked him to leave immediately saying, "*I don't have treatment for people like you.*" The doctor shouted for everyone to hear and the man was very embarrassed and afraid that word about his sexual orientation will spread in his community. He went home and self-medicated.
CASE 3

In August 2012, a transgender man aged 22 became seriously ill and went to a hospital in Makeni that is very close to his house. When he arrived at the hospital the doctor, who perceived him as a lesbian, asked him to explain his problem. After explaining his problem the doctor told him that he hated to attend to gays and lesbians because his religion does not permit him to do so. He told the doctor that his sexual life had nothing to do with his illness. The doctor was angry at him and asked him out of his office. He went home and the next day went to another hospital where he was able to get medical help.

CASE 5

In December 2011, a bisexual man aged 26, who had sores around his anus, went to a hospital in Makeni for treatment. After telling the doctor about the sores the doctor asked him if he got them from anal sex. He denied having anal sex and the doctor told him that the only way such a tear will occur round the anus was through anal sex. After confessing to the doctor that he got it from anal sex, he was denied treatment by the doctor, who told him to go seek help elsewhere as he will not treat a homosexual.

CASE 4

On 15 February 2012, a gay man, aged 25 who had sores around his penis went to see a doctor in Makeni. The doctor asked him several questions about his sexual activities and he told the doctor that he is involved in a same-sex relationship. The doctor told him that he was tired and he should see him the next day. When he arrived the next day the doctor told him that he did not have treatment for homosexuals and that he should return home. The man told his boyfriend about what happened to him and the boyfriend referred him to a lesbian nurse who secretly provides treatment for homosexuals.

CASE 6

In March 2012, a gay man aged 28 sought medical help at a hospital in Makeni for sores around his anus. At the hospital he told the doctor about the sores and his sexual orientation and gender identity. He told the doctor that he is not emotionally attracted to women. The doctor told him that it is not possible for a man not to be emotionally attracted to women. He claimed that homosexuality was the work of the devil and advised the patient to go for prayers in a church. The man left the hospital without being
treated and bought antibiotics from a drug store.

**CASE 7**

On July 10, 2011, a transgender woman aged 21 was seriously sick and went to a hospital in Makeni fully dressed as a woman. At the hospital entrance the security told her that they will not allow *homosexuals* to pass through the gate. She appealed to them to allow her in as she was feeling very ill. They hurled her with homophobic slurs and refused her entry. On her way home she went to a pharmacy and explained her condition to the pharmacist who prescribed drugs for her.

**Freetown**

**CASE 1**

In February 2013, a 17 year old transgender woman went to a hospital in Freetown to seek medical attention. On arrival at the hospital the first thing a nurse asked her was whether it was proper for “a man” to dress and speak like a woman. At the same time, other nurses were shouting “homo, butter waist,¹⁴ get outside.” She was embarrassed and had to double her steps for fear of being physically attacked by the growing crowd. She went home and self-medicated.

**CASE 2**

In November 2012, a gay man aged 22 experienced an abnormal discharge from his penis and went to a hospital in Freetown to seek medical help. At the hospital he told the doctor about the abnormal discharge and his sexual orientation and gender identity. The doctor was angry with him and asked him to go out and wait so he will have “time to attend to other people that are serious in life”. He patiently waited for hours. After attending too many people, the doctor calls him in and prescribes a treatment for him. The doctor then went on to advise him to stop having sex with men and warned him that if he continues and the same thing happens to him again, he will not attend to him.

**CASE 3**

In August 2011, a transgender woman aged 22 went to a hospital in Freetown to seek medical attention. At the hospital she saw a nurse who lives very close to her house and knew about her gender identity. The nurse loudly told the other nurses that “he” is gay and dresses like a woman. The other nurses asked her to

¹⁴ Derogatory term used in Sierra Leone for gay men.
leave the hospital and go to “a homosexual hospital” because their hospital is not for homosexuals.

**Analysis and Findings**

Results indicate that twenty-eight percent (28%) of the 80 LGBTI participants in the research were denied medical treatment in doctors’ offices and hospitals, thirty-three percent (33%) postponed seeking medical treatment for fear of exposure and discrimination and thirty-nine percent (39%) self-medicated or sought help from traditional healers. Fifty-eight percent (58%) of the 80 medical practitioners, who participated in this research, indicated their unwillingness to provide medical services to LGBTI patients and the rest were non-committal. Forty (40%) claim that they can identify an LGBTI person without them self-disclosing.

The fear of being ridiculed, verbally abused, exposed or denied treatment was expressed by many of the respondents as the reason for not seeking medical help at a hospital or clinic. As seen from the testimonies, stigmatization has led many to resort to self-medication or go to traditional healers who provide a variety of herb-based treatments.

In addition to those disparities and high-risk factors, cultural insensitivities amongst healthcare professionals further exclude LGBTI people from receiving adequate healthcare services. A significant problem identified during the research was the fact that most people, even within the medical community in Sierra Leona, are not aware or do not understand the concept of gender identity; so transgender people face particular difficulties in access to healthcare.

Traditional healers are approached because they ask few questions and do not turn down clients. One would think that resistance will come from traditional healers, who appear to be more closely tied to cultural norms and values, but that is not the case. Recommended by word of mouth, these practitioners continue to increase their clientele base and continue to provide medication that can be dangerous because dosage and frequency of use are not standardized.
Conclusions

Openly LGBTI people in Sierra Leone face a variety of impediments in exercising their right to health. The criminalization of same-sex sexual conduct in Sierra Leone affects this right because it prevents individuals from accessing health care out of fear that they may reveal a “criminal” conduct and because it is often used as an excuse by medical professionals to deny services.

In addition, the criminalization of same-sex practices means that national health policies do not consider the specific health needs of the LGBTI communities and this can have a negative effect in the general population.

The violations of the rights of members of the LGBTI community in the form of verbal abuse, disrespect and denial of medical services can be argued to have contributed to the ill-being of members of this community. For example, many conceal the real reason for visits to health practitioners, (a common example being sores or anal tear.) Some seek help from herbalists and drug peddlers, who are not qualified to medically diagnose and end up compounding the problem. Moreover, some respondents confess to resorting to drugs and alcohol in order to deal with the embarrassment, stigmatization and discrimination that they face because of their sexual orientation and gender identity.

The refusal of some medical practitioners to treat members of the LGBTI community is a violation of their fundamental human right from discrimination under article 2 and 7 of the UDHR and 2 (1) and 26 of the ICCPR which explicitly condemn any form of discrimination.

As the data shows, doctor’s knowledge of a patient’s LGBT status increases the likelihood of the patient being denied treatment, being, verbally assaulted and/or embarrassed, all of which are forms of discrimination. At some level, the rights of those denied treatment is a violation of article 6 of the ICCPR on the right to life and article 9 on liberty and security. Persons denied treatment could lose their lives and being exposed to verbal assault and embarrassment infringes on one’s liberty and security.
The barriers to healthcare for LGBTI persons do have long term repercussions. The attitude of medical personnel to this group is unprofessional as: LGBTI patients are often associated with HIV/AIDS, and seen as sub-humans who deserve whatever comes their way because they called it upon themselves.

Doctors and other health care providers who deny treatment, harass, verbally assault and discriminate against LGBTI patients on the grounds of sexual orientation and gender identity are violating the human rights of such persons and should be held accountable according to medical professional standards. Discrimination based on sexual orientation and gender identity must be seen as a public health issue because of the direct and indirect negative consequences it has on both victims and on the health care system.

There is a need to examine the connections between incidences of discrimination, denial of treatment, harassment and disrespect of LGBTI persons and the high risk of poor health outcomes. It can be argued that discrimination against LGBTI persons in the health sector continues to drive the spread of the HIV epidemic amongst gays, bisexuals and MSM.

Many of the respondents identify themselves as bisexual and have unprotected sex with both men and women. This increases the risk of STI transmission that could become problematic in the very near future. There is also the risk of increased psychological problems connected to the traumatic experiences of discrimination, disrespect, denial of treatment, verbal and physical harassments experienced by LGBTI persons. Dealing with such trauma and a STI epidemic in the future will be too costly for a healthcare system that is currently weak and ineffective.
IV. Violence, Abuse and Harassment

Introduction

Members of the LGBTI community in Sierra Leone face various kinds of physical and psychological violence, which is often exacerbated by the fear of victims to report crimes; the lack of knowledge by LGBTI persons of their rights, and the lack of legislative protections against abuses committed on the basis of sexual orientation and gender identity.

Pride Equality investigated and documented 35 cases of violence, abuse and harassment experienced by LGBTI persons and found out that they are indeed subjected to verbal abuse, violence and harassment by public officials and members of their communities. Ignorance, lack of legal protection by the 1991 Sierra Leone constitution, criminalization of homosexuality and intolerance by people in positions of authority create an environment in which LGBTI individuals feel unsafe. The police may also be contributing to the situation by turning a blind eye to different forms of violence being perpetrated against LGBTI individuals in various communities.

However, even though violence is perpetrated against LGBTI persons, they often do not report these incidences to the police or the Human Rights Commission (HRC). In the few cases they do, they report assault and conceal the reason for the attack. According to a senior police officer, the Sierra Leone Police (SLP) is aware of only one case at the Kissy police station; the case was reported by a person claiming to have been attacked because of his sexual orientation. He further asserted that there has never been a complaint by LGBTI persons to the Complaints, Discipline and Internal Investigation Department (CDIID), the unit that investigates police behavior. Moreover, the SLP is neither trained nor has any special programs on how to deal with homophobia. This is because there are no laws guiding responses to such violations, as the rights of LGBTI persons are not protected by the constitution.
Respondents in the Pride Equality research reported cases of being both verbally and physically abused because of their real or perceived sexual orientation and gender identity. We would like to highlight the following cases:

**Documented Cases**

**Bo**

**CASE 1**

I am a gay man living in Bo in my big brother's house. My brother relocated to Kenema to take up a new job. I came across a guy whom I love so much and made advances at him but he turned my love proposal down. This guy told everyone in the neighborhood that I am a gay man and people attacked me verbally with comments such “**homosexual na nasty lifestyle, u nor go blow for fala u kompin man, u go die with swell bele**” (meaning homosexuals live a nasty lifestyle, you should stop having anal sex with other men, you will die from a swollen stomach). Several women made advances at me, but I turned them down. On the 6th January 2013, I asked a 15-year-old boy from the neighborhood to fetch water for me from the well. The boy delivered the water inside my room and on his way out his mum attacked and interrogated him about what happened in my room. The mother accused me of being a pedophile who wanted to lure his son into a nasty homosexual lifestyle. She shouted and made a lot of derogatory comments. Other people in the neighborhood joined her in insulting and abusing me. The neighbors entered my house, physically attacked me and destroyed my television, DVD player, cell phones, buckets etc. After that incident, some people in the neighborhood said various things to me including: “**if you really love your life you should leave this community as we will not tolerate homosexuals**, “**gay people should be killed**” and others wrote with chalk on my door, “**gays should go to Europe or we will kill them as it is a taboo in our society.**” On the 31st January 2013, I was walking in the street and written on the wall was that I am gay and should be killed for bringing disgrace to society. I was deprived of toilet, water well and electricity facilities because of my sexual orientation. My neighbors padlocked the water well and toilet whenever I wanted to make use of the facilities. I was evicted from my house and was not refunded the rest of the money from the one year rent that I paid and that was agreed upon in the contract. I felt isolated, moved away
and now cannot go back to that community for fear of being killed.

CASE 2

I was a student for three years at a boarding school called Government Secondary School Jimmy Gbagbo. In June 2012, I was in my final year and in a dormitory with four other gay pupils. On the 27th of June 2012, my childhood friend came looking for me in the dormitory and caught me having sex with my gay partner. My friend was annoyed and left the room in anger. I chased after him and begged him not to disclose my sexuality. My friend publicly disclosed the incident to pupils in the boarding home who later informed the boarding home administration. We were under constant surveillance by the boarding home master who gathered strong evidence to confirm our sexual orientation and activities. The boarding home master forwarded the evidence to the administration and Board who summoned us for the second time. We again denied our activities but were eventually expelled from the school. This incident hindered my education for one year and I had to relocate to another school to complete my education. I felt intimidated and vulnerable because the school environment is not conducive for us lesbian and gay people.

CASE 3

I am a lesbian who loves to wear male outfits. As a kid, I played only with so-called toys for boys and loved riding bikes with the boys in my community. I also did all household works (washing clothes, cleaning pots and pans). I studied up to class 6, but because of bullying and harassment I could not continue my education. Once, my school teacher called my parents and asked them to take the “woman – man” away from the school as my habit of cross dressing and behaving like a boy may carry over or influence other girls in the school. After I was sent home, my people from my village in Bo cursed and harassed me on a regularly basis and that is why I moved to Freetown, where I am currently studying.
in a vocational school. I face a series of challenges and verbal confrontations in Mosques, social gatherings, night clubs and bars.\textsuperscript{15}

\textbf{CASE 4}

I used to stay with my parents, elder brother, elder sister and grandparent but it has been two months since I left home. At home they do not accept me the way I am. I feel like a male inside and for the past three years my parents kept pesterling me to get married. The pressure was so immense that I could not tolerate it anymore. On the 12\textsuperscript{th} December 2012, I was on the verge of taking poison when my girl lover came in and took me to her place where she counseled me. I felt so much bitterness inside of me and later on explained to my partner that I wanted to poison myself because my parents wanted to force me into marriage with a male. I had to leave home on 12\textsuperscript{th} December 2012 and haven't returned since.

\textbf{CASE 5}

I am a gay man who loves dressing as a woman. On the 21\textsuperscript{st} December 2012, I went to the Black and White Night Club in Bo and was approached by a man who claimed to be gay. We were dancing and at about 11:00pm he asked me to accompany him to the Sahara Hotel. On our way, we boarded a motorbike that drove us to a dark and isolated corner. Immediately we got there, the man and the bike rider asked me to give them Le 500,000 or they will disgrace me publicly. They forcefully undressed me and took my purse with the sum of Le 50,000, wrist watch, hand bag, 2 mobile phones, make up kit, etc. and left me naked in the street. Since that incident I have been too scared for my life and worried that I am at considerable risk. Consequently, I have moved away from my neighborhood and now live on the outskirts of town with a friend. I do not feel safe anymore.

\textbf{Kenema}

\textbf{CASE 1}

On the 31\textsuperscript{st} October 2012, my friend and I went to the Kamboi Night Club in Kenema. Outside the club, we over heard some people unknown to us saying: “Batty boys [homosexuals] are

\textsuperscript{15} This person did not remember the dates of the events. She was interviewed at a vocational school in December 2012.
disgusting people who should be killed.” A second one said: “Homosexuals use sanitary pads in order to protect them from excreting.” We suspected they were referring to us, but we ignored their comments and spent about four hours enjoying ourselves in the club. On my way home, while waiting for a bike-taxi outside of the night club, an unknown man punched me in the face. This was around 1:30am.

A few seconds later, I saw about two or three other guys approaching me, among them was the guy who had hit me in the face. I eventually ran away from them and they chased me. In the process I got hit by a motorbike while crossing the street. The chasers then ran away whilst I was assisted by a bystander who took me to the Kenema Government Hospital for treatment. The community is basically hostile, leaving us LGBTI people prone to frequent attacks that endanger our lives.

**CASE 2**

On the 23rd November 2012, my friend and I boarded a motorbike to a night club. Suddenly, we heard some people shouting “look dem raray gyal dem dae go,” (meaning, look at the prostitutes going). We ignored them. However, on our way back home, we were attacked by 4 unknown men who verbally confronted us and used a series of homophobic slurs. Soon after, they were joined by other people in the community. One of the guys slapped and pushed me, while another stoned me. My left foot was injured. My friend escaped and I went home and explained to my aunty, with whom I live. I lied to her, telling her that I sustained my injury from falling into a ditch. My aunt took me to the Kenema Government Hospital for treatment. I was in pain for a couple of weeks. Somehow, my family found out the truth about my situation and stopped supporting my education. After that incident, I stopped using that street for fear of being killed.

**CASE 3**

Since I was a kid, I always had sexual and emotional feelings for people of the same sex, and I was unable to understand what those feelings meant. I was 21 years old and living in Blama, near Kenema when on the 20th March 2010 I confided in my uncle. His negative reaction was a bit surprising to me. He beat me up and called me names which prompted people in the neighborhood to come to our house to find out what was going on. My uncle explained to the crowd that I told him that I was homosexual. People started adding their own two-pence while my uncle left to report to the police. Later in the day, my uncle returned home with a
police officer who arrested me and took me to the station. I was detained for about 24 hours and when I asked the police what my crime was, a female officer replied: “it is because you are behind the counter that’s why you are challenging us; you are polluting the community with your bad lifestyle.” They then removed me from behind the counter and locked me up in a cell without even taking any statement from me. The cell was filled with feces and urine, which was very much unbearable. I was detained for a day with no food or water. When I was released I got severely beaten up again by my uncle, on arrival at home. My uncle then warned me never to utter the statement that I was gay ever again in my life. He threatened to kill me if I did, or if he ever suspected that I am homosexual. I am now ashamed to disclose my identity and have to leave in the closet for fear of being physically and psychologically tortured.

On the 2nd March 2011, we were caught making love in Mrs. W’s living room by her husband’s nephew who raised an alarm by calling other women in the barracks. Mrs. W escaped and I was molested and severely beaten up by the other women in the community, before being taken to the police station. My aunt visited me whilst in police custody and arranged for my release from custody. She found a way for me to leave Sierra Leone as she was afraid of Mrs. W’s husband’s reaction to the news. This situation led to family rejection and after I was able to escape from police custody in Kono, I left Sierra Leone and currently living in Belgium.

**Freetown**

**CASE 4**

In Kono, I had a girl lover, Mrs. W, the wife of a soldier who was serving in the Daru Army Barracks. Mrs. W often visited her husband in Daru but lived in Kono. She had been my best friend and girl lover since 2009. Her husband who had no clue of our sexual relationship was very happy with our friendship and encouraged my sleeping over at their house. We had a very devoted and dedicated love relationship.

**CASE 1**

Pride Equality’s, (formerly WhyCantWe GetMarried.com), Executive Director, George Reginald Freeman was on Tuesday, November 8th 2011, invited to a radio discussion program titled “Good Morning Sierra Leone” at Radio Democracy FM 98.1 in Freetown, Sierra
Leone. The program aired at 7:30 a.m. and was repeated on the same radio frequency at 9:00 p.m. on the program “We Tin Dae.” The interview was conducted by Ahmed Sesay.

During the interview, George Freeman threw light on the campaign around the same gender union bill in Nigeria. George explained that Pride Equality as an organization had been a vital partner to the campaign in Nigeria as they had taken an active part in the signing of the petition over the internet. As the conversation continued, George talked about the mission, vision and objectives of Pride Equality in Sierra Leone, which include advocating for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) rights and access to healthcare facilities in relation to HIV and AIDS services.

Also invited to the program was Mr. Henry Sheku, Communications Officer of the Human Rights Commission of Sierra Leone (HRCSL), who said that, “the Commission is not working on LGBTI human rights, because the laws of Sierra Leone do not give the Commission the mandate to advocate and support LGBTI human rights”. As the interview continued, the journalist asked what role Sierra Leone must play towards the Nigerian Same Gender Bill and George responded that Sierra Leone must be 100% supportive because LGBTI human rights are fundamental rights. The text messages that ensued from this conversation were very much anti-gay and include:

- “Homosexuality is a taboo in the African society, anyone practicing or advocating for LGBTI rights must be publicly stoned to death.”
- “You should not have granted this gay man an interview, what a shame! This organization must be banned and not allowed to operate in Sierra Leonean society.”

After the radio program, George Freeman and 2 other staff members were kicked out of their family homes and harassed by their family members. Bernard, who was living with his family, was wrongly perceived as gay by virtue of working with Pride Equality. According to his parents “homosexuality is not accepted in Christianity.” Denzil was living with a friend who also wrongly perceived him to be gay. His friend said that because of moral values he needed to leave the house and George’s family said that homosexuality is satanic and a taboo to African culture so he needed to leave.
CASE 2

On the 1\textsuperscript{st} October 2012, I was attacked coming from the Janaf Internet cafe at around 11:00pm in Freetown. A group of four unknown individuals started shouting “\textit{homo, nor fala u kompin man batty boy!”} [You should stop having anal sex with other men]. As the four strange men approached me, I ran away to find a hiding place. One of the men who chased me pelted a stone at my left foot. I got seriously injured, and I sought treatment at Connaught Hospital in Freetown. Before that, I went to a local nurse who referred me to Connaught.

CASE 3

On 13\textsuperscript{th} February 2011, I was caught having a romantic moment with my boyfriend in my family home by my mother who was returning home from the hospital. My mother was visibly shocked when she saw us. She didn’t tell my father at that time because I convinced her that the incident would not be repeated. My mum’s patience however ran out when I refused to get romantically involved with women. She would later break the silence and tell my father. He was not only annoyed with me but also felt ashamed because he is a strong member of the Catholic Church. For him being a homosexual runs contrary to our religion, culture and traditions. My father chased me out of the house with a machete. As a result the whole neighborhood learnt of my sexual orientation. I felt disgraced publicly. After that incident, some homophobic neighbors raided our house several times, which led to a verbal confrontation with derogatory terms like “bring that homosexual out so that we can kill him as he is not useful in our community.” Later on, my father made a formal report to the police who sent an invitation letter that was received by my younger sister. All this while, I was living with my boyfriend in his hotel suite. When my best friend, David, learnt about my situation, he advised my boyfriend and me to be careful as he believes we were living in a hostile environment. I left Sierra Leone on 27\textsuperscript{th} March 2011 with the help of a Nigerian. I am presently in Belgium, afraid to return home because of my sexual orientation and gender identity.

Analysis and Findings

Results from the research indicate that 99\% of respondents had experienced at least one form of harassment and discrimination, because of their sexual orientation or gender identity, and that transgender women are more susceptible to being harassed or beaten up. Many are likely to be asked out of their homes, no
longer feel safe staying in their homes or are kicked out of rental properties when their sexual orientation and gender identity is exposed.

Results from the research show no marked difference in terms of forms of discrimination experienced by LGBTI persons living in the provinces compared to those living in Freetown. Interestingly, even though capital cities seem to be more embracing of diversity and difference, the fear level for disclosure was higher in Freetown than in the provinces, as respondents from the provinces were more willing to talk about their experiences than those based in Freetown.

Generally, there is an overwhelming fear of reporting such violations to the police or the Human Rights Commission (HRC). This is because many do not want to make public their sexual orientation and are afraid that disclosure will lead to serious consequences, such as being charged under the Offences against the Person Act, 1861. Even though no one in Sierra Leone has been charged under this act, the fact that such an act exists is seen as a breach of state obligations under international human rights laws.

It can be argued that the existence of this law in Sierra Leone has contributed to the marginal advocacy for LGBTI rights making it difficult for civil society organizations and institutions such as the HRC to advocate for LGBTI rights. They often claim that their hands are tied because they cannot operate contrary to state laws. Moreover, the state has never considered repealing this law nor has the state created the space for such a conversation to take place nationally. In this regard the state is contravening article 7 of the UDHR which stipulates that “All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.”

Conclusions

Everyone has the right to be free from discrimination, including on the basis of sexual orientation and gender identity. This right is protected by article 2 of the Universal Declaration of Human Rights – UDHR -as well as the non-discrimination provisions of core international human rights treaties. Besides, article 26 of the International Covenant on Civil and Political Rights -ICCPR- provides that everyone is equal before the law and is entitled without discrimination to equal protection of the law.
Lesbian, gay, bisexual, transgender and intersex individuals in Sierra Leone are frequently subjected to discrimination and high levels of verbal abuse, violence and harassment by public officials, members of their communities and even their own families. The combination of discriminatory laws, backed up by ignorance, lack of legal protection; and intolerance by high rank politicians' and religious leaders in public create an environment where LGBTI individuals cannot feel safe.

Article 5 of the UDHR states that “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.” The testimonies about being attacked, beaten up, property destroyed and people threatened with death can be classified as degrading treatment and punishment for being or perceived as homosexual. Furthermore, their rights to privacy as stipulated in articles 12 of the UDHR and 17 of the ICCPR are also violated in the sense that they are stigmatized for being perceived as homosexual.

Pride Equality’s research succeeds in challenging the premise that homosexuality does not exist in Sierra Leone. Findings suggest that members of the LGBTI community cut across region, ethnicity, social class and education and include upright people in positions of authority. The research also raises the question of citizenship and human rights. Furthermore, the research reveals the overwhelming silence from the LGBTI community and human rights organizations as fear of exposure and association remains paramount. A public dialogue and sustained advocacy around sexual orientation and gender identity is yet to emerge, and a coalition of the LGBTI community and human rights organizations could be a catalyst for such a dialogue. In essence, the challenges around advocacy for LGBTI rights remain as follows:

- Laws criminalizing same sex practices
- Religious bigotry
- Homophobia and trans-phobia
- Patriarchy
- Negative Media Report and Review
- Personal Safety and Security
- Cultural beliefs
V. Recommendations

Recommendations to the Government of Sierra Leone (GOSL)

In order to discharge Sierra Leone’s international human rights obligations to protect the human rights of everyone under the Sierra Leonean jurisdiction, the Government, should:

- Ensure that government officials do not engage in language that denigrates or discriminates against LGBTI people;

- Ensure that the rights of all Sierra Leoneans, irrespective of their sexual orientation or gender identity are protected by law;

- Implement public sensitization programs to counter homophobia and to publicly denounce homophobia and homophobic attacks and violence directed at LGBTI individuals;

- Support the work of all human rights defenders, including sexual orientation and gender identity advocates by including them in state formed Human rights committees;

- Introduce legislation to amend the 1991 constitution to include LGBTI persons in the list of protected categories;

- Repeal sections 61 & 62 of the Offences against the Person Act 1861;

- Accept the 2011 UPR recommendations related to the respect of individuals based on their sexual orientation and gender identity;

- Propose legislation domesticating the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights;

- Adhere to recommendations of the UN High Commissioner on Human Rights to member states against discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity;

- Enact comprehensive anti-discrimination legislation that includes discrimination on the ground
of sexual orientation and gender identity;

- Ensure that LGBTI individuals can exercise their rights to freedom of expression and association without discrimination based on their sexual orientation and gender identity.

**Recommendations to the Human Rights Commission of Sierra Leone (HRCSL)**

- Consistent with its role as an independent Human Rights Institution under the Paris Principles, promote compliance with Sierra Leone’s international obligations, including domestication of the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights;
- Include the cases and findings in this report in the next annual report of the HRCSL;
- Promote respect for human rights and a culture of human rights that is inclusive of LGBTI rights;
- Promote the protection, development and attainment of human rights that are inclusive of LGBTI rights;
- Monitor and assess the violations of LGBTI rights in the country;
- Ensure the inclusion of the rights to non-discrimination and equality based on sexual orientation and gender identity into mainstream human rights issues;
- Work with other mainstream human rights organizations to combat discrimination based on sexual orientation and gender identity.

**Recommendations to the Ministry of Health and Sanitation (MOHS)**

- Integrate LGBTI sensitivity training in the training of medical professionals and non-discrimination in services into professional standards and ethics;
- Incorporate health issues that affect LGBTI people into the national health system;
- Provide access to improved medical services including HIV Counseling and Testing (HCT) Services for LGBTI persons;
Recommendations to the Ministry of Justice

- Spearhead the revision of the Constitution to ensure universal equality including on the basis of sexual orientation and gender identity;
- Effectively investigate and prosecute reported incidences of violence against LGBTI persons.

Recommendations to the Sierra Leone Police (SLP)

- Provide training for the police and other law enforcement personnel on conducting unbiased investigation on cases involving crimes against LGBTI persons;
- Effectively investigate incidences of violence and other crimes against LGBTI individuals including the physical, sexual and verbal abuse of LGBTI individuals in police custody;
- Refrain from arbitrary detention and arrest on grounds of perceived or actual sexual orientation and gender identity.

Recommendations to Civil Society Organizations and International NGOs

- Speak out against all forms of discrimination based on sexual orientation and gender identity and take action in safeguarding and advancing the human rights of everyone;
- Support the promotion and protection of fundamental rights of LGBTI individuals in Sierra Leone;
- Work with other mainstream human rights organizations to end hate crimes and discrimination based on sexual orientation and gender identity;
- Take the lead to seek repeal of Sections 61 and 62 of the Offences against the Person Act 1861;
- Take the lead in advocating for the incorporation of universal non-discrimination clause in the Sierra Leone Constitution;
- Take the lead in advocating for the acceptance by the Sierra Leone government of the three UPR recommendations on sexual orientation and gender identity.
• Advocate for the adoption of legislation domesticating the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights;

• Advocate for the opening of dialogue on the universality of human rights and sexual orientation and gender identity.

• Include discrimination on the basis of sexual orientation and gender identity in human rights reporting on Sierra Leone;

• Urge the Government of Sierra Leone to domesticate the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social, and Cultural Rights.

Recommendations to the International Community

• Urge the Government of Sierra Leone to enter into a dialogue on the universality of human rights and sexual orientation and gender identity;
VI. Methodology

The methodology for these research projects includes *Defending LGBTI Rights in Sierra Leone*, a series of trainings conducted by Global Rights for both Pride Equality and Dignity Association between September and December 2012, as well as the hiring of a consultant to guide Pride Equality and Dignity Association in designing research tools and methods; conduct interviews and data verifications, and writing the report.

The trainings conducted by Global Rights enabled participants to make visible allegations of human rights violations. The two research projects conducted also contributed to hone other skills including the design of three different questionnaires (see annex) utilized. Pride Equality’s questionnaire focused on physical violence and verbal abuse; Dignity Association worked with two questionnaires, one on LGBTI patients’ experience with health service providers and the second one on the perceptions and attitudes of health workers towards LGBTI patients. These were followed by in-depth interviews with selected respondents, eye witnesses and other stakeholders including the Human Rights Commission, other human rights organizations, the police and lawyers.

The questionnaires were specially designed to illicit information from LGBTI victims on abuse and discrimination based on real or perceived notions of sexual orientation and gender identity. For the health sector part of the research, the research team of Dignity Association distributed forty questionnaires to LGBTI persons and forty to health care workers in Freetown. Another eighty were distributed in Makeni with forty for each group. Healthcare workers were contacted at both private and public hospitals and clinics including The Gift of life Hospital, George Brook Health Center, Connaught Hospital, Kingharman Road Hospital, and Rokupa Government Hospital, in Freetown and The Arab Hospital, Makeni Government Hospital, Maghenteh Community Hospital and Holy Spirit Hospital, in Makeni.

The health questionnaire for LGBTI persons consisted of twenty-five (25) questions, whereas the questionnaire for health service providers had nineteen (19) questions. Respondents from the health service provider group were randomly selected, but hospitals and clinics were chosen based on location in order to cover most of the communities in the town or city where the research was being conducted.
### FREETOWN

<table>
<thead>
<tr>
<th></th>
<th>Healthcare workers</th>
<th>LGBTI people</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of total questionnaires administered</td>
<td>40</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>(interviewers ask questions and fills out the forms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of total questionnaires distributed</td>
<td>40</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>(forms are distributed and subject fill out form independently)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of total questionnaires completed (all questions filled out)</td>
<td>31</td>
<td>40</td>
<td>71</td>
</tr>
</tbody>
</table>

### MAKENI

<table>
<thead>
<tr>
<th></th>
<th>Healthcare workers</th>
<th>LGBTI people</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of total questionnaires administered</td>
<td>40</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>(interviewers ask questions and fills out the forms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of total questionnaires distributed</td>
<td>40</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>(forms are distributed and subject fill out form independently)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of total surveys completed (all questions filled out)</td>
<td>40</td>
<td>40</td>
<td>80</td>
</tr>
</tbody>
</table>
LGBTI respondents for the health questionnaires were selected from the list of attendees at the Global Rights workshops and from recommendations. Fifteen (15) respondents identified themselves as lesbians, eight (8) as gay men, fifteen (15) as bi-sexual, twenty-six (26) as transgender MTF and sixteen (16) as transgender FTM.

The second phase involved following up with in-depth interviews and verification of violations by respondents with compelling cases. In the case of Dignity Association, ten (10) cases in all were identified for further investigation verification and documentation - three (3) in Freetown and seven (7) in Makeni - Interviews for LGBTI persons were conducted at the offices of Dignity Association in Freetown and Makeni. Most of the interviews were conducted in Krio and translated into English in cases where respondents found it difficult to express themselves in English.

The research on violence against LGBTI persons—physical violence, verbal abuse and harassment—was conducted by Pride Equality. Data collection was somewhat different for this research as questionnaires were given to a select number of people who had at some point in time contacted Pride Equality about violations. In all, thirty five (35) questionnaires were distributed as follows: eleven (11) in Kenema, fourteen (14) in Bo and ten (10) in Freetown. Testimonies were recorded from all thirty-five persons but only twelve (12) were selected for further verification because they were more compelling and could be verified within a shorter amount of time. The majority of interviews were conducted in the lingua franca, Krio, and translated into English.

The age of LGBTI respondents in both cases ranges from 18-40 and that of healthcare workers from 25-60. LGBTI respondents were mainly high school students, school leavers or drop outs and college students. Respondents from the healthcare sector had professional degrees in nursing or medicine.

The investigations were unbiased, cut across victims, eye witnesses and other people involved, ascertaining that the incidents did occur. Researchers were very cognizant about the importance of safeguarding the confidentiality of participants and their safety. In cases whereby respondents were unsure about meeting with the consultant, their wishes were respected and other forms of verification were undertaken.
VII. Terminology

BISEXUAL

A person who is sexually and emotionally attracted to both sexes.

FTM

Transgender people may define themselves as female-to-male FTM, assigned a female biological sex at birth but who have a predominantly male gender identity.

GAY

The term gay is sometimes used to encompass all LGBT people, but it is more commonly used to refer to men whose primary sexual and emotional attraction is to other men. It also has a self-identification or group-identity connotation.

GENDER IDENTITY

Refers to the expression through clothing and behavior, or the inner sense of identification and self-awareness, that manifests a person’s fundamental sense of themselves as masculine or feminine, and male or female. This can include dress, posture, hairstyle, jewelry, vocal inflection, speech patterns, and social interactions.

INTERSEX

A person who is born with characteristics (mostly gonadic, chromosomal or genital) that do not seem to fit the typical definitions of female or male, as far as the reproductive or sexual anatomy is concerned. Intersex anatomy may or may not show up at birth. The term historically used was “hermaphrodite,” which is now generally adopted by zoology rather than by medical science.

LESBIAN

A woman whose primary sexual and emotional attraction is to other women. It also has a self-identification or group-identity connotation.

MTF

Transgender people may define themselves as female-to-male MTF, assigned a male biological sex at birth but who have a predominantly female gender identity.

MSM

Acronym used for men who have sex with men; generic reference to same-sex sexual conducts between men, which may or may not imply gay identity or emotional attraction.
**LGBTI**

Acronym used for Lesbian, Gay, Bisexual, Transgender, Intersex; an inclusive term for groups and identities.

**SEXUAL MINORITIES**

People whose sexual and gender identity and expression challenge social and cultural prescriptions of appropriate femininity and masculinity.

**SEXUAL ORIENTATION**

Refers to the direction of an individual sexual and emotional attraction, whether to individuals of a different sex (heterosexual), same sex (homosexual) or both sexes (bisexual.)

**STI**

Sexually transmitted infections.

**TRANSGENDER**

Used as an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth, including cross-dressers, female or male impersonators, pre-operative, post-operative or non-operative transsexuals. Transgender people may define themselves as female-to-male (FTM, assigned a female biological sex at birth but who have a predominantly female gender identity); others consider themselves as falling outside binary concepts of gender or sex. Transgender people may or may not choose to alter their bodies hormonally and/or surgically: the term is not limited to those who have the resources for and access to gender reassignment through surgery. Transgender is not about sexual orientation; transgender people may be heterosexual, lesbian, gay or bisexual.

**WSW**

Acronym used for women who have sex with women; generic reference to same-sex sexual conducts between women, which may or may not imply lesbian identity or emotional attraction.
VIII. Background on Dignity Association and Pride Equality

Dignity Association

Dignity Association is a community-based organization established in 2003 that advocates for the attainment of full equal rights and the removal of all forms of discrimination against youth, children, women and sexual minorities in Sierra Leone. The organization has a special focus on matters related to the health and wellbeing of their target population. Dignity has worked with local and international human rights organizations to protect and advocate for the rights of LGBTI persons in Sierra Leone.

The organization also focuses on training and conducts HIV/AIDS workshops for the LGBTI community, especially in Freetown with a targeted group —men who have sex with men (MSM). The organization trains counselors and for the past four years, has worked with the National AIDS Secretariat (NAS) to provide MSMs with condoms and water-based lubricants.

The organization was founded by a human rights and gay activist, Fanny Ann Edie, who was brutally murdered while working late in her office. Her death did not deter others with similar convictions, hence the survival of the organization and the continued work advocating for minority rights. Dignity has offices in Freetown and Makeni.

Pride Equality

Pride Equality, formerly WhyCantWeGet Married.Com (WCWGMC,) was founded in 2007 by a small group of activists committed to Human Rights and ending minority discrimination worldwide.

Pride Equality is a non-religious, non-partisan and non-profit organization dedicated to promoting peace, equality, understanding and respect of all human rights across Sierra Leone. The organization strongly promotes, protects and provides services on human rights and access to sexual reproductive health services for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) people across Sierra Leone and challenges
all forms of discriminations, especially those related to the rights of LGBTI people.

In October 2007, Pride Equality became the first openly LGBT organization that spoke out against homophobia and transphobia in the media, and has been visibly active in LGBTI human rights advocacy and sexual reproductive health education and services to LGBTI people in Sierra Leone.

Pride Equality is involved in advocating for a more open social, political and cultural environment in which LGBTI people become responsible citizens, exercising their rights and responsibilities as active citizens in Sierra Leone.

Pride Equality is the first organization in Sierra Leone to develop a book on LGBTQI issues and the right to access to SRH/HIV/AIDS services. Pride Equality’s book project - “Tearing Down Walls, Building Up Hope” serves as an eye opener for young people and the Sierra Leonean public on issues that will “Break the Chains of Stigmatization and Spread the News of HIV/AIDS among Young People (including LGBTI youths) in Sierra Leone.”
LE Wi Timap
Tranga Wan f3
Human Rjyt
Na SALONE!