THE HIDDEN VOICES OF SEXUAL VIOLENCE SURVIVORS' RELATIVES

A CASE STUDY FROM NONGOWA CHIEFDOM, KENEMA DISTRICT

A research project submitted to Van Hall Larenstein University of Applied Sciences in partial fulfilment of the requirements for the degree of Master in Management of Development, specialization Rural Development, Social Inclusion, Gender and Youth

By
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UNDERSTANDING THE NEEDS FOR SUPPORT TO AID SURVIVORS RELATIVES PARTICIPATION AND OWNERSHIP OF SURVIVORS SUPPORT PROGRAM IN KENEMA DISTRICT

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List of Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
DHS	Demographic and Health Survey
FEMNET	African Women's Development and Communication Network
FGD	Focus group discussion
HIV	Human Immunodeficiency Virus
MGEN	Men for Gender Equity Now
OSCs	One Stop Centres
OXFAM	Oxford Committee for Famine Relief
PRA	Participatory Rural Appraisal
RC	Rainbo Centres
RI	Rainbo Initiative
SARC	Sexual Assault Referral Centre
SART	Sexual Assault Response Team
SRHR	Sexual Reproductive & Health Rights
SSI	Semi-Structured Interview
TCC	Thuthuzela Care Centre in South Africa
TRC	Truth and Reconciliation Commission of Sierra Leone
WHO	World Health Organisation

ABSTRACT

The study is commissioned by Rainbo Initiative, is the first systematic qualitative based analysis on relatives of sexual violence survivors in Sierra Leone. The objective of the research is to formulate recommendations for the Rainbo Initiative community outreach unit, for developing a participatory model to aid survivors' relatives' participation and ownership of survivors' support programs in the community. This work will strengthen the survivors' support program in Kenema District, Sierra Leone by gaining insight into: the effect of sexual violence on survivors' relatives in Kenema District, the perceptions of survivors' relatives' of the survivors' support program there, and the potential ways of aiding survivors' relatives' participation and ownership of the program.

The study utilized a case study as its strategy to assess the understanding the needs for support of survivors' relatives and their perception on current survivor's support program in Kenema District. Using a snowball sampling technique, participants were found. All study participants were relatives of sexual violence survivors' who had used the service of the Rainbo Centre in Kenema between January 2016 to December 2018. All participants are residents of Nongowa chiefdom in Kenema District and therefore this study and its findings are only relevant to this study location. The study was conducted study through diaries, focus group discussions and semi structured interviews and the researcher has vast experience of working in and first-hand knowledge of sexual violence.

The Arnstein's ladder of participation is used as the Len for analyzed for this study. The effects of sexual violence survivors' relatives was reviewed with the main effects for all participants being social (social stigma, community and self-isolation, community condoning reporting), mental health (guilt, shame, anger, suicidal thoughts, wanting to murder the perpetrator, strong belief in religion) and economic (increased financial costs of medical treatment, legal costs, loss or decrease of livelihood and employment, financial constraints, financial burden, no institutional support). Physical effects were expressed only from male respondents. This may be down to the dominant gendered make up of Sierra Leone society, where women may be more likely to normalise physical attacks.

Relatives perceptions of the survivor support program of Rainbo Initiative was discussed. All participants expressed confidence in Rainbo Initiative but were concerns were raised over medical reports, as well as the need for continuous visits to survivors and follow up of relatives. Participation level for the Rainbo Initiative is fluctuating between the first and second level of Arnstein's ladder as they assume responsibility of taking care of survivors and their relatives but see them as just beneficiaries of the project. The participation and ownership of the survivor support program was touched upon, with solutions being the integration of relatives in the Rainbo Initiative community sensitisation team, capacity building of relatives, setting up a survivors' relatives support group and providing financial or welfare support. There is a legitimate attempt at participation by Rainbo Imitative that involves educating relatives on sexual violence and how to prevent and respond to it in their community. But survivors' relatives exhibited the urge to participate more meaningfully and create ownership in the Rainbo Initiative community outreach program.

This study provides practical recommendations for Rainbo Initiative to implement to provide a more comprehensive service to both survivors of sexual violence and their families. The recommendations are as follows: a lifelong counselling and mentoring scheme for survivors' relatives is established including a survivors' relatives support group; capacity building and training for relatives is conducted; strengthen legal assistance and financial and welfare assistance; further studies to be conducted in the other districts that Rainbo Initiative are operational in. Whilst specific to one district of Sierra Leone, the recommendations of this study are useful for the Government and its partners working on sexual violence across Sierra Leone.

Keyword: Survivors' support programs, Sexual Violence, Survivors relatives, Participation
Word Counts: 21,789

1. 0 INTRODUCTION

1.1 Context of Sexual Violence

Sexual violence is a global public health issue and has affected millions of people worldwide (Yount, 2014; World Report on Violence and Health (2002). It is recognized that public health crisis, like the current Covid-19 pandemic, exponentially increase the rate of sexual violence across the world (World Health Organization (WHO), 2020). The movement restrictions and social distancing measures which serve as key strategies in preventing or reducing the spread of the infection have created less contact with family and friends who provide support and protection to survivors of sexual violence. Backed-up with the established social injustice, norms, and inequalities, social and economic stress has led to a rapid increase of sexual violence as potential survivors are at home or in the community with their abusers (Peterman et al., 2020). Access to support services have decreased, and these abusers used Covid-19 restrictions as a way to further force sexual violence (WHO, 2020).

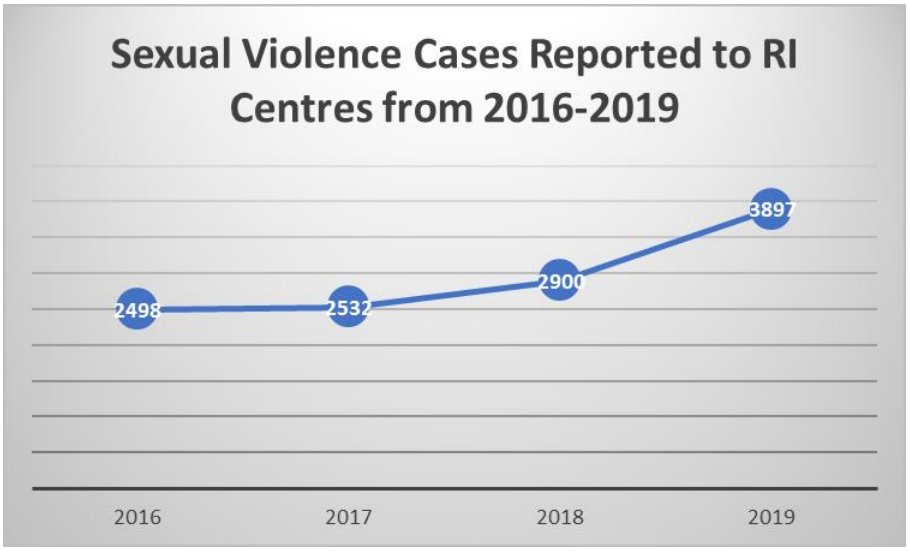
Sexual violence involves any sexual act or attempts to obtain a sexual act by violence or coercion (Hattery & Smith, 2019). It is rooted in social injustices and inequalities, regardless of geographical borders and individual differences (Dartnall & Jewkes, 2013; Yount, 2014). Sexual violence unreasonably affects women and girls (Stöckl et al., 2014): "about 35% of women worldwide have experienced sexual violence at childhood, adolescence, or adulthood"(WHO, 2013, p.16). However, due to the Covid-19 pandemic, it's likely to increase (WHO, 2020). It has projected that globally, close to 245 million women and girls have been exposed to sexual violence within the last 12 months (The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2020). Also, many countries in Africa have reported a surge in cases of sexual violence, for instance, in South Africa, over 2,000 cases of sexual violence were reported to the South African Police Service during the first seven days lockdown (Atlantic Council, 2020).

However, the increased rate of sexual violence during the pandemic should not be a surprise for Africa, especially West Africa countries. During the Ebola Outbreak Virus in West Africa in 2014-2016, there was similar empirical confirmation that safety measures employed by authorities in preventing the spread of the virus subjected women to an increased risk of sexual violence and further made them more vulnerable in the community (UN women, 2020). For instance, in Sierra Leone, the rate of sexual violence cases as reported to the Rainbo Centres increased from 1,051 in 2013 to 2,498 in 2016 despite the challenges of movement to report cases as fear of contracting the disease and proper recording and management of data (Rainbo Initiative report, 2018). Reported evidence from most of these cases shows that sexual violence was reported mainly as unintentional damage from personal testimony with survivors (Yasmin, 2016). Notwithstanding, the pandemic exposes underlying inequalities and vulnerabilities of women and girls to sexual violence and the weaknesses in our systems (John et al., 2020)

Notably, in Sierra Leone and other parts of the world, the root of sexual violence stems from the system of patriarchy embedded in cultural and religious norms (Beoku-Betts, 2016; William & Opdam, 2017; Yount, 2014). Despite the population of female been higher than male: 51.1% for female, while male is 48.9% (Statistics Sierra Leone, 2015), Sierra Leone is considered a male-dominated society. The level of power disparity between men and women has, by extension resulted in gender inequalities which is believed to be the root cause of sexual violence in Sierra Leone (Beoku-Betts, 2016). The sexual violation of women and girls in Sierra Leone was intensified during the civil war in 1991 and was used as a mass weapon of war; there was a shutdown of laws enforcement, and all levels of community authority (Denney & Ibrahim, 2012). Although rape and sexual penetration were recognized as a negative national legacy after the war in 2002, sexual violation of women and girls continued during the post-conflict period, and the statistics are still alarming (William & Opdam, 2017).

The Demographic and Health Survey (DHS) report of 2013 by Statistic Sierra Leone shows that 45% of Sierra Leone's population, predominately women and girls have experienced sexual violence at some point in their lives (Beoku-Betts, 2016). Additional, a Rainbo Initiative report (2019) highlights, statistics showing that between 2016-2019, their five rape crisis centres saw 11,827 survivors with 95% of survivors aged 17 or younger. As illustrated in the graph below, there has been a systematic increase in the cases of sexual violence which has not been empirically proven to be because of an increase in sexual violence cases or an increase in the reporting rate of sexual violence in Sierra Leone. However, this data only covers five of the sixteen districts in Sierra Leone; thus, the relationship between this data and the clarity of sexual violence in Sierra Leone as a whole may be viewed as a floated iceberg that cannot be justified. Regardless of these challenges, the need to support survivors is still valid as the aftermath of sexual violence is evident to react on survivors in different ways (Beoku-Betts, 2016).

Figure 1- Sexual Violence trend from 2016-2019



Source: Rainbo Initiative, 2019

Just like survivors worldwide, survivors of sexual violence in Sierra Leone often suffer not only physical health problems that may have long or short term sexual and reproductive health problems as well as serious psychological trauma, which, sometimes leads to stress and depression (Hattery & Smith, 2019). Each survivor reacts to sexual violence in their own individual way; personal communication style, culture, tradition, location and context of the survivor's life dramatically affects these reactions (Jina & Thomas 2013). Some survivors may express their emotions, while others will choose to keep their feelings inside and react quietly. Again, some survivors may also tell others straight about the incident and what happened, others may wait for weeks, months, or even years before discussing the incident, or some may not ever choose to do so (Hattery & Smith, 2019). The impact on their mental health can be as serious as it is on their physical health, but significantly, it also affects their social wellbeing where they may be stigmatized, rejected, and hated by the community and sometimes their families (Jina & Thomas, 2013).

Sexual violence does not only affect the survivors but also their parents, friends, and relatives (Hattery & Smith, 2019). Their relatives experience similar reactions to survivors, such as anger, guilt, self-blame, and fear (Jina & Thomas 2013). Regardless of their experience, survivors reported that their relatives can be a great source of strength, comfort and hope both in the homes and communities as they go through sexual violence (Hattery & Smith, 2019). It is therefore not only important to provide support to survivors but also to their relatives. However, current support programs are predominately focused on survivors with less attention on relatives of these survivors.

1.2 Support for survivors

To increase access to care and support for survivors of sexual violence, a popular strategy worldwide for achieving this is through the establishment and implementation of survivors support programs which is sometimes referred to as the one-stop centres (OSCs) or the adoption of the coordinated survivor's response model (Larance, 2017). This model provides survivor-centred health services with a combination of psychosocial, legal (police & Judiciary) and in some cases shelter services to survivors of sexual violence (Larance, 2017; Olson, R.M., et al., 2020). In Sierra Leone, several programs are now implemented to assist survivors and increase the quality, accessibility, and satisfaction of survivor support programmes through a multi-disciplinary coordinated care. This care does not only provide a holistic, free, confidential, and quality services but also gears towards reaching the final goal of reducing survivor re-traumatisation when seeking care and further help the survivors to heal with dignity in the community (www.rainboinitiativesl.org, 2020). One such program is the Rainbo Centres which serve as the only rape crisis centre in the Country.

1.3 The Rainbo Centres/Rainbo Initiative

The Rainbo Centres operated by Rainbo Initiative (RI) which serves as the commissioner of this research work, started as a recommendation from the Truth and Reconciliation Commission (TRC) report in 2003. The TRC of Sierra Leone was created by an Act of Parliament in February 2000, and its main aim is to restore the dignity of victims that suffer violation and human rights abuses during the eleven years' civil war in Sierra Leone. It stressed the need for attention to be paid to women and girls who experience sexual violence during the war. Amongst the recommendations made by the commission, one key recommendation was the provision of free services to women and girls who have experienced physical trauma, torture, and sexual violence during the war (www.sierraleonetrc.org, 2002). The Rainbo Centres was established at a time when women and girls were returning home after years of displacement internally or as refugees.

The Rainbo Centres which were initially recognized as the Sexual Assault Referral Centres of Sierra Leone (SARC-SL) operated on a vision to see a Sierra Leone that is free from Sexual and Gender-Based Violence. The Rainbo Centres (RC) serve as Sierra Leone's only integrated survivor support program that provides holistic, free, confidential, and quality medical and psychosocial services, legal representation and age-appropriate response services to survivors of Sexual Violence in a compassionate and caring manner across five centres (Freetown, Kenema, Kono, Bo and Makeni) in the country. Further referrals are made to other services like the police, and sometimes safe homes through a coordinated effort. The centres receive its clients through organised referral pathways which include the Sierra Leone Police Family Support Unit, health centres, other partner organisations and services providers, and referral by the community, family and friends or self-referral.

In 2013, Rainbo Initiative through it five Rainbo centres started a community outreach program which strategy is that whilst the centres are responding to gender-based violence survivors with free medication and psychosocial support, the outreach programme engages communities to prevent GBV incidences and at the same time increase demand for the Rainbo Centres. The community outreach program have delivery gender-based violence education to 54 communities and 80,345 community people across the country. The Rainbo Centres were the first, and still are the only, free sexual and physical assault and domestic violence support centres in Sierra Leone. The goal of these centres is not only limited to providing services but to also help survivors heal with dignity in their communities by reducing survivor re-traumatisation.

Notably, in as much as survivors' support program offers support to the survivors, at some point in the program, survivors need to return to their normal lives which requires the involvement and responsibility of the community. Therefore, active community participation is a key element for the success of survivors' support programs across the country.

1.4 Problem Statement

Since the establishment of the Rainbo Initiative (RI) in 2003, it has served as a lead in implementing survivors' support programs in Sierra Leone. Several efforts have been made to reduce the occurrence of sexual violence, by providing free medical, psychosocial and legal representation support services to over 40,000 women and girls survivors across the country. As a way of involving the community, in 2013, RI started its community outreach. However, less involvement and commitment is seen from relatives of survivors in the community. RI which serves as the commissioner of this research sees survivors' relatives as important partners in the implementation of survivors' support programs because they are not just involved in providing a supportive environment for the survivors (direct beneficiaries) but are also secondary survivors (indirect beneficiaries) of their programs. Furthermore, RI strongly believes that non-active involvement of survivors' relatives in the implementation of survivors' support programs can be counter-productive to its goal of not only providing services but also helping survivors heal with dignity in their communities by reducing survivor re-traumatisation.

Therefore, to be able to do this, RI needs to know more about the needs for support of survivors' relatives in Nongowa Chiefdom and their perception on the current survivor's support program in Kenema District. This is essential for the formulation of recommendations to the RI community outreach unit as they are interested in developing a participatory model that will be used to increase the level of participation and ownership of survivors' relatives in the implementation of survivors' support program in the community which will strengthen survivors' support programs in Kenema District.

1.5 Research Objective

The main objective of the research is to formulate recommendations to Rainbo Initiative community outreach unit for developing a participatory model to aid survivors' relatives' participation and ownership of the implementation of survivors support program in the community which will strengthen the survivors' support program in Kenema District by gaining insight into:

- The effect of sexual violence on survivors' relatives in Kenema District, Sierra Leone
- The perceptions of survivors' relatives' on the survivors support program in Kenema District, Sierra Leone
- The potential ways of aiding survivors' relatives' participation and ownership of the implementation of survivors' support program in the community in Kenema District, Sierra Leone.

1.6 Research Questions

Main Question

What are the needs for support identifies to aid survivors relatives participation and ownership of survivors support program in Kenema District, Sierra Leone through a participatory approach?

Sub-Questions

1. What are the effects of sexual violence on relatives of survivors in the Kenema District?
2. What do survivors' relatives perceive to be the role of survivors' support program in the Kenema District?
3. What ways do survivors relatives identify to aid participation and ownership of survivors' support programs in Kenema District?

2.0 SETTING THE SCENE

2.1 Overview of Survivors' Support Programs

According to Larance, (2017) and Olson et al. (2020), Sexual violence survivors' support programs which are sometimes referred to as the one-stop centres (OSCs) or the adoption of the coordinated survivors' response model, is a model that provides survivor-centred health services with a combination of psychosocial, legal (police & judiciary) and/or in some cases shelter services to survivors of sexual violence. It was initiated to provide advocacy and support to sexual violence survivors and work towards the elimination of sexual violence. It was first initiated in Malaysia in 1994, and now it is implemented in several South Asian and African countries (www.endvawnow.org, 2020). Some are single-purpose agencies, while others are merged with domestic violence and other social services. These dual/multi-service agencies provide a wide array of services for a variety of concerns and needs (Larance, 2017).

The dual/multi-service survivors' support programs which is the focus of this study, provide a range of services, from a basic collection of data that define advocacy for sexual violence survivors, to a broad and diverse offering intervention, prevention, and systems change programming. These services of survivors' support programs are conceptualized in two categories: *core services* - which meet basic needs and *comprehensive services* that provide additional opportunities for healing and empowerment (www.endvawnow.org, 2020). There have been various levels of integration regarding survivors' support programs across the world. Colombini, et al. (2008) and Colombini, et al. (2011) discuss the major levels of survivors' support program integration as follows;

1. The provider or selective level serves as the first level of survivors' support program, and it was seen at both primary and secondary levels of health care. It is an upright model that involves the integration of one or two services (e.g. medical, counselling or psychosocial therapy) for survivors. Services are provided by the same service provider with no external referral. They just provide basic services for the survivors and are not intensive in terms of support.

2. The Comprehensive level of integration which is also known as the facility level of integration provides a comprehensive range of services at one location, mainly at secondary or tertiary health care but not necessarily from the same service provider. It is mostly seen in developed countries like the United States of America (USA) and the United Kingdom (UK). Services include health, legal, welfare, and counselling services. This level has staffs that are dedicated and can be called upon at any time to provide services when needed. The Sexual Assault Response Team (SART) which was initiated in 1970 is typically a USA version of a comprehensive level of integration of survivors support program while the Sexual Assault Referral Centre (SARC) which was established in 1986 in England is the English version of the comprehensive level of integration of survivors support program. The advantage of this level is that it makes reporting of sexual violence and receiving of support services easier for the survivors as all services are located within the same facilities. However, it is time-consuming for staff.

3. The Systems-level integration or multisite linkage level is still comprehensive, but services are not provided at the same location. A range of services like screening, medical care, and psychosocial support are delivered at one location while services like safe homes, police, legal, and HIV care are provided at other facilities from recognised partners. There is a coherent referral system and health care centres established partnership with local NGOs and government agencies that provide such extended services so as to be able to cater for the needs of survivors. In recent times, prevention of sexual violence through community engagement or outreach programs are now included either by the health care centre or its partners. The Malaysia One-stop centre initiated in 1994 is an example of a system-level integration of survivors' support program. It's housed at Kuala Lumpur Hospital, it's aimed not

only to reduce delays from providing services at the comprehensive level but also to facilitate specialized and non-health service to survivors within the shortest possible time. Also, in Africa, the Thuthuzela Care Centre (TCC) in South Africa is also an example of the system-level integration. The facility is established with a goal to reduce re-traumatization, reduce waiting time and increase conviction rates by facilitating a multisectoral coordination between the health centre, police, judiciary, and other social services in order to increase the quality of services provided to survivors. The Rainbo Centres are also implemented as a multisite linkage service they provide medical, psychosocial, and legal assistance for survivors within spaces in the government hospital and further referrals are made to other services like the police, judiciary, and sometimes safe homes through a coordinated effort.

All services available for survivors of sexual assaults should be to understanding of the complex effects that trauma and other forms of oppression may affect the survivor's life, family and integrity (Olson et. al., 2020).

2.2 Effect of Sexual Violence on Survivors' Relatives

Sexual violence has a serious health and human rights implications among survivors and their relatives across the globe and it implications are particularly rich in Africa due to the lack of efficient health services and the proper implementation of human right laws and treaties (Stöckl et al., 2014). Sexual violence can affect many people around the survivor's life, for instance, their parents, friends, partners, children, and spouses. Sexual violence has complex and long-lasting health, physical as well as social and economic consequences for survivors' relatives across the globe (Jina & Thomas, 2013).

Such consequences affect the mental health of these relatives as they become ashamed of being connected to the victims or survivors (Hattery & Smith, 2019). High levels of behavioural health issues including, suicide thoughts, anxiety disorders, alcoholism, guilt and shame, substance drug abuse, and posttraumatic stress disorder (PTSD) like sleepless night, poor appetite and sadness have been described to be common among survivors' relatives (Jina & Thomas, 2013). In a similar view, Campbell (2016) shows that experiencing the aftermath of sexual violence by a relative, affects the mental health including increased rates of depression, anxiety, self-harm, and drug use. Family members or relatives of sexual violence victims end up in traumatic stress, including anger, anxiety, sadness, and withdrawal. She further stated that families rely on their faith and focuses on their relationship with God to make what they have experienced become bearable as it is very difficult especially if the perpetrator is seen in the community. Family relationships with survivors can become complicated as a result of the survivor's disclosure of the nature of the violence. In most cases of sexual violence, family members knew about what the survivor experienced but do not encourage further conversation; hence they live depressed (Kirkner et al., 2018). Sexual violence affects mental health as seriously as physical health and it may be equally long-lasting.

The physical experience of sexual violence can have devastating and have a long-lasting effect on the physical health, well-being, and life outcomes survivors' relatives (Jina & Thomas, 2013). Ahrens and Aldana (2012), argue that sexual violence has a profound ripple effect on not only the mental health of family and relatives of survivors but also on their physical health. Survivors' physical injury equally affects the physical being of their relatives. Survivors' health problems can be associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences for which relatives or family members of victims become mentally affected (Jina & Thomas, 2013). Some of the harmful physical health sexual and reproductive health consequences of sexual violence include distressing genital inflammatory disease, infertility, and HIV/AIDS. Deaths of sexual violence survivors' relatives sometimes follow especially when the victim commits suicide, got infected with HIV, or permanent physical disability. Furthermore, apart from its physical health effects, sexual violence also affects the social wellbeing of survivor's relatives.

In many communities, relatives to the survivors of sexual violence are viewed with intense negativity, putting them at a significant risk of self-isolation or being rejected by their social capital within the community (Kirkner et al., 2018). Mothers of survivors consider the responsibility to take care of their victims as a burden which negatively affects their existing relationship with survivors. Fathers suffer guilt, a shameless value in the community which in some cases force them to disown or disassociate themselves from survivors (Ahrens & Aldana, 2012). Research shows that individuals who have an intimate partner who is a rape survivor suffer various forms of vicarious trauma including anxiety, sadness, and depression (Jina & Thomas, 2013). They live with stigmatization as a result of either the gang rape or other forms of sexual violence that has occurred to the survivor. Relatives of sexual violence are often associated with fear of disease contamination and are sometimes banished from the community or referred to as outcasts; as there are customs and traditions which hold that a woman should not have any sexual intercourse outside marriage, as it is perceived as misfortune to the household. This further may affect their livelihood as sometimes they are sacked from their workplace or even struggle to purchase food and other essential items within the community.

The economic effect of sexual violence on survivors' relatives is as well significant as the other effects, however, there are little empirical evidences available. Notwithstanding, Condry (2010) explains that high proportion of relatives are faced with enduring financial constraints (where is that) as they may have to cope with unemployment, unexpected cost of the incident and sometimes change of location as a result of shame.

2.3 Survivors' Relatives Perceptions of Sexual Violence Survivors' Support Programs

Olson, et. al. (2020), perceive sexual violence survivors' support programs as trusted and respected within local communities and could be seen mostly in vulnerable communities of developing countries. Relatives believe that part of the job of the survivors' support program is to engage dialogue and mediation with appropriate authorities regarding sexual violence incidences. They further state that survivors' support programs are supposed to be able to access survivors in any community. Such programs according to survivors relatives are not only highly regarded within communities but also have greater leverage in accessing justice for victims and survivors. However, these attributes are not seen in full among sexual violence survivors' support programs in developing countries. Keesbury et. al. (2012), states that even though sexual violence survivors support programs are significant in addressing issues relating to sexual violence at the community level, relatives of survivors in communities believes when people within the communities are involved in the process, it's more likely to gain success than staff from funded programs who are not present in the community coming into the community to educate them; these staff as are not always available especially in emergencies.

Banyard (2011) believes that the intervention of sexual violence survivors' support programs in certain communities does not seem to have or apply the requisite measures to provide the support needed by survivors and their relatives. One successful method for community-based support organizations/programs is the ability to link existing village hierarchies or adjudication structures to the formal legal system - an approach that can overcome traditional practices that prevent survivors from reporting or furthering sexual violence cases to the appropriate legal authorities. Sexual violence survivors' support programs in many parts of Africa are perceived by relatives of survivors to lack protective services for victims from filing reports of sexual assault; some staffs of survivors support programs are seen compromising cases. Hence, survivors' relatives often fear that reporting perpetrators to such programs will lead to further sexual assault or harm to the families and relatives. Abeid et al. (2014), further express their perception that some sexual violence survivors' programs have deep negotiations between the perpetrators, the police and judiciary sectors; hence, corruption amongst them in the implementation of the laws against sexual violations often becomes a challenge, especially in Africa.

Keesbury et. al., (2012) argue that survivors' relatives perceive that support programs are costly, corrupt, limited services, and lack adequate quality care services. Seeking care requires sufficient finance. Keesbury et. al., further perceive that outcomes of reported cases to survivors' support programs are often determined by who you know in the program and how much money you have and willing to provide for speedy remedial. Abeid et al. (2014), further believes that survivors relatives perceive survivors support programs to be one that provide medication, counselling, legal support services and other essential services for sexual violence survivors only if the case is reported to them. He further states that survivors relatives see them self as partner in the implementation of survivors support program is a challenge especially where corruption is pandemic such as Africa and the global south (make it obvious) they are not actively involved.

According to Olson et. al., (2020), as viewed by survivors relatives observed that sexual survival support programs have confirmed to be very effective in some countries as they provide women particularly survivors with open space to share their experience, connect with others who have undergone similar event, learn skills or gain resources that can help them escape their situation and also provide programs that help to foster the protection of relatives in the community. To this end, Keesbury et. al., (2012) observe that sexual violence survivors support programs are a source of hope and transformation for not only sexual violence survivors but also their relatives. According to Larance (2017), community healing is key for survivors' support programs as it does not only help the survivors but also their relatives to heal with dignity in the community which prevents the re-traumatization of survivors. Both in Africa and other part of the World, several programs have been implemented in this regard.

2.4 Importance of Survivors Support Program for Survivors Relatives

Programs targeting sexual violence should generally aimed at strengthening both the capacities of the survivors and their relatives (Jina & Thomas 2013). The common popular approach used is to make officials of such programs admit responsibility and be publicly seen as responsible in undertaking of their role in the community (Keesbury et. al., 2012). However, this approach has not been too successful. Banyard (2017), believes that changing the strategy is one key way of improving the program. She further states that relatives should be regarded as part of the implementation of the program not just as risk factors, and their voices should be actively included in the program. They should be able to influence control. The reason for this approach is not just to make the work of survivors support program easier but also to encourage sustainability of the program as most survivors' support programs are either part-funded by the government or an international agency (Larance, 2017).

Banyard, (2011) states that survivors support should be encourage to development a comprehensive prevention strategies and using such as guiding frameworks on the public health approach and the social-ecological model. These frameworks guide sexual violence survival support programs to implement a range of activities and enable them to address sexual violence issues on survivors as well as their relatives. He further states that, this approach should further gear towards providing trainings for survivors relatives on not just preventing the reoccurrence of violence but also on supporting the survivors during their recovery process. This approach is more likely to prevent sexual violence across a lifetime than any single intervention as it gives attention to not only the survivors but also their relatives, and cost effective. Condry, R., 2010, believes that supporting the relatives on knowing what to do, and how to do it at the right time is a right step towards helping them participate effectively in the implementation of survivors support program across the globe.

Survivors support programs are expected to work in partnership with relative as they are essential in preventing re-traumatization, thus creating an open space where relatives can be able to access these program can also increase their interest in the such program. Survivors relatives have been long neglected in the implementation of these program as must times are only reference on how they

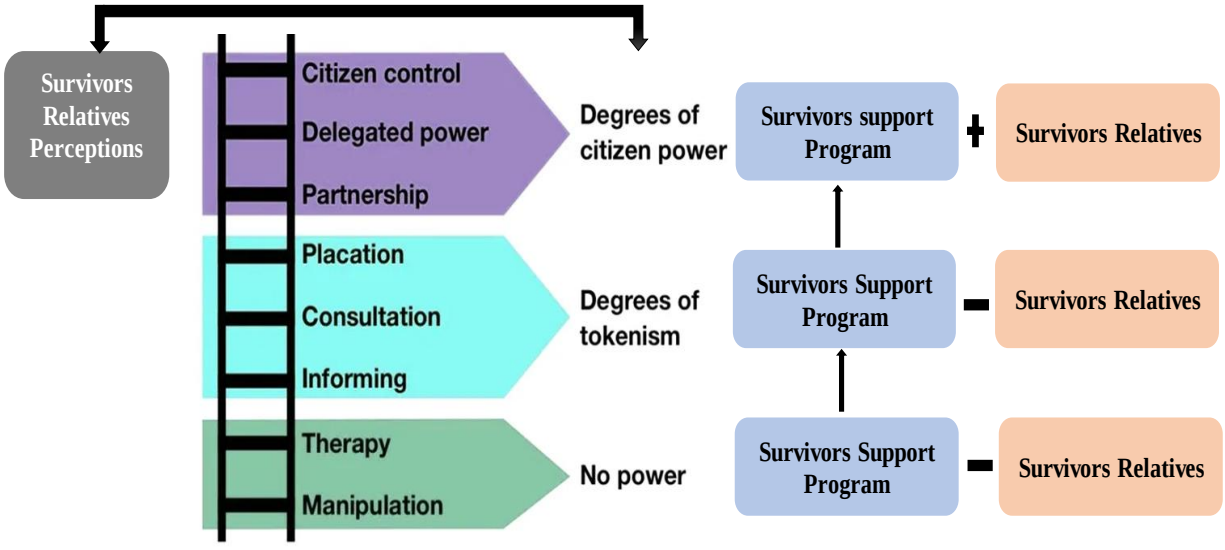
respond to survivors and how it helps or hinder survivors recovery (Morrison, Z., 2006). Furthermore, Banyard, (2011) recognized the need for relatives to be included in the referral protocol being that they are offer with the existing referral procedures and thus can be able to guide other in the community. However, in doing so, much consideration should be taken so as not to pollute the system, therefore the provision of identification cards, regular mobile credit, stipend etc. should be available to not just motivate the relatives but also forcing them to be neutral and professional in their line of duty in the community.

2.5 Arnstein Conceptual Framework of Public Participation

This study will be guided by adapting the theory of public participation as it seeks to assess survivors' relatives perceptions about survivors' support programs as a deliberate strategy of involving relatives of sexual violence survivors in the implementation of survivors' support programs. The citizen ladder of participation that was initiated in 1969 by Sherry Phyllis Arnstein, (Swapan, 2016) has been sourced to be the most appropriate conceptual model for this study as it stresses the need for active participation and ownership programs by community people.

The Arnstein ladder of participation is also known as the citizen ladder of participation was introduced to classify participation formats by their varying degrees of empowerment (Swapan, 2016). This ladder describes eight steps of increasing involvement and power-sharing, from the bottom stairs, indicate lower levels of participation and power distribution, and they gradually increase as we move up the ladder. At the two lowermost stairs, no participation occurs while at the third to fifth stairs, the responsible authority can provide information to the public which shows a degree of minimum effort of participation, power-sharing, and ownership. In the topmost three (8,7,6) stairs, the responsible authority can delegate power to a group of individuals or the community to make decisions and have total control of the process (Contreras, 2019). Arnstein's ladder of participation is a symbol for understanding whether citizen participation is genuine, honest, and effective (Swapan, 2016).

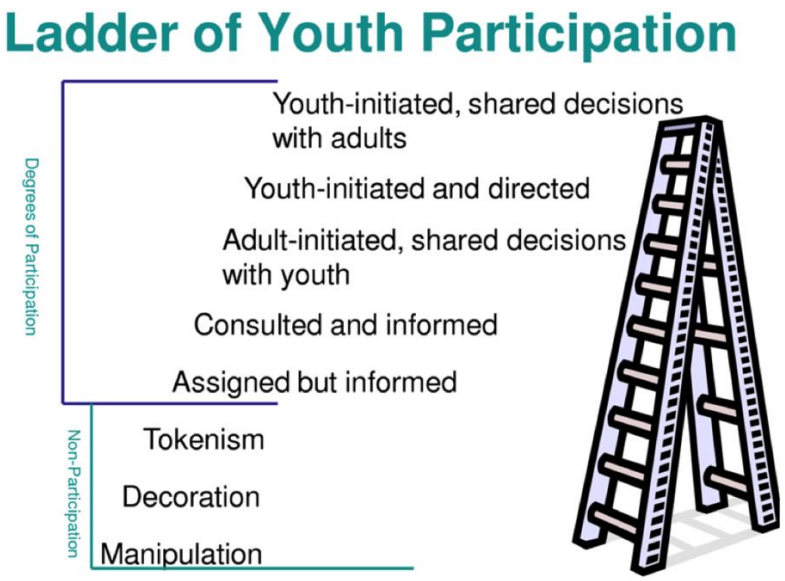
Figure 2-Arnstein's Conceptual Framework of Participation



Source: Adopted from Arnstein, S., 1969

Notwithstanding, there have been several theories exploring participation since the inception of Arnstein model. For instance, the Roger Hart ladder of young people's participation which was developed in 1992 focuses on young people's involvement in projects. It was mainly developed to encourage those working with young people to deliberate more on the degree and reason for young people's participation in community activities (Hart, 2013).

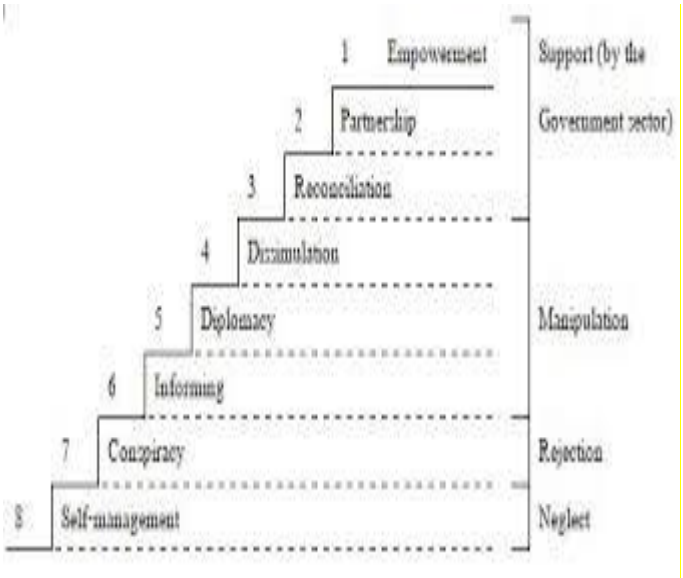
Figure 3-Roger Hart Ladder of Youth Participation



Source: Adopted by Hart. R. (1992)

While Choquill Model of participation which was developed in 1996 as a modification of Arnstein's model was designed based on the degree government willingness in implementing community projects. This model discusses that the ladder of participation depends on the government's will as its importance in shaping the potential result of the community efforts as they are free to support, reject, manipulate or neglect the demands of the poor people (Swapan, 2016).

Figure 4-Choquill Model of Participation



Source: Adopted by Choquill, (1996)

Regardless of the argument put forward by the two participation models mentioned above, Arnstein ladder of participation still proved relevant for this study as in recent times, the need for community members to actively participate and take ownership of the implementation of survivors' support programs in the community is widely preached (Larance, 2017). Moreover, this model degree of participation is set on a bench of power-sharing between community members and service providers (Swapan, 2016). Arnstein ladder of participation which as originally developed in the late 1960s still retains its considerable relevance as it provides a useful tool for evaluating the participatory work of

organizations especially in the developmental sector (Contreras, 2019 & Swapan, 2016). Listing the range of approaches for citizen involvement, the ladder provides a basis for addressing questions of participation and power control both in theory and practice, and the higher the level of engagement, the greater the likelihood of realizing the end goal of such actions (Fish et al., 2017).

As seen in figure 2, at the lowest level of the ladder, participation is low. Survivors' relatives are left out in the planning stage but just educated about sexual violence, how to prevent it and respond to sexual violence with the existence of survivors support program. It is generally a top-down approach at this stage. Additionally, and as it moves up to the degree of tokenism, survivors' relatives are not just educated, but can also add their voices in the program through support meetings and follow up calls with survivors. This stage seems to look like a bottom-top approach however, relatives lack the power to ensure that their views are taken into account, thus there is no assurance of a change in the implementation of the program. This is the present stage of survivors' support programs in Sierra Leone. Notably, it's believed by Ahrens, (2012) that the higher the level of engagement, the greater the likelihood of realizing the goal of survivors support program which is not only to provide help to enable survivors overcome medical, physical and psychological challenges but also support their communities to help these survivors heal with dignity in the community. This goal is to ensure community ownership of the process which has a likelihood of not only enhance the effective implementation of the program but also aid in reducing the re-traumatization of survivors.

As seen in other studies when the top-most level of the ladder is implemented, survivors' relatives are actively involved in the process as in not only provided with services but also give the chance to support in the implementation of program. Like in the case of the Panzi one-stop centre as stated by Mukwege, 2016, relatives are given guidance on how medications should be taken by survivors and they can also identify additional care needed by survivor. This gives them total control and a chance of entering into a partnership for the implementation of this program within the community which brings in a sense of control and ownership which aided the easy running of the program, the return of survivors into the community and reduces re-traumatization (Mukwege, 2016). When survivors' relatives are actively involved in the process, they will know about the program and can also be able to identify barriers that will hinder its improvement but most importantly, conditions that will strengthen the program. This creates a sense of ownership for these relatives and it will help to support in achieving the said goal of the program within the community.

2.7 Defining of Key Concepts

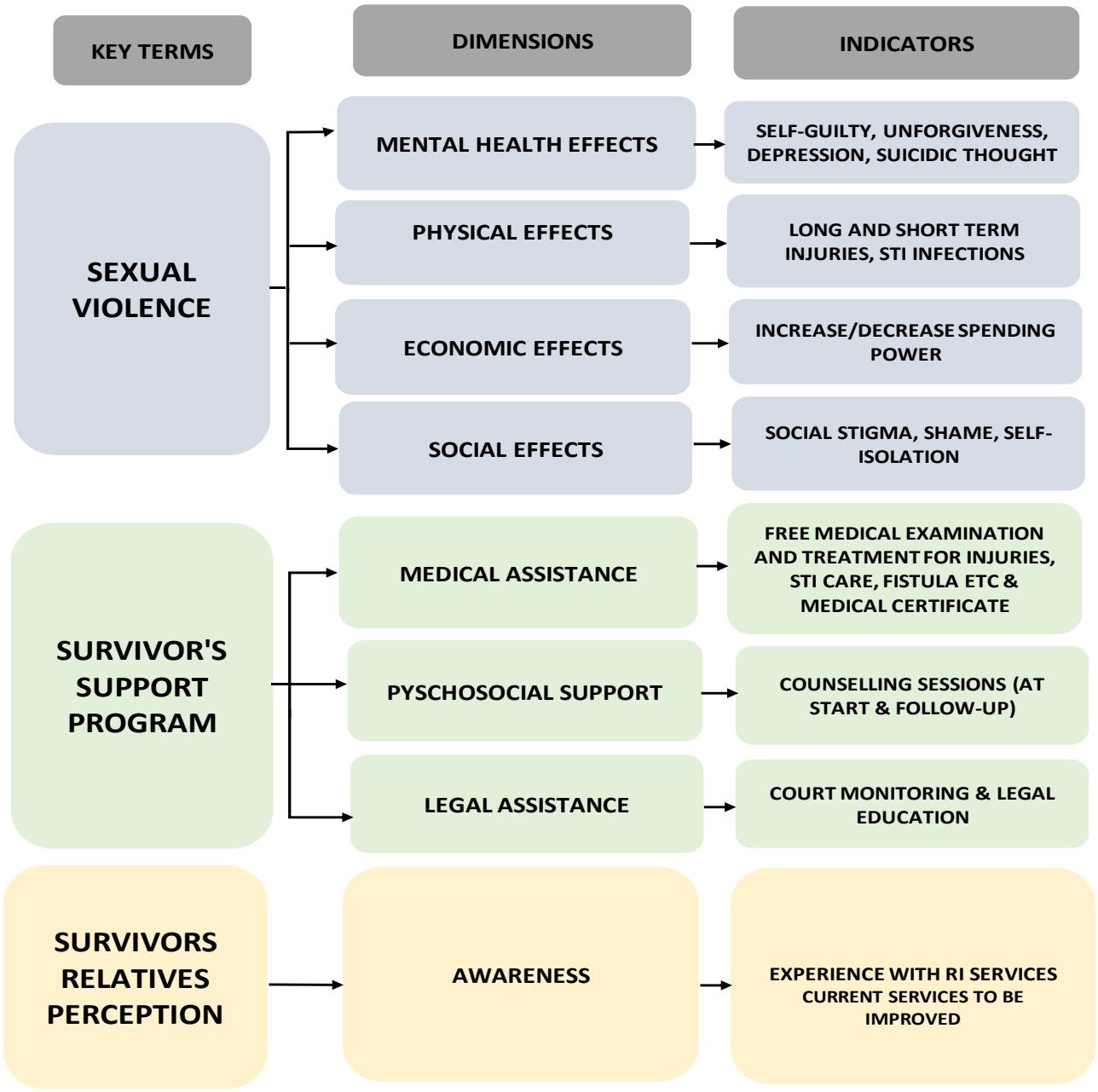
- ***Survivors' Relatives Perception***: As commonly defined, relatives are both family members (parents, children) and extended family (aunt, uncles, grandparents) either by blood or legal means and sometimes friends by social interactions (Sharma, 2013), while a survivor is a person or group of people who remain alive and coping with difficulties in their life. They are fragile and can be easily re-traumatized but they are enrolled in recovery services (Eskreis-Winkler, 2018). Perception refers to an awareness of something using one's thoughts, feeling, or social surroundings (McDonald, 2011), it involves the views, opinions, and way we see the world. Therefore, the survivors' relatives' perception of this study is the views, opinions, viewpoint, and awareness of a specific group of people on the survivors' support program in Sierra Leone. This specific group of people for this study refers to members of the community whose relative either by family, extended family, or friends by social interactions have attended a survivors' support program. They also referred to as secondary survivors. Such family or relatives lived with the survivors on or before the day of the incident to the day of the interview for this study. They also have knowledge of the violence of survivors before they attended the survivors support program and have been listed by survivors as close and trusted relatives. Assessing the survivors' relatives' perception is also a public participation strategy of involving community members that are indirectly affected by the implementation of survivors' support programs in the study area.

- ***Sexual Violence Survivors***: According to the World Health Organization (2017), 'Sexual Violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'. Additionally, sexual violence may also take place when someone is unable to give consent in an instance like when the person is intoxicated, drugged, asleep, or mentally incapacitated (Beoku-Betts, 2016). Sexual violence in Sierra Leone is mostly directed at women of all ages, often including very young girls (DHS, 2013), therefore, for this study, sexual violence looked at rape and sexual penetration as a forced penetration into someone's sexual organ, anus or mouth with either a penis or an object. Sexual violence survivors for the study refer to someone above eighteen years who survives rape (18 and above), while sexual penetration is someone below eighteen years old who survives sexual penetrated (a minor)

- ***Survivors' Support Program***: Survivors support programs which are sometimes referred to as the one-stop centres (OSCs) or the coordinated survivors' response model is a popular strategy of providing a survivor-centred health services with a combination of psychosocial, legal (police & Judiciary) and/or in some cases shelter services to survivors of sexual violence (Larance, 2017 & Olson et. al., 2020). It first originated from Malaysia but now implemented in several countries across South Asia and African countries like Rwanda, and Kenya (www.endvawnow.org, 2013). Larance (2017) emphasizes that it is a combined multi-disciplinary service in a single physical location mostly a medical facility or through a coherent referral system. Rainbo centres which are operated by Rainbo Initiative is a clear example of a survivors' support program in Sierra Leone and served as the focus of study for survivors' support programs in this research.

These key terms which will be used in the research design are further operationalised as shows below:

Figure 5-Research Operationalization



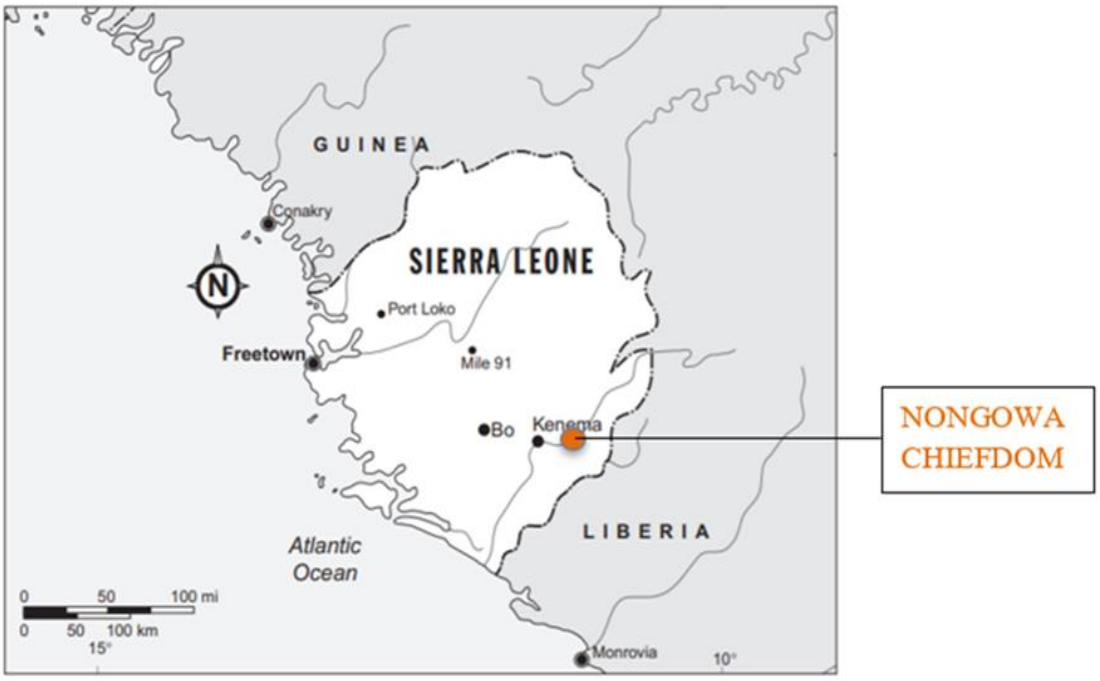
Source: Author's Documentation, 2020

3.0 RESEARCH DESIGN

3.1 Research Area Description

This study was conducted in Nongowa Chiefdom in Kenema District. It is located in the Eastern Region of Sierra Leone. The chiefdom capital is Kenema town has an estimated population of 45,000 (Statistics Sierra Leone, 2015) and the languages spoken are mostly Mende and Krio. Like many other rural communities in Sierra Leone, most of the people residing in Nongowa Chiefdom, Kenema District are uneducated, men generally depend on diamond mining while women are into subsistence farming and petty trading for their livelihood. Kenema District was selected for this study as it serves as the second piloted district for survivor support programs in 2003 as a recommendation from the Truth and Reconciliation Commission report after Sierra Leone's Civil War. Also, there is already existing knowledge or database about the intending participants of this study. The location is presently affected with the ongoing covid-19 pandemic across the world.

Figure 6-Study Area Map



Source: Statistics Sierra Leone, 2015

Regardless of the presence of the pandemic in the research area, data are important in designing an evidence-based program that addresses sexual violence, most times these data provide relevant insights into the effectiveness of already existing interventions like survivors' support programs. The COVID-19 pandemic social and physical strategy of preventing or reducing the spread of infection has affected a lot of data collection efforts, especially those requiring in-person conversations and travel. The government of Sierra Leone has instituted an international travelling ban (airports are closed, no flight is allowed to land at the airport), and an inter-district movement restriction as a strategy to curtail the spread of the virus. Therefore, appropriate remote data collection options were considered as I was unable to Sierra Leone due to travel restrictions. In that regards, two research assistants (a male and a female) with adequate knowledge of the languages spoken by people in the research location and the program understudy were hired. These research assistants are interns with RI M&E department, they have sufficient knowledge and experience of conducting qualitative research and also posed efficient notes taking skills. Their roles in this research were as follows:

- They were responsible to provide regular support and daily communication regarding the progress plan.

- They supported in taking notes during the semi-structured interviews, distribution of drawing materials, and collection of diaries from participants.
- The male assistant led the facilitation of the male focus group while the female takes notes and during the female focus group discussion, the female led the facilitation with the male taking notes. Sessions were conducted in Krio language.
- With the consent of participants, they took pictures of sessions which is included in this report of the research.
- Supported in data analysis

As the author of this research work, I was responsible to stretching the research design, writing the proposal, partial virtual data collection, analysis and report writing with guidance from my supervisor and support from my organization M & E department.

3.2 Research Strategy

A case study served as the strategy of obtaining information by studying the lives and context of survivors' relatives regarding the effects of sexual violence and their perception of survivors' support programs in the Nongowa Chiefdom, Kenema District. This approach was relevant as it provides an in-depth understanding of the ways people come to understand, act and manage their day-to-day situations particularly related to sexual violence as it demonstrate the real experiences of the respondents (IWH, 2011) It furthers enabled me to conduct the study by using multiple data collection methods and tools to gather multiple sources of information which supported the triangulation of my result (Law et al., 2013).

3.3 Selection of Participants

The participants selected for this study are relatives of survivors listed as closed and trusted relatives by the survivors and they were selected from Rainbo Initiative existing database through a snowball technique. As a purposive sampling, two index cases a male and female were conveniently selected from RI data base by the outreach lead with support from the research assistants. They were selected because of their knowledge of locating other respondents in the community. Sexual violence has been a sensitive issue in the community, participants who are willing and able to participate may be hard to find thus a snowball techniques makes it easier to recruit participant (Law et al., 2013). The research assistants with support from the outreach lead went further to contact the survivors of these index cases to seek oral consent to contact their relatives. After permission were granted by the survivors, they further contacted the relatives of these index cases to ask for their willingness and oral consent to participate in the research. Both cases accepted and they were further asked to direct or recommend us to other relatives within the community that they know. After the rolling of each ball, the same process of seeking consent from survivors was done before contacting the identified relatives.

All twenty nine participants that the ball rolled on and the index cases were already listed in the RI data based and their cases ranges from January 2016 to December 2018. Participant has knowledge of the violence and have been living together with the survivors on or before the day of the incident to the days of the research. They are either mother, father, uncle, sisters, aunties, or guardians to the survivors. Using this sample technique, during the data collection stage, I noticed a strong urge to network between relatives as they seems to have known each other in the community but never had the opportunity to discuss their problems together. Also, going through the outreach lead and using research assistant with knowledge of the local language spoken by participants gained the trust of both the survivors and their relatives to engaged in this exercise.

3.4 Data Collection Methods

In this research, both primary and secondary information were used to enable me achieve my research objective.

Secondary Data

Secondary information were collected through a desk study method using reports, journals from Greeni, Google Scholar, and Web of Science. These sources provides information on the background of sexual violence at global and Sierra Leone level, as well as related literature on the effects of sexual violence on survivors' relatives, their perception on sexual violence survivors' support and ways survivors relatives identify to aid participation and ownership of survivors' support programs in a similar context. The information obtained further help me to conceptualize the study using sexual violence, survivors' perception, and survivors' support programs as key terms of the research.

Primary Data

Primary data was collected qualitatively using personal diary, semi-structures interviews and focus group discussion as a data collection method. A participatory Action Research Tool (PRA) was also used as a method to collect. This was used as a way of emphasising the active participation and action of survivors relatives as participants of this study (Law et al., 2013; Mustanir, A. and Lubis, S., 2017). This research was a self-motivated process and an active approach geared toward addressing a problem which demands full alliance by all participants (MacDonald, 2012). It also gives survivors relatives the chance to discuss about their everyday life as relatives of sexual violence survivors in the study area.

An over-all of 31 participants took part in this study through the different data collection activities. A total of 16 male and 15 female were interviewed; 5 male and 4 female for both the diary and the semi-structured interviews and 11 male and 11 female for the four set of focus group discussion. Each participants that participants in this study are relatives of survivors who once visited the Rainbo centre and has been listed as a trust relatives to these survivors. Participants were drawn from the Rainbo data base from the year 2016 to 2018

Table 1- Details of research tools used and study participants

Research Tool	Participants	Number	Male	Female
Diary	Survivors Relatives	9	5	4
Semi-Structured Interviews	Survivors Relatives			
Focus Group Discussion 1	Survivors Relatives	6	6	
Focus Group Discussion 2	Survivors Relatives	6		6
Focus Group Discussion 3	Survivors Relatives	5	5	
Focus Group Discussion 4	Survivors Relatives	5		5
Total Participants		31	16	15

Source: Author's Documentation, 2020

Personal Diaries: This is the first stage of data collection and forty five personal diary in the form of drawings where collected from nine (9) (5Male, 4 Female) participants for a period of 5 days. These drawings seeks to answer the effects of sexual violence on survivors relatives and therefore represent what participants experienced as the effect of sexual violence since the day of the incident or the day they got to know about the violence to the day of doing the drawing. The aim of these drawings was to elicit that effects of sexual violence on participants mental health, social, physical or economic through drawings. Drawings ranges from sitting alone and cry, gun as an expression of unforgiveness, sitting alone with a distance from others as form of both self-exclusion and exclusion by the community and many more. Evoking feelings, memories, and deep reflection of participants in a visual form is an effective way of collecting data around sensitive issues like sexual violence (Barton, K.C., 2015).

Packs of drawing items with written instructions (see in annex 4) on each theme were give. For instance, for economic theme, participants were instructed to draw anything that signifies how the incident has affect their business, jobs, spending power etc. Also, a written consent form were distributed by the research assistants to participants. Research assistants explain both the instructions and consent to participants, and consents forms were signed. The participant were also given the mobile numbers of the research assistants and mobile credit voucher to call in case of any doubt. Each day one set of drawings is collected from them at a location agreed upon by participants. On the fifth day, drawings collected from participants were compiled into an individual diary by the research assistants and these drawings contained reflections on the effects of sexual violence on participants. These drawing were further elicit by participants during the semi-structured interview stage. Significantly, the diaries was not only helpful in enriching the data collected from the semi-structured interviews but also participants noted it usefulness in relieving painful thoughts and experiences they have been facing but afraid to talk about it.

Drawing 1- Sample on the effects of Sexual violence on Survivors Relatives

Source: Author's Documentation, 2020

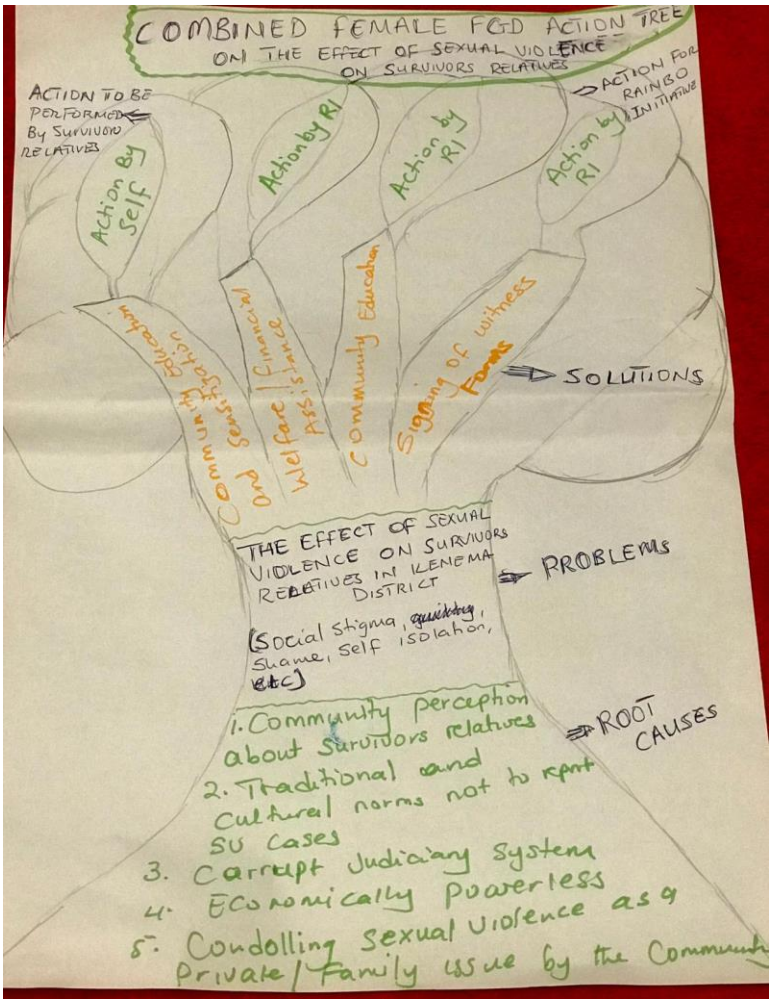
Semi-Structured Interviews: The SSI was conducted with the nine (9) participants that has already participated in the personal diary stage. These interviews were used by participants to elicit on the drawings submitted during the personal diary session, further discussed on their perception of survivors' support program, and ways they identify to aid their participation and ownership of survivors' support programs in Kenema District. The diaries were studied to get a sense of what the effects of sexual violence has been on them and also helped to probe during the interview. Interviews were conducted at the RI healing hut as agreed by participants and it was facilitated by me and co-facilitated by the research assistants with the help of an interview guide (as seen in annex 3). All interviews were done by me through WhatsApp calls and lasted around 30– 45 minutes each. Two counsellors (male and female) from the Kenema Rainbo Centre were arranged in standby to handle any case of emergency during the interview session, fortunately, no major psychological break down during these sessions. However, the counsellor were asked to follow up on these participants for seven days in case of any further emergency. Permission to record interviews were done at the start of each interview, and they were recorded from my end using a Samsung S9 recording facility. Note we taken by the research assistant and its was used during the transcribe and analysis stage for clarify conflicting information. Even though consent was sought during the diary stage, formal written consent was also sought by the research assistants before the call and oral consent sought before the interviews.

***Focus Group Discussion*:** FGD are considered to be very useful when seeking to understand community dynamic and viewpoint (Barton, K.C., 2015). Thus, four sets of focus group discussion with twenty two participants (2male groups and 2 female groups) was conducted and all four sessions were held at the

Kenema Rainbo Centre healing hut as agreed by the participants. The sessions was facilitated in Krio language by the research assistants and co-facilitated by me through WhatsApp call. The sessions lasted for three hours each and was conducted for four days; one focus group discussion per day. Each focus group discussion was divided into two session. Each sessions started with a check in which was a strategy to get the participants to relax and feel comfortable with each other. This supported me greatly to have an open conversation with the participants. Two professional counsellor were on standby during these sessions. All sessions were recorders and photographs taken with the consent of the participants. A focus group discussion guide with scripted questions (as seen in annex 2) was used as a data collection tool.

Session one of each focus group discussion was conducted to gained insight on the effect of sexual violence on survivors relatives. In these sessions, the Gender Challenged Action Tree of the Girls Action learning which is a participatory tool used to thinking ideas, analysing problem and generate solutions in form of a SMART action that reinforce commitment and ownership (Mayoux, L., 2014) was used. It was purported by OXFAM as a useful PRA tool too sought relevant information in a group discussion (www.oxfamnovib.nl, 2020). Each participant was asked to individual discuss the causes and effect of sexual violence on them. They were latter place into group to further discuss on the causes and effect of sexual violence on them and solution to support them looking at what survivors support program (Rainbo Initiative) could do and what they as participants could also do.

Figure 7-Combined Female Action Tree



Source: Author's Documentation, 2020

During the presentation of their group discussion, the nominal group technique which is a structured method for group brainstorming that encourages contributions from everyone and facilitates quick agreement on the relative importance of issues, problems, or solutions (Dalal et al., 2011) was used. A multi-voting approach was further used to collate both discussion presentation in order to get a group action tree. The multi-voting approach was also used to confirmed predetermined themes that was already generated during operationalisation. Close to the end of this stage, in the female focus group discussion for sexual penetration, two participants became emotional and started crying, we had to stop the exercise and they were counselled. Before the commence of the session, participants requested to hold each other hand and say a prayer in their various denominations. Their request was granted. Additional, participants were split in two sub groups and asked to discuss on the solution of the effects of sexual violence on them classifying the solutions by them and Rainbo Initiative and also how they want to be supported by the survivors' support program in the Kenema District. In their various sub groups, they were asked to build their group action tree. Each group presented their tree and discussion on their individual thought about the action tree was also done. Lot of disagreement and agreement came up at this stage but what I found interesting is how they recognised that they can change their situation and that of others in the community.

Session two of each focus group discussion started after the lunch break and it was conducted with an objective to gained participants perception on their experience with survivors support program in Kenema District, looking at areas they are performing well and areas they think they need to improve on and also ways participants identify to aid their participation and ownership of survivors' support programs. Each focus group was further divided in two sub group and participants were asked to discussed and present a group report on the questions asked. The reports were presented by the team and each team member was allowed to make a contribution during the presentation. I climaxed all four group discussions with a recap of the main point discussed, and participants were asked to confirmed whether the recap captures their points and also add anything new.

Image 1 - Participation of Participants during the FGD

Source: Authors Documentation, 2020

3.5 Data Management and Protection

Before the start of each interview, an informal consent was taken and even thou a formal consent was taken after selection. With permission from participants, interviews were recorded using the my Lenovo laptop and Samsung S9 recorder, being my personal properties both device are protected with a personified password. After every day interviews, recordings were immediately transcribed and coded. Transcripts were verified by both research assistants and myself and recordings were moves from both my laptop and personal phone to a memory stick which is total hidden from public access. As requested by participants and agreed during the consent stage, recordings were deleted after the

analysis and writing of this report. Both audios and transcripts did not contain any identification of participants as there details were kept confidential.

3.6 Data Analysis

As is the case with most qualitative research, data collection and data analysis happened simultaneously (Law et al., 2013). My research is positioned between deductive and inductive analysis. The deductive analysis using a thematic approach was used to analysis data on research questions one and two while a inductive analysis using grounded theory was used for research questions three. The formal was used not only to test existing theory but to see how relevant my data is in this sector, while the latter was used to create new theory and contribute to existing literatures.

To support me in organising the data, and coding of the transcripts, I developed a coding sheet based on the themes that were covered in my literature; for instance for question one the themes were social, mental health, physical and economic while for question two, they were medical, psychosocial support and legal assistance, and those developed during the interviews. The focus of coding is to reorder the data into themes that will aid comparison between responses which will support in the development of themes and also confirming the existing themes (Maxwell, 2012).

After each days interview, I always had a brief with research assistants where I reviewed note taking and also reflect on the process to make sure we are guided and doing the right thing. I further used the reminding hours to translate the interviews, send to the research assistants for verification. After each transcribe interviews is verified, together with the research assistant, I went on to do the first cycle of coding and send again to research assistant for verification just in case any relevant point is left out. A second coding was done with comments from the research assistants. All coding where done according to theme generated from the literature and during the interviews.

3.7 Ethical Consideration

All ethical considerations for this research was considered. As this study includes relatives of sexual violence survivors who have either been raped or sexually penetrated, every possible care was taken to ensure participants' rights are respected, and they are not subjected to any harm. Most importantly, participants were informed about risk of involving in this study as given a recount of their experiences might cause distress for them therefore, they were given the free will to opt out at any point if they think they are not comfortable to continue. A consent to contact survivors relatives was first taken with the survivors before contacting their relatives. Survivors who are below the age of 10 years, consent was given by the centre manager of the Kenema Rainbo Centre. The interview location which was the Kenema Rainbo Centre Healing hut was not disclosure to any third parties as agreed by the participants.

The research maintained strict confidentiality by making sure the safety and privacy of each participant was granted. A consent form which details the confidentiality and other important clauses was provided explaining the purpose and objectives of the study, an oral explanation of the consent form was done to seek both informal and formal consent from participants during data collection sessions. Participants were informed on how the research protect and preserve their confidentiality and after every session, participants were allowed to ask questions. Participants' names were not used and each participant was identified with a unique code both at the data collection, and analysis stage of this research. All research materials were safely stored in laptop and mobile phone with a personified password. Sexual violence being a sensitive issues, working with participants was give special concern as two counsellor were on standby during every session and added to that, I am also experienced and trained in mental health management. We experience two serious mental health crisis during the session that was managed professional. See annexes 5 for the consent form.

4.0 RESEARCH RESULT

This chapter begins with a description of the survivor's relatives' profiles that participated in the study and presents findings from diary sessions, conducted interviews and focus group discussions (FGD). Results of this study are an attempt to answer the research questions of the study. Where applicable, data is presented in writing as well in picture format. Fictitious names were given to participants for anonymity considerations.

4.1 Description of Participants

All participants in this study are relatives of survivors' who once visited the RC and have been listed as close and trusted relatives in the RI database. All cases of sexual violence fall between January 2016 to December 2018 and are residents of Nongowa chiefdom in Kenema District. The participants have knowledge of prevailing sexual violence in their community and lived together with the survivors prior to, after the incident and to date. They are either the mother, father, uncle, sister, aunty, or guardian of the survivor. The survivors are women and girls that range from ages 8 to 24 years and have either experienced rape or sexual penetration as a form of sexual violence, for which they visited the Kenema RC after the incident. The perpetrators are people within and neighbouring communities and range from all walks of life. Some of the perpetrators have appeared in court, while others are in police custody or have been granted bail, as their cases are still ongoing in court. Some perpetrators are recognised to be close friends, family members and flatmates of the survivors' relatives', while others are just people in the community. Participants used during the diary and semi-structured interview(SSI)are profiled in Table 3, as seen in the Annex, while profiles of FGD participants are included in the findings.

4.2 Effect of Sexual Violence on Survivors' relatives

Findings in this section responds to the research question: What are the effects of sexual violence on relatives of survivors in the Kenema District? This research question was chosen in order to know more about everyday experiences of relatives of sexual violence survivors and to examine the economic, physical, social and mental health effects of sexual violence as thematic areas that were generated during the literature reviews. The findings are reflections of participants views, alongside short descriptions.

Social Effects

Findings show how social stigma within the community is one of the major effects faced by both male and female survivors' relatives in the community. Consequently, greater concerns were raised by relatives on how they are perceived in the community. Sorie, a father, explained how social stigma not only affected the survivors directly but affected him as well in his diary session. He further explained, in his interview, that he feels afraid for his family as everybody knows about his daughter's case, and even his friends are mocking him in the community.

Drawing 2-Participant expression of stigma as a social effect of sexual violence

Source: Author's Documentation, 2020

Due to social stigma, relatives often withdraw from community activities and socialisation, sometimes as a personal choice in order to avoid member's empathies. This act becomes a deep social stigma as discussed by a father in the focus group discussion;

> *"I am even ashamed to mingle in the community because some people will just want to sympathize with you whenever they have the chance to do so. So I am pretending to be busy in the community".* ***(Barrie - FGD)***

Expression of self-isolation was shared by most participants during their diary sessions; the majority of the participants drew a diagram that showed an account of them isolating themselves from the community because of the incident. Kadijah, a mother who has moved out of the community and changed her daughter's school, describes this as a strategy to avoid being mocked in the community. As shown in her diagram below, she usually locks herself in her room and cries, as she is ashamed to mingle in the community. This explains how survivors' relatives are often very difficult to locate in the community, as they are always trying to shield themselves from public attention.

Drawing 3-Participant expression of self-isolation as an effect of sexual violence

Source: Author's Documentation, 2020

Findings further justify that sexual violence cases are most commonly condoned by community members as they considered it to be a private or family issue. Relatives are either afraid of community reactions or are traditionally oppressed not to report sexual violence cases to the appropriate authorities. This was generally agreed upon by all participants through the presentation of the action tree in the FGD as a main social effect of sexual violence on them. In addition, Joseph, a paternal uncle of a minor that was a sexually penetrated survivor, expressed in his diary how he has been isolated in the community since he refused to compromise the case. When he goes to public gatherings or spaces, people tend to ignore him and not include him in discussions. They tend to not sit near him.

Drawing 4-Participant expression of Social Exclusion as an effect of sexual violence

Source: Author's Documentation, 2020

Additionally, in the FGD participants explained how communities normally isolated them because of their actions towards the sexual violence case. This was clearly captured during the discussion in both male focus group discussions, Aas relatives consistently stated the following:

"It has also disrupted our relationship with the community as a whole considering the fact that some elders or group of neighbours come to beg to withdraw or not forward with the case. The community isolated us because of the cases are reported to the police station. Also very closed neighbours and other community members shift away from us and others are hostile and intimidating". ***(FGD)***

A father whose daughter was raped sounded very upset with the situation saying the following:

> *"while I am seeking for justice, like in my own case the boy who raped my daughter is a closed relative whose mother is married to my half-brother. Now other family members are seeing me as a bad people in the community for seeking justice for my daughter".* ***(Barrie - FGD).***

The above findings emphasise how communities tend to compromise and ignore sexual violence cases with the community.

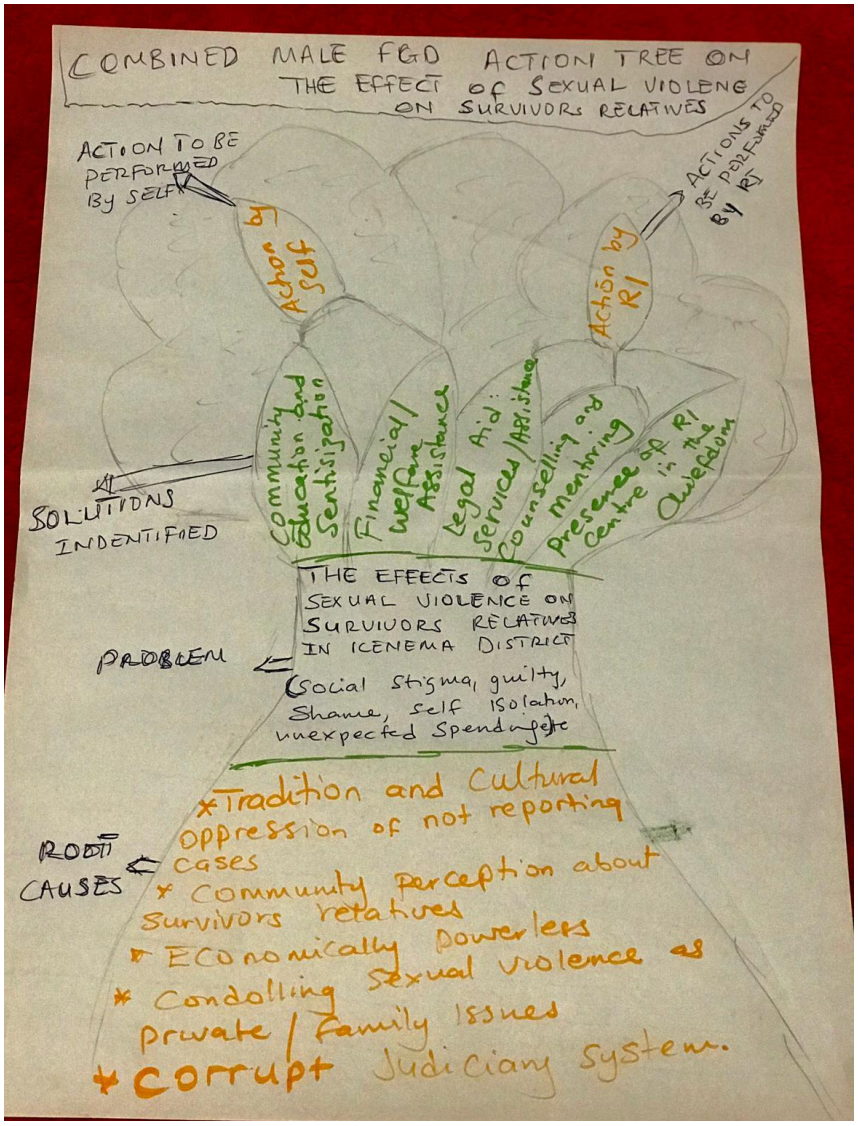
Furthermore, it was found that family disintegration and social breakdown is another key social effect. It is found that both survivors and their relatives are stigmatised and abandoned, even by close relatives, instead of being supported and re-integrated into the community. These victims receive less support from either government or private institutions. Historically, in these rural communities, sex education is still a taboo as society in Sierra Leone is yet to embrace open conversations about it. These issues were explained explicitly stated during the FGD:

*"People are talking about us and even provoking us now in the community. We don't even have good neighbours again in the community, you turned left, they will point fingers at you and you turn right, they will also point fingers at you". (****Fanta - FGD****) "Even me I lost my relationship for that because my boyfriend always like to make reference with my child that she has started having sex. Even now the community people are sending hint at my child, they she forced herself to the man ". (****Hawa - FGD****)*

The same account was given by a retired teacher, who is the father of a survivor. He explained how his best friend, who he expected to support him, had abandoned him and now sees him as a bad person because he refused to listen to his advice of giving his daughters hand in marriage to the perpetrator, instead of reporting the case to the police.

This study found that social effects within the context of stigmatisation leading to self-insolation, isolation by community, mockery, social and family breakdown are the major effects faced by relative's survivors. Notably, as stated above, sexual violence in the context of this study is considered as a private or family issue; therefore, there is a need for more of an open conversation on this issue. To show the intensity of the social effects of sexual violence on the participants, community education and sensitisation on sexual violence in the community is needed, a thought shared by all the four groups during the presentation of their action tress as seen in figure 7 above and figure 8 below. As well as this consensus, during each focus group discussion there was heated debated on whose responsibility it is to carry out the sensitisation. The majority of participants felt they were the right people to do such education, enabling them to stay comfortable in their community as well as using the sensitisation as a strategy to build their self-esteem, whilst still relying on RI for support. Notably, one male participant insisted on having RI centres at chiefdom level as he felt that if the community knew RI was in the community, the issues could be quickly addressed and that people will even afraid to stigmatise survivors' relatives because they will know RI will advocate for them. After this view was shared by the participant, the other participants agreed to it and it was subsequently added in the action tree.

Figure 8 - Combined Male Action Tree



Source: Authors Documentation, 2020

Mental Health Effects

The effect on mental health is reported to be a huge challenge faced by both genders. Most of the respondents talked about how difficult it is to cope with the psychological consequences of sexual violence on their relatives. Male survivors seemed to be faced with different forms of guilt. A paternal uncle to a survivor explained how the feeling of guilt causes him serious mental distress; "I was supposed to be the guiding angel for my niece, but I failed her". (**Joseph - SSI**). For him, he believes the sexual violence is his fault as he did not adequately protect the child, who he has had guardianship over since her father during the Ebola crisis. A similar account was heard during the FGD, by a father whose eight-year-old daughter was sexually penetrated by a 35-year-old military officer. The perpetrator, who has been sentenced to 25 years in prison by the high court of Sierra Leone, happened to be a friend of the child's father. Unlike other respondents, this participant expressed guilt that his friend is now in prison because of the sexual offence against his daughter and says he feels ashamed to even speak with the perpetrator's wife, despite her having no problem with him since her husband was sent to prison.

*"I am feeling sad from my friend and his family now that he is in prison**.** Some days when I am down, I try my best not to cross eyes with his wife because I feel ashamed of myself to be the one that is causing her this pain of missing her husband".* ***(Albert - FGD)***

This statement caused an extensive debate during the FGD as other participants felt he was blaming his daughter and was conveying pity or sympathy towards the man who violated his daughter. This shows how the effect of sexual violence for relatives depend on the individual; what others might take seriously, others will consider it to be nothing. Therefore, it is important to characterise the two described feelings of guilt; first is the feeling for not protecting the survivor. Second is the feeling of compassion for his friend as a result of seeking justice for the survivor. Both inner feelings are individual indicators of why, occasionally, relatives would rather decide not to report sexual violence-related cases in order to save friendship and community bonds.

In contrary, most female respondents showed no sign of remorse for the perpetrators as memories of those acts are unforgettable and unforgiving. They appear to have a more emotional attachment and are openly affected mentally as compared to male survivor's relatives. This can be justified on how one's gender can play a role in managing sexual violence. A maternal sister to the survivor explained how she felt on hearing the news of her sister been sexually violated:

"I was so sad because my sister became missing first before we knew she was abuse. I was always sitting alone, worried and sad. Then I became so angry when I was told that she was sexual abused, I was so angry with myself because this was not what I wanted her. Even as I am talking to you, I have remembered the issue again and I am feeling discouraged" (Crying…..) ***(Fatu - SSI).***

Also, during the presentation of the action tree in one of the female focus group discussions, a mother elucidated her frustration in tears:

*"The way I was on that day, it's because I am afraid of the government but that day I should have kill that man (crying). Imagine he didn't deny it when they asked him, he says 'he was enjoying'. (crying….) if they release that man, I swear to my God, I will kill him and run his jail. Me I am traumatized". (**Hawa - FGD**)*

It is interesting to note how female relatives showed excessive unwillingness to forgive the perpetrators if justice failed to hold them accountable, leading to more psychological consequences. Since the justice system is widely corrupt in Sierra Leone, perpetrators can be sent to jail for a short period and then released without due process of law. However, some participants remain sceptical about justice and are ready to take justice into their own hands. One participant named Khadija mentioned that she regularly has sleepless nights, as she imagines how to punish the perpetrator and further vowed to kill him if he is ever released from prison without due process of the law. The below diagram was drawn by Khadija, a mother during her diary sessions; *"What came to my mind when I heard that the man has been released on bail was to kill him and go to jail for the rest of my life. History*

will tell the story that I killed a man who raped my daughter and now am serving in a life in prison". ***(Khadija - SSI)***

Findings further reveal that psychological effects of sexual violence can reach a crisis point, with female survivors' relatives wanting to commit suicide because of the shame from the community and blame from the family of not taking proper care of the survivors. This shows how issues related to sexual violence has not been conceptualised by community people over the years and emphasises the need for community education. A participant explained their inner psychological trauma below. During the FGD a mother gave this account:

"I wanted to die and up till now I am having that thought because it's so shameful from me. Even now I am thinking when my child will grow up what people will say about her. The stigma because in Sierra Leone people talk a lot about people's business. I know one day someone will tell her about what happened to her when she was small". ***(Fanta - FGD)***

Also, during the SSI, a guardian further reported wanting to kill her relatives and the survivor:

"so I was honestly thinking about poisoning her and myself so we will not live to tell the story. God should have taken our lives that moment, it should have been good for us rather than people pointing fingers at us. Now I just feel I cannot protect her from bad people Even the survivors' father is blaming me for what happened''. ***(Jeneba - SSI)***

At this point, it is important to also mention how religious belief plays a large and comforting role as a form therapy for female relatives. As well as findings revealing some deep psychological impacts, it also showed that most respondents, particularly female survivors' relatives, seek God's justice and divine intervention as described by a mother: *"Anytime I see the man passing I feel really bad. I pray and asked God to fight my case and give me strength each night when I go to sleep" (**Khadija** - **SSI**)*
On the other hand, male relatives whose family members were sexually violated experienced sleepless nights as a result of depression from the situation. A male participant during a discussion in the focus group mentioned the following: "I sometimes find myself sitting alone and crying as most times I don't sleep at night. I felt depressed because I wanted my child to finish school and become a lawyer but how with this incidence she will no longer even listens to my instructions at home, she will thinks she is a big woman now" (**Abu - SSI**).

Due to the dominant gender expectations of men being stronger than women, they seem to shy away from expressing their emotions out of fear of being seen as weak. This justifies that dominate gender expectations is a cause for the effect of sexual violence on both genders. This was confirmed by the majority of the male participants. Sorie clearly described this in this dairy and mentioned the following; "Since that incident happened I find it hard to sleep at night as before because I am always thinking". (**Sorie** - **SSI**)

Drawing 5-Participant expression of sleepless night as an effect of sexual violence

Source: Author's Documentation, 2020

The findings disclose how the recalling of memories of sexual violence bring back to light the inner pain relatives feel, which can causes serious mental deterioration for male relatives. It is of the essence to mention that in Sierra Leone there are few therapeutic intuitions and these are totally absent in rural communities. During the FGD, a father made mention of how his 21 year old daughter was asked to give an account of how she was raped by a 56 year old traditional healer in the community. He explained how it was very painful for him to hear this in the courtroom, especially when he had to hear it in front of many other people, most of them strangers:

> *"Hearing my daughter explaining on how this traditional healer drugged her was so disgusting and heart breaking for me to hear, especially when the perpetrator has approached me before to give my daughter hand in marry to him but I refused" (**Solomon** - **FGD**).*

At this stage, there is a need for counselling and mentoring, as seen in figure 7 and 8 as reported from the focus group discussion. In addition, participants also from the SSI recognised counselling and mentoring as a strong solution to the negative psychological effects of the situation: *"I want more counselling because some days I will cry in silent. They should counsel us more and even talk to some of our family member. Like me now my husband who is working in Freetown thinking I cannot be a good woman and that was why I left his child to be abused**". (Mary - SSI)***

It is found that apart from the social effects, mental health effects are the second most common consequence faced by survivors' relatives with the following psychological issues most prominent: self-guilt, unforgiveness, depression, sadness and thoughts of suicide and murder. However, both responses from the FGD and SSI agreed that RI are the right institution to provide counselling and mentoring support to them and to the survivors of sexual violence.

Economic Effects

Findings show that male survivors' relative carry countless burdens in relation to finances including how to deal with the unexpected costs as a result of sexual violence. It is observed that participants are economically powerless as most are doing unskilled jobs and trading as a means of survival. The description from a brother whose 16 year old sister was sexually penetrated in 2016, demonstrated clearly his remorse of having another child to raise as a serious challenge due to low income. The participant is the eldest son of the family and a motorbike (Okada) rider by profession. His daily income as a bike rider is approximately one hundred and fifty thousand Leones which is equivalent to fifteen euros. He explained how a lack of financial resources makes it extremely difficult to take care of both his sister and the child: *"I don't have enough finance now because my sister has given birth. Now I am taking care of her and the child as well" (**Ibrahim - SSI**).* Also, a female petty trader who is the maternal

sister of a survivor, that was ganged raped by a 28 year old and 31 year old man after being abducted for three days in a nearby village, mentioned the following*: "since this thing happened, I have spent a lot of money on transportation and sometimes even closing my business to go to the hospital or court." (**Fatu - SSI**)*

It was presented in both male and female Action trees during the FGDs as seen in figure 7 and 8 above and the interviews that survivors' relatives face enormous financial difficulties with the operations of the courts to administer justice. This is as a result of the prevailing corruption within Sierra Leone's justice system. During this discussion, a father gives an account of how his daughter's incident has made him loose focus in his farming activity, as so much time and energy has been taken up to follow up the case in court. Farming is one of his main sources of income. Having been economically unstable the participant will have to find another means to sustain his family:

*"Since this incident, I have been back and forth from my farm to the court' also due to a lot of adjournments, 'I sometimes sell my harvest for less price to pay transportation to go to court and now finding it hard to buy fertilizers and seeds to replant. I now borrow from other farmers' he mentioned". (**Jalloh** - **FGD**)*

Distinctly, a mother burst in to tears during the discussion in one of the female FGD as she explained how this issue has affected her profit turnover in her market stall business; *"The trader Union group I am in has refused to give me loan, knowing that I have a court case and they think if they give me a loan I will use the money to fight the case and don't pay back; due to this case expenses I am now able to pay the first loan that was given to me" (**Isha** - **FGD**)*

It is important to note that challenges of court-related issues can be applicable for both educated and non-educated relatives in relation to witness account of truth. A mother whose eight year old daughter was sexually penetrated by a University professor has an account of this issue. Witness protection, therefore, becomes one of the major problems when the perpetrator or perpetrator's family starts paying bribes. The mother stated the following; *"I spend so much. Even the witnesses I have, they have bribed them not to stand in court and I don't have money to give to them now". (**Khadija** - **SSI**)*

Furthermore, a paternal uncle to a survivor explained how the financial burden of trying to keep the case in court had increased his expenses irrespective of his minimal salary. His explanation reveals personal dislike of the courts and the financial burden participants have to cope with as relatives of survivors: *"I am a community teacher and court expenses like transportation is so heavy on me to the point we sometimes do not have sufficient food to eat as a family" (**Joseph** - **SSI**)*

As these relatives are mostly found in the informal sector of the economy, there is little to no institutional support for them. Findings further show parents normally spend their little money on accessing further medical facilities and treatment for the survivor and on settling other family issues that may arise during such period. Morlia, who is a community leader and an uncle to a survivor who ended up with fistula as a result of the rape, indicated that he had to send more money to take her niece for further treatment. The RC does not offer fistula repair treatment and other welfare services but are expected to refer survivors to appropriate services through a coordinated effort. Also, during the focus group discussion, an uncle gives an account of the reaction he got from his landlord which had affected him economically, stating:

*"Sometimes, if rape is caused by the landlord or landlord's relative, you are forced to either drop the case or be subjected to leave the house even before the end of your time. Like in my case, I was asked to move out, so I had to borrow money to pay for another house which I haven't finish paying up to this time". (**Osman** - **FGD**)*

In summary, findings reveal that not only do relatives in rural communities are economically powerless but also that the unexpected medical and welfare costs and poor administration of the justice and court systems in Sierra Leone, especially in rural areas, has affected participants economically.

Participants listed two main solutions to this - legal assistance and welfare support. These propsed solutions caused disagreement in presenting the Action tree in both male FGDs, as the majority considered court monitoring to be the most important solution, as they claimed the majority of their money went into this and that taking care of unexpected family costs is not considered to be a big issue for them, because it is what they are expected to do as male heads of the family. Therefore, it was agreed that RI should provide court monitoring, and that RI should cover the additional associated costs. This further shows how the dominant gender expectations is high in Sierra Leone. In contrary, in the female focus group discussion, participants agreed generally that legal assistance with special references to the signing of witness forms and providing additional financial support should be considered by RI.

Physical effects

In relation to the physical effects on rape cases, males' respondents reported being affected more than female survivors' relatives. The physical effects stated in this study occurred as a result of an accident or violent attack. The account of Ibrahim as illustrated in his drawing below echos a few responses by the survivor's male relative in relation to physical violence; *"up till now I have the problem with my leg, I had an accident on that day with my bike because I was so mad over what happened' (**Ibrahim** - **SSI**)*

Drawing 6-Participant expression of physical effect of sexual violence

Source: Author's Documentation, 2020

However, in the context of Sierra Leone rural communities, physical violence may occur by the perpetrators against the victims, depending on the perpetrators' influence, social and economic status as opposed to victims. This was further explained by an elder brother of a nine year girl who was sexually penetrated by a 45 years old man. During the focus group discussion, he explained that:

*"I still maintained stabbing injury from the perpetrator's younger son on the evening of the day the court passed their verdict and sentenced the perpetrator for 10 years in prison". (**Alpha** - **FGD**)*

This, he says, is because he decided to report the case and in return, become a victim of physical violence.

Interestingly, findings show that community members can as well use some sort of magical powers such as witchcraft or other traditional beliefs to inflict pain and physically catastrophe. This account is recorded from a father during the FGD:

*"There was a day I was coming from the police station. I met two witches hired by the perpetrator to send evil trouble on me. Up till now I have the scares on my body". **(Jalloh - FGD)***

Findings further reveal that silence becomes an alternative to avoiding problems of confrontation from perpetrators and families. However, there are tendencies not only to be victims of stigmatisation and isolation by community members. They are also likely to be victims of physical violence and attacks when they seek justice for their relatives.

Unlike male survivor's relatives, none of the female participants during their diary session, interviews and FGD mentioned physical attacks as one of the effects on them. Therefore, it is summarised that stabbing, witchcraft attacks and accidents were recorded as major physical effects for male relatives. This may be down to the gendered make up of Sierra Leone society, where women may be more likely to normalise physical attacks than men.

4.3 Relatives Survivor's Perception of Support Program

The study found different opinions of survivor's relatives in relation to the support program in Kenema District. This research question aims at finding out not only what the survivors' relatives think about the program, but most importantly, their experience with RI organisation. Therefore, findings are categorised by themes generated during the literature.

Experience with RI

RI services to the survivors of sexual violence were hugely appreciated by all participants. From all indications, the RC was cited as a reference institution during the data collection activities. RI is serving as one of the only rape crisis centres in the country, making them extremely relevant and experienced as a support program. As mentioned on the economic instability of participants, RI is possibly their best option of referral, especially when their services as free. The majority of the participants in both the FGD and the SSI reported their experience with RI as meeting their expectations. It is clearly seen at this stage that the RI service to the survivors and their relatives is fluctuating in-between the first and second stages of Arnstein's ladder of participation, as most of their experiences ranged from receiving support, which was as a result of having received information on their services. In as much as relatives experience with the program was positive, findings suggest a high level of tokenism with a conscious step taken to legitimate participation. As reported in both the focus group discussions and SSI, relatives explained clearly how RI's continuous support is important in solving sexual violence-related issues.

"When such things happened to us, we run to the Rainbo Centre, they always talk to us well. *Like me, I take courage in the words Rainbo Centre is saying to me since the day I came here. They treated our child well, give them medication and also send us to court. That particular way they treated me in general made me to take courage. The day I came to RI, they gave us medication, check my child and have us a paper to come after five days. I came back after five days and they checked her again and gave us additional medication". (**Hawa** - **FGD**)*

*"I like the fact that they were able to tell me the right thing because my sister denied that she never had sex neither she is pregnant. but RI Centre told me she has had sex and even 3 to 4 month pregnant by then. That made me to believe that the Centre is working the right way". **(Ibrahim - SSI)***

However, participants raised issues in relation to the sustainability of this support. Issues of medication and medical reports were major concerns that were highlighted. Participants recognised the free medical facility which seemed to have a reassuring effect on the survivors' relatives. However, participants stressed that in order for perpetrators to be held accountable, the availability of detailed and honest medical reports is key, as perpetrators sometimes try to influence the outcome of the medical report in order to avoid prosecution. Looking at how corrupt the legal system is, as mentioned before, the medical report should be available as soon as possible:

"They are free and we don't pay anything for their services. But we need Rainbo to improve more on the medication for the victims. Sometimes, in the earlier stage they do offer medicines, but a follow-up medication is lacking. Even if it is very small. Also, we really need continuous follow-up medication. Sometimes, there is a delay in the medical report by Rainbo and the saying justice delay is forever justice not delivered. Before a medical report, survivors are relaxed but perpetrators are very active in fighting to corrupt the system. We therefore need a speedy processing of the medical reports". ***(FGD)***

Furthermore, findings show that relatives highlighted the importance of continuous visits to the survivors and talking to the community about how they are coping, which often does not occur. As the perception of the community plays a role in this study, findings reveal a major question around the appropriateness of the present model used by the RI community outreach program in engaging the community. As it was debated upon and agreed by many participants in the FGD, the existing model of the community outreach program is based on informing relatives on how to prevent and respond to violence. However, its seen as a top-down approach to communication. Although most participants see it positively, follow up on relatives in the community is missing:

"What I do not like about their work is that they do not visit me after the incident. They just told me my sister is pregnant. RI did not call me nor visited me again. I only saw them for this interview. I felt so bad at least they should have been calling to check on my sister and her baby even though we withdrew the case from the police". ***(Ibrahim - SSI)***

Medical support was highlighted by the majority of the participants as an essential element needed in the process of healing for them and the survivors. The provision of free medical services which includes treatment for injuries, STI care, HIV testing and medical reports were reported as the major medical services offered by RI. However, according to RI's mandate, it should provide more than these services. Medical support still remains an essential service for both survivors and their relatives, and participants recognised how low access to medical facilities, based upon their personal poor economic situations, makes them more vulnerable. Having access to free medical care can greatly reduce the economic burden families face. Thus, in as much as participants acknowledged the support rendered by RI, provision of medical care should be improved as mentioned: *"RI give medication to the child or the person. Give lot of medical to my child. I think they have to improve on the medicine area, they should be giving us more medicine".* ***(Sorie - SSI).*** Notably, these findings relate this to the manipulative and therapy sections of Arnstein's ladder as participation at this level is seen to be emphasised on providing care for the survivors and only by extension, their relatives**.**

Furthermore, the majority of participants acknowledged mental health support rendered to them. As stated above, this further justifies why RI services are at the first stage of providing care to survivors and their relatives. It does not necessarily give them power over the program but rather projected them as a mere beneficiary of the program. In the previous chapter, social stigma is revealed to be a major effect faced by survivors' relatives. This clearly demonstrated participants acknowledgement of mental health support in this study:

"*One woman was always talking to us and she has been calling me when even when I am at home. There was a day I wanted to give up on my child, I really wanted to give her to the centre because I was so ashamed of my family now in the community, the staff from the centre talked to me for hours on the phone, she was even crying with me and latter explain that she was also abuse. Since that day I had hope that my child will be okay and promised them that I will not do my child any bad as I was thinking before. I like that they gave me courage throughout the process." (****Hawa*** *-* ***FGD****).*

provide a cure but also consulting the survivors on the progress of their services through follow-up. However, participants clearly highlighted the need for continuous psychosocial support as stated previously.

In addition, it was found that the provision of legal services is seen as a therapeutic form of participation. In the context of the study, participants highlighted the importance of seeking justice,

regardless of the strong corruption that is commonly reported in the legal system. RI legal services identified to be mainly court monitoring, explaining of court proceeding to relatives and emotional support during court sessions. These are considered to be in-between the first and second stage of Arnstein's ladder, as the explanation of court proceeding is seen as a mere example of the top-down model, informing the survivors and their relatives. The presence of RI team during court proceedings help to build up the confidence of survivors' relatives, as generally reported in the FGDs and the SSI: *"Even when I was afraid about going to court, the policewoman also told me that staff from the centre would be with me in court."* ***(Fatu - SSI).*** They find it worth on how the RI team follow up court cases before, during and after the final verdict as a report by a male participant in the FGD: *"They are following the case in court. What interests me most about RI is their continuous support and interest in making sure that my case is dealt with by the law".* ***(Abu - SSI).*** This finding is worth noting because of the lack of trust in the system mentioned by participants in previous chapters.

4.4 Participation and Ownership

RI seeks to involve survivors' relatives in the implementation of the outreach program. The RI outreach program focuses on providing information to prevent and respond to sexual violence in the community. Thus, this research explores relatives' views on the ways identified by survivors' relatives to aid participation and ownership of survivors' support programs in Kenema District. Survivors' relatives' views have been categorised into various thematic areas as derived from the interviews.

Survivors' relatives' participation is an ongoing conversation in the survivors' support program, as RI regards the relatives to be partners in providing an environment that will support survivors in their healing journey. Three key themes resulted from both the FGDs and interviews.

Integration into the community sensitisation Team

Participants unanimously outlined the need to include them into the RI outreach team. This, according to participants, will breed ownership and success. The findings revealed that survivors' relatives expected to be at the forefront of RI's community intervention and sensitisation programs. As emphasised by Arnstein's ladder of participation, to enhance the degree of participation and ownership, one has to first be involved in the planning and implementation of services. This expectation is required because survivors' relatives are the very people who suffer the brunt of community backlash and condemnation, together with their violated relatives. Unfortunately, as things stand, RI assumes total professionally competence over matters of community sensitisation and does not involve survivors or survivors' relatives in design. The following remarks from participants were made to demonstrate this theme:

*"Rainbo needs to involve the community people in sensitization so to be watchmen on behalf of them. A lack of community involvement into the Rainbo program will be a setback to achieving its goals. We are very important so if they can use us to talk to the people in the community, it would be great." (**FGD**)*

"some of us who do not compromise will forever be a reference to RI's handling of future cases." They should include us in the community sensitization program and use our case as example ***(Khadija - SSI)***

"Community policing is very key in advancing actions against sexual violence in our communities. These volunteers should be identified and given power by the local police to act in the absence of the police and the RI staff. This will help RI and the local police more efficiently". ***(Morlia - SSI)***

The above findings also reveal that participants involvement will ensure the sustainability of the RI community sensitisation programme. Participants explained how they are the ones who live in the community with the people and not the staff of RI, so they are best placed to serve as 'watchmen' and 'community police' instead of RI. These findings show that enhancing participation and ownership does not only stop at sharing responsibilities but by further delegating the power to make decisions. This shows that sexual violence support interventions should not just be a one-time event or top-down, but

should be a continuous process, even in the absence of the professionals like RI, the very people RI seek to help should be involved.

Capacity Building

Issues on participants capacity building were also mentioned during the FGD. To be most effective when involved in the support programme, participants rightly recommended that RI should enhance their capacities and competencies. This finding connects well with the above point, where participants expect to be involved in the community sensitisation program. Participants believe that for them to adequately take charge of the support programme they must be well trained. Capacity building of survivors' relatives will perfectly complement their lived experience and therefore, will make them holistically prepared to champion support initiatives. One participant said: *"RI is not everywhere in the communities and neighbourhoods. Involving communities by training them on how to take action before authorities arrive is very important Training is also important, so parents know how to protect girls in the community".* ***(Joseph - SSI).***

Setting up of Survivors Relatives Support Group

Female participants emphasised the establishment of setting up a survivors' relatives support group as they believed it could help them psychologically by having a support network within their community, especially during difficult times. Due to the common structures of communal living, participants aptly identified support groups as a platform to share their common experiences and find common solutions:

"We should form a committee to be seeing ourselves and talking to ourselves, even when there is a case in court RI should help us, so we can go to the court and support others. They have our numbers and always contact us. Regular sessions with us as a relative so we could be seeing ourselves and updating on our cases and support each other". ***(FGD)***

Furthermore, some participants outlined the following barriers and conditions needed. This is particularly important because it helps to forestall any unforeseen and unexpected lapses that may arise. By knowing the expectations and shortcomings, RI will be better placed to address them now and put in place mechanisms to avoid repetition of any mistakes. Participants highlighted the need for incentives to encourage participation. Attaching incentives makes sense because as noted in the earlier findings, most of the survivors' relatives suffer social and economic effects. Therefore, giving them incentives will reduce their economic instability. Moreover, participants mentioned that RI could include other incentives like a financial token. This is justified because survivors' relatives often become financially worse in the processes of seeking justice and paying medical expenses for their violated relatives.

*"Provision of incentives is really important. We need to get an identification to show that we are working with the Rainbo Initiative". (**FGD**)*
*"We should be able to communicate with RI at any time of the day. Like emergency we should call them if there is a case in the community. They should also provide finance for us to be able to work effectively". (**FGD**)*

The findings further reveal the potential barriers that participation can champion. Participants highlighted that they faced a backlash in their communities; however, if RI involved them more, relatives would get the needed support to be empowered and act. Through involving survivors' relatives, they would assume a kind of semi-professional roles at RI which would give them the legitimacy to participate in the support programmes:

*"Sometimes, pressure by the community to drop cases of sexual penetration is a huge barrier. Some of us will be afraid because we don't want the community people to attack us". (**FGD**); "What people will think about me is my problem now. Now I am seen as a bad person in my community. So if RI is with me I can do it but alone I am afraid." (**Fatu** - **SSI**)*

5.0 RESEARCH DISCUSSION

The critical need for support for sexual violence victims globally cannot be underestimated. Considering that survivors' relatives play an important and inevitable role in the healing process of sexual violence victims, this study will, therefore, contribute to the literature and to existing knowledge on the need for support of survivors' relatives and their perception on current survivors' support program, as secondary survivors of sexual violence. Essential thematic areas for a comprehensive discussion are developed in the following: the effect of sexual violence on survivors' relatives, the perception of survivors' relatives on survivors support programs, the need for support of survivors' relatives and finally potential ways of aiding survivors' relatives' participation and ownership of the implementation of survivors support program in Kenema District, Sierra Leone.

5.1 Effect of Sexual Violence on Survivors relatives

The pieces of literature reviewed for this work stated that survivors' relatives experienced four major types of effects; economic, social, mental and physical. However, the effects of sexual violence collected from the field are mainly social, mental and economical with an account of gender differences.

Social Effects

Both male and female relatives described stigmatisation as the main phenomenon experienced once sexual violence occurs. The stigma reflected through the mocking of the affected family and the shunning of the company of the related relatives as a result of them reporting the incidence to the appropriate authorities is largely attributed to the fact that sexual violence is regarded as a domestic or private affair that should be kept silent or solved by family. As Kirkner et al. (2018) explains how survivors' relatives can even be forced to self-isolate or be isolated by the community because of their actions in reporting the case to the relevant authorities. His study confirms that social stigma can be categorised both as societal or cultural depressed dilemma against survivors and their relatives and the breaking of such norms which can eventually position relatives as a victim. However, findings echo a turning point in condoling of sexual violence cases as relatives did not regret reporting these incidences regardless of the negative social reactions. Additionally, community education and sensitisation was identified by participants as an important component which could possibly solute the effect of sexual violence on them. Considering the cultural norms of accepting sexual violence in their society, educating or sensitising the community could be a step towards changing this cultural bias and push for the treating of sexual violence as a serious social issue. As pictured in the effects, the study shows that participants feel they lack knowledge of sexual violence and on how survivors and their relatives should be perceived. Community education will not only change the perception of the community towards survivors and their relatives but further break the culture of condoling sexual violence in the community. Most importantly, participants specifically considered themselves to partner with RI in performing this role in the community as a strategy to regaining their self-esteem. This can be seen as the relatives with the partnership level of Arnstein model of participation where participation are the power distribution where planning and implementation responsibility is shared with the people. With such urge from the community, it strongly confirms that the ongoing outreach program of RI is at the two last levels of the Arnstein ladder, where no power is given to the community, but rather is educated on how to prevent and respond to sexual violence which will play as a cure and therapy for relatives. Therefore in conclusion in relation to social stigma, as clearly outlined in findings and existing literature, relatives of sexual violence survivors invariably suffer similar levels of stigmatisation, mostly from cultural and traditional societal norms associated to reporting cases. As well as this view, this study shows a turnaround from that point. Interestingly, implementing a community education and sensitisation program as a way of breaking cultures and traditions around sexual violence in the community is seen as a solution to the social effects of survivors' relatives. Implementing it with the active involvement of survivors' relatives is considered by participants as a tool to regain their self-esteem.

Mental Effects

Mental health effects from this study came in the form of self-guilt, unforgiveness, depression, sadness and thought of suicide and murder, as a result of the sexual violence incident. Jina & Thomas (2013) confirmed the above forms as mental effects that survivors' relatives will face. Findings also pointed out certain mental synonymous situations encountered by both male and female relatives. However, in line with the dominant gender expectations in the study area women showed to be more emotionally affected compared to men. With the social structure of patriarchy in the studied society of Sierra Leone, the study demonstrated that in male survivors' relatives the mental effects are stronger, as it was exhibited with anger during the interviews. This may have resulted from the cultural perspectives of an ideal African man who is seen as a strong shield that should protect the family. When situations like this occur, it often makes men feel less of a man and being angry can be interpreted as a sign of not been able to perform their duty well. Contrary, as depicted in chapter 4, a female participant noted with tears that there were instances where she thought of poisoning the survivor and herself, to avoid public ridicule and shame. This confirms how women are classed to be weak with heavy emotions. Such phenomenon cut across not only on issues relating to sexual violence but by large can be related to political perspectives, the act of control and power.

The need for counselling and mentoring was identified by participants as the solution of on their mental health effects confirms Hattery & Smith, (2019) view of counselling and mentoring serving as a pivotal role in the healing process of relatives. Both participants and literature confirmed the need for counselling for survivors' relatives, and suggested specifying survivors support programs to be the right institution with the capacity to do such. According to Arnstein's ladder, this has been the tradition of RI in providing care for both the survivors and their relatives whereby it gives no power to the relatives and their survivors, as they are seen just as a beneficiary of the program.

Economic Effects

The findings of this study also show that survivors' relatives experienced financial losses due to sexual violence. This situation further affected their economic standing because they were not engaged in very profitable jobs. Most male relatives were either unemployed or had low paying jobs, and female relatives were mostly involved in petty trading. Additionally, seeking justice for survivors by their relatives is costly and time-consuming as demonstrated in the study. However, the prevailing nature of corruption in the court system of Sierra Leone is not surprising as Abeid et al. (2014) noted that the high prevalence of corruption is a pandemic in Africa. Survivors support programs in Sierra Leone currently do not provide welfare support for survivors, nor their relatives. Therefore, unexpected costs associated with taking care of the survivors and the process to justice becomes a direct financial burden to their relatives. This finding on economic effect in this current study are consistent with the available literature on sexual violence highlighted by Condry, R. (2010). Importantly the provision of legal assistance, signing of witness consents and welfare and financial support was identified by relatives as a solution to the economic effects. It is worth noting that professional legal service is provided by the state prosecution department and legal aid board of Sierra Leone; RI only provide legal services that explain legal procedures and providing moral support for survivors and their family during the court proceeding. This clearly shows a therapeutic level of participation as regarded by Arnstein's ladder, whereby no power is given to relatives but mere education and provision of information. At the stage it is a step to legitimised participation as informing relatives provides them with information to guide a relative's decision of wanting to pursue a legal case or not. This is an example of notable top-down only flow of information. This study reveals a clear urge of relatives wanting to participate in the RI program, as they exhibited a shared responsibility of solving the aspect of unexpectant costs associated with taking care of the survivors, once the gap in accessing corrupt-free legal services is solved by RI through the provision of effective legal services. Partnerships with trained and professional legal services is needed by RI to enable this revelation to become standard practice.

Physical Effects

Furthermore, findings show that physical effects are majorly experienced by male survivor's relatives as a result of ill health after the incident or an attack from the perpetrator's family. As confirmed by Ahrens and Aldana (2012), men failing to protect their families can affect not only their mental health but also their ill-health, leading to conditions like high blood pressure or stroke as a result of the social pressure. This further validates the dominant gender expectations in Sierra Leonean culture. The physical effects also come out as a direct violent attack by perpetrators; this was not a surprising finding as Sierra Leone has a notable history of male-dominated violence.

5.2 Relatives Survivor's Perception of Support Program

In assessing their experiences with RI, findings show that survivors' relatives are satisfied with the work of RI even though there is areas to be improved. However, being that the study was conducted within the RI office, these findings may have not have been achieved if it was conducted at a different location. During the interviews relatives may have felt it was an assessment on the performance of the centre and may have not been fully truthful. Relatives having knowledge on the work of RI is an indication that it is widely known that RI is one of the only available rape crisis centre in the country. Responses mainly focused on medical and psychosocial support, legal assistance as terms generated from the literature and the findings. However, the confirmation of RI fluctuating between the first and second stages of the Arnstein's ladder was not a surprise and it does question the implementation of the RI program. From what is revealed in the findings and literature, there is a clear display of how relatives feel left out in the implementation of RI programs but, most importantly, supports the view of Keesbury et al. (2012) that survivors support programs admit responsibility and see relatives from a passive eye of being helpless. The study gathered that most of the participants are appreciative of the work of RI. It is worth mentioning that during the FGDs, male relatives led the advocacy for improvement in the services rendered by the RI and the women were often quiet. This may be reflective of the male supremacy culture in African society (Yount, 2014; William & Opdam, 2017). Some of the wide ranging suggestions of areas of improvement for RI included the need to follow up on medical reports of the survivors, continuous visits to the survivors which do not often occur after the first encounter and general improvement in medication for the victims. One finding of the study that does not mirror the literature is the participants experience of the free services provided by RI. This opposes Keesbury et al. (2012) study that survivors support programs are costly.

Survivors' relatives were unanimous in their views that the provision of medical support for survivors is critical in the support programmes. Larance (2017) and Olson, R.M., et al. (2020) postulate that survivors of sexual assault need comprehensive healthcare services to deal with the challenges of their experience. Various survivors' relatives equally attested to the fact that they received medical support by RI for their relatives. Overall, deductions from the findings show that although the relatives recognised the medical support by RI, they stressed the need to improve health care services extended to survivors at home with more medication or during a complicated health crises. However, findings challenged the literature of the much talked about one-stop centre and coordinated survivors' response model by Larance (2017). The literature explains that where among other things it is expected that health care services will be a coordinated effort to provide survivors with a comprehensive health care service like fistula and HIV care through referral. This was not demonstrated in the findings of this study.

In relation to psychosocial assistance, findings from the study largely reveal how RI do not provide adequate mental health services for both the survivors and their relatives. However, both male and female participants revealed they received limited psychosocial treatments by RI. The habit of communicating regularly with the survivors and their relatives was one aspect that received many commendations from the participants. However, as the findings indicated, survivors' relatives also expected to have regular communication from RI, which did not happen. This furthers shows the urge that survivors relatives are hoping for a bottom-up approach, meaning RI will not see them as just

beneficiaries of the program but as educators and experts as well. The importance of rending psychosocial support cannot be overlooked in this study which looks at the major mental health effects survivors' relatives are faced with.

The study additionally delved into the survivors' relatives' perception on the legal support provided by RI. The views of both male and female survivors' relatives about the legal support provided by RI was that it was satisfactory, as relatives recognised the role played by RI in explaining to them the court proceeding and following up on cases in court. This was surprising as Sierra Leone has a well reported corrupt and complex court system, especially in the provinces and in addition, RI does not offer full legal services at this moment. Relatives expressed distrust in the legal system, which confirms the Abeid et al. (2014) study. This is not surprising as the prosecution rate of cases sent to court is low and most cases are thrown out of court because of a lack of evidence. Presently Sierra Leone does not have a functioning forensic lab and so evidence is usually witness and survivor testimony and a medical report.. However, as viewed by Arnstein ladder of participation, regardless of the complements given to RI in providing legal services, it is still seen to be at the no-power and tokenism level of the ladder. It is worth to note that Larance (2017) upholds that sexual violence can be effectively dealt with when key institutions such as medical, psychosocial and legal services are readily available. Overall, the availability of effective legal support is effective in dealing with sexual violence but could be improved upon in practice to match the literature.

5.3 Participation and Ownership

The study explored potential ways by which survivors' relatives could participate and own the survivor support programmes in Kenema District. The overall idea is to ensure that the relatives play an active role not only in the healing journey of victims but also in responding and preventing sexual violence in their communities.

Survivors' relatives largely agreed on the specific ways by which their participation in the survivor support programmes could be enhanced. The participants identified integration into the community sensitisation team through capacity building and forming of survivor's relatives support groups. Participation for participants of this study borders around Arnstein's ladder of participation where they can be seen partnering with RI in implementing their program by delegating power which gives them a chance to make a decision but most importantly to function as a body the will fully handle the program, even with the absent of RI in the community. Various literature on sexual violence reveals compelling reasons for RI to ensure holistic participation of survivors' relatives in programmes towards fighting sexual violence in the Kenema District. As outlined by the study's participants, integrating the survivors' relatives into the community sensitisation team, not just as partners in the planning and implementation but as one with a shared power to make a decision in the absence of RI, would be critical to ensuring that they serve as watch persons to prevent the occurrence of sexual violence. Most importantly it would enable an immediate response to sexual violence in communities, as RI are not always present in rural communities. This will inevitably give a community policing aspect in the fight against sexual violence at the community level. Such a view was described by Banyard (2011). However, in views of Banyard (2011) survivors' relatives should be in agreement for the provision of an identification card and stipend to ensure they do their work effectively, which eventually becomes an adequate measure to ensure that survivors' relatives' participation in support programmes is very important. Developing the capacity of relatives through training should be reflected with a local conceptualisation of ideas that will enhance their abilities to partner and openly communicate with RI.

Also, establishing support groups for survivors' relatives as identified by female participants will enable them to play an active role in joining the RI fight against sexual violence. This shows that, in as much as males are dominant in these communities, women working together in a group has emerged as a historical strategy of seeking solace and supporting each other in difficult moments. Thus, by forming

together in support groups, they will also be able to overcome the psychosocial effects and social isolation.

Conclusively, barriers and conditions identified by participants is a step forward for RI to determine whether they have the capacity of and structural fit to incorporate these suggestions in their work regardless of seeing it as an essential element. It's a level-up approach to a needs assessment.

5.4 Reflexivity

The importance of reflecting researchers' ideas, beliefs, identities and influence in research has widely been discussed by various authors (O'hara & Higgins, 2019). As a survivor of sexual violence and beneficiary of survivors' support program and author of this research in the below section I will reflect on my role as in this study.

Contribution of the study

The topic of this research was chosen during the intervention module when we were asked to submit an intervention report on our organisation. I wrote on an intervention to improve the community outreach program in order to prevent and minimise the compromising of gender-based violence cases. This gives me a clear picture of how RI is not working effectively with the community, especially survivors' relatives and this has resulted in a lot of cases being compromised. I informed my organisation and I received their approval for this research topic. Interestingly also, my supervisor saw my topic to be new and interesting one, and she motivated me to go ahead with it. This boosted my confidence to research this topic. Therefore, when the findings and recommendations from this research are implemented, it will serve as a guide for a new focus of research for government agencies and non-governmental organisations that focuses on issues affecting sexual violence victims in Sierra Leone and other parts of the world. Additionally, this research will also serve as an example for the use of diary as a PRA research tool for sensitive issues in Sierra Leone. Diary is one of the relevant PRA tools to revoke participants feelings and thought on sensitive issues. However, it has less been used by organisations in working with both survivors of sexual violence and their relatives. Hence, this work will provide an insight on how diaries play a role in sourcing sensitive information which is useful for organisations and programs working within the sector of SGBV. It will further give RI a clear understanding on how to include survivors' relatives in the implementation of its outreach program, which will enhance the effective implementation of its overall program.

Limitation and Influencing Factors

The sensitivity of the topic made it challenging to find a suitable data collection method, especially with the virtual data collection as a result of COVID-19 pandemic restrictions. Prior to my thesis, I did similar online research using diary and SSI and this gave me an understanding of how to collect data online using this method, which I later considered. However, with a sensitive topic like this it could have been better to have a face to face interview to elicit more, as a lot more could have been observed through facial expressions and body actions. Additionally, conducting online research in a context where internet connectivity is poor and relatively expensive, I was challenged with constant internet facilities during my data collection, especially when I was using the office internet. I had to connect and reconnect on several occasions, especially during the SSI. This made participants impatient with the process. To solve this I opted to use a better internet connection, instead of my office internet, which turned out to be very expensive, but was helpful as I realised the flow of communication made respondents feel more comfortable in sharing their stories and further helped me to gain a better understanding of their stories.

As intended, using snowball sampling should have helped me to recruit other participants outside the RI database. However, using index cases from the RI database led to a small known sample group and did not allow the study to be generalised for other relatives in a similar situation. Therefore, this study strictly presents the views, realities and meaning attribute to these realities of survivors' relatives in

the study location. However, I recognised there is more effort need to reach relatives not included in RI database as there is a lot population of them hidden due to various reasons

Notwithstanding the limitation of this study, the use of research assistants who are staff within the RI project could be argued to have positively influenced this study as they were motivated to support the data collection. Participants were free to discuss with them and the staff were willing to make time for the study. Likewise, conducting interviews at the RI healing hut give assurances of the confidentiality of participants, who felt overall comfortable to express themselves. However, the researcher noticed participants felt she was there to evaluate the staffs' performance, and she realised they were saying things to make them look good, especially on responses on their experiences with RI.

Likewise, the training I conducted before the start of data collection created an influence as it aided research assistants with the understanding of what to collect at various stages of the fieldwork. The provision of transportation and lunch for participants which well indented. As a result of the time that the interviews took, I noticed the participants felt valued and took their time to participate in the interviews.

Furthermore, the background of the researcher as a survivor, beneficiary and staff of RI, who serves as the commissioner of this research work is of the essence. The researcher always strived to do her best, not only as a RI staff, but as someone who is directly affected by the topic under discussion. the researcher became on edge and emotional as any attempt of failure affected her mental health. The enormity of the findings brought back psychological flashbacks of her own sexual violence incident, which deteriorated the researcher's mental health at various stages of the study. This created delays in the writing of the report. However, the researcher's realisation of self-care as an important element for researchers and staff working in the context was helpful and insightful.

Similarly, being familiar with the literature in this topic was helpful, as the researcher's Bachelor degree research was also around this sector. The setting of the study area helped the researcher to formulate a focus of research that is unfamiliar and neglected in the sector. However, it was challenging for the researcher to distance herself and conduct this research as an outsider or someone with just a learning curiosity. There was a lot of assumptions during the start of data collection but using the diary as the first data collection method helped me as the researcher focused to wait for participants to elicit their drawings during the SSI and quite a lot of their interpretations didn't confirm assumptions; for instance when there were saw the drawing of the gun, it was assumed the survivor wanted to kill herself, but it turns out that she actually wanted to kill the perpetrator. At this stage, the researcher became aware of her insider influence and made a decision to be a co-facilitator for the FGD instead of the lead facilitator. Additionally, the researcher's identity created trust with participants during data collection as participants identified their pains with hers and were open with their responses on the effects of sexual violence.

Validity

All data collected was cross-checked with the research assistants after every interview, during data analysis and writing of the report. Rich data was collected from participants and triangulated. The discussion was done with selected participants in a focus group meeting in order to crosscheck findings and discussion. Testing of themes generate during the literature review and the emergence of new themes. An iterative process was used to make sure that the conclusion of this study reflects what was observed in the field. The quality of this research is excellent as research assistants were knowledgeable and experienced in this sector and conducting qualitative research with trainings and regular meetings held.

Methodology consideration

In the thesis, data collection using diary as a PRA tool was the most challenging part. The diary was aimed at helping participants using both drawings and voices to creating a rich picture during the data collection stage and also to be a window to show participants' thought and experiences. Using this method supported the researcher in shifting the power of the research to the participants as it was realised only they could give meaning to their drawings. This forced the researcher to put aside pre held assumptions and wait for their meanings during the SSI.

The participants found the process new but interesting as most of them noted that they were able to draw things they had been thinking about but could not find ways to talk about. However, in as much as they were told that the research was not looking at the perfection of their drawings, during the elicitation stage, the majority of participants apologised for not drawing something perfect. Conclusively, it acknowledged that it was an action-learning period, and this had enriched the researchers' experience using PRA as a data collection tool, especially working on future research in the SGBV context.

6.0 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study is by far the first systematic qualitative based on understanding the needs for support identifies to aid survivors' relatives participation and ownership of survivors support program in Kenema District through a participatory approach. By unearthing these perceptions, the study aims to formulate recommendations for developing of a participatory model to aid survivors' relatives' participation, and ownership of the implementation of survivors' support program in the community which will strengthen RI support programs in Kenema District.

Survivors' relatives faced several effects of sexual violence that ranged from social stigma leading to self-insolation, isolation by the community, mockery, social and family breakdown, self-guilty, unforgiveness, depression leading to sadness and thoughts of suicide and murder, unexpected medical and welfare costs, poor administration of the justice and court system in Sierra Leone, stabbing, witchcraft, attacks and accidents. The presence of a dominate gender expectation affected relatives differently. For instance male respondents showed anger as a sign of failing to protect their relatives as they are expected to play a protective role in the community while female relatives showed emotion as generally they are expected to be a weak and fragile. This, significantly, has negatively affected them because of the culture of condoling sexual violence as a private or family issues by the community. This further oppresses them to not report the cases of sexual violence, creates economic instability of participants and highlights the presence of corruption in the judiciary system. In an attempt to help solve or minimises the effect of sexual violence on survivors' which has a ripple effect also on the survivors' relatives, RI have provided free medical, psychosocial services and legal aid support which is acknowledged by the relatives. However, Arnstein's proves these approaches to be less participatory as it falls within the first and second level of the argument for participation where RI assumes the responsibility of care and therefore see relatives as beneficiaries who are helpless. For instance, the provision of medical support for survivors serves as a therapeutic approach of curing for survivors and also minimising the economic effect of sexual violence on the relatives, the provision of outreach services which aims to educate the community on sexual violence by providing information on how to prevent and respond to sexual violence in the community. Hence, looking at RI's present implementation, no power to participation is given to relatives, and a top-down approach of participation is used. This is considered to be an attempt to legitimate participation. Participants experience with RI services was noted to be appreciated, however, there is a clear urge for relatives to actively participate. Participants noted that support, like the community education and sensitisation program, which is already ongoing in the community as a way of educating the community on sexual violence in order for them to change their cultural norms and practices and further know how to prevent and respond to sexual violence. Notwithstanding, there should be a partnership between relatives and RI as they consider it as a way of rebuilding their self-esteem, which will further enhance their power to act and make a decision in the absence of RI. The action to provide financial assistance was further stated as an action that can be performed by male participants, once RI handles the provision of effective legal services and assistance through a partnership with the relevant organisation, while the female participants still maintain that financial assistance is a support that should be provided by RI. Conclusively, integration into the community sensitisation team through capacity building and forming of survivors' relatives' support group are the needs for support that is identified to aid survivors' relatives participation and ownership. This consideration reflects the third level of participation as viewed by Arnstein's ladder of participation as regarded by survivors relatives. Capacity building through training may seen to be placation participation as the participants will be engaged to provide a context-specific message and approach to the community sensitisation program, but full owing comes in as relatives are integrated into the community sensitisation team. This is regarded as the first approach in enhancing the degree of participation as it gives relatives the chance to have a shared responsibility in the implementation of RI outreach program and power as decision makers, even when RI is absent in the community. Forming of survivors' relatives support is as

specifically mentioned by female participants, concluded to be the highest stage of participation and ownership. It is not only seen as a strategy of seeking solace and to overcome social insolation but also a way of assuming total ownership of the community sensitisation program and also providing support for in difficult moments. The expectation and shortcomings of RI were identified as the provision of incentives for the formal can reduces their economic instability while lack of self-esteem as a result of the community reaction towards them as stated before might made them be afraid not to participate. Knowing the above will place RI in a better position to put the mechanism in place for successful implementation of their program as a whole. From the findings, there is a potential for success if the below recommendations are fully taking into consideration.

6.2 Recommendation

The findings have shown that survivors' relatives faced various forms of effects as a result of sexual violence that happened to the survivors; however, there is a specific difference based on their gender. Regardless of these challenges, there is an existing knowledge of the work done by RI as identified from their experiences. Giving that these survivors recognise the way they also want to be included in the implementation of RI programs, this requires a context-specific approach to recommend the development of a participatory model. Therefore, in these recommendations, there is a reference to gender. These recommendations are specifically RI in Kenema District, but can also be useful as context for the governments and its partners working on sexual violence across Sierra Leone.

Firstly, considering that the effects of sexual violence on relatives are notably seen on their social and mental health, the first recommendation is that RI starts a lifelong counselling and mentoring scheme for survivors' relatives. This could be effectively done through the establishment of a survivors' relatives support program for female relatives, as having them in a group works healing as observed in focus group discussion. Forming of a survivors' support group is recommended to be the highest level of participation and a way of enhancing the highest degree of survivors' relatives ownership of the program. As RI has an existing survivors' support group, which has also proven to be useful in providing psychosocial support to survivors by themselves, it shows that there is already existing knowledge on how to form and manage support groups.

Secondly, as both gender show interest in wanting to participate in the implementation of RI outreach program, the second recommendation is the provision of capacity building through training for relatives. This may seem like a lower level of participation, but when implemented properly, it will serve as an opportunity for relatives' opinions to be included in the development of a context-specific outreach program. This will increase their interest in wanting to participate, share responsibility, but also feel powerful to make a decision with or without the presence of RI. RI serving as the key partner in the implementation of survivors' support programs in Kenema district, and has provided sexual violence training for various partners; there is an existing knowledge to provide training of such nature.

Thirdly, as mentioned by both male and female relatives, legal assistance and financial and welfare assistance is identified as a way to support them. The third recommendation is that RI to partner or strengthen their partnership with relevant organisations for the provision of these services. Effective legal assistance which is mentioned will reduce their cost involved in seeking justice for survivors, hence will reduce their economic instability. The urge to participate in further seen as male relatives regarded the provision of financial/welfare as their responsibility once the gap in pursing justice is solved. RI is noted to be currently in partnership with the legal aid board of Sierra Leone.

Finally, further studies could be done in the other four RI operational areas (Freetown, Bo, Kono, Makeni) in order to build on the findings from this study as the characteristic of relatives varies by operational areas. It is highly recommended that PRA tools like the person diaries are used when carrying out any further research in this sector. From the recommendations above, a participatory model is suggested as seen below:

Target Population	Survivors Relatives in Nongowa Chiefdom, Kenema District				
Target Number	50 (review after mapping)				
Participating and ownership Strategies	Proposed activities	Inputs	Outputs	Outcomes	Means of verification
Integration into RI Communication Outreach Program	Target population mapping. (Educational level, knowledge of RI, Knowledge of Sexual violence and availability of relatives)	Assessment study	Within one months, assessment study should have been completed with data on the educational level, knowledge of RI, Knowledge of Sexual violence and availability of relatives	Data on the profile survivors relatives is available.	Assessment report (hard copy)
	Capacity Building Training	IEC materials on preventing and responding to sexual violence in the community Manual on the role of a community outreach officer	Outreach capacity training conducted with 50 survivors relatives within six months.	50 relatives capacitated with the required knowledge to serve as outreach officers in the community	Progress report
Formation of survivors relatives support group	As relatives to held meeting among themselves with RI as co-facilitator	Initiation meeting with survivors relatives	Meeting with potential members of the proposed survivors' relatives support group	A piloted survivors relatives support group is formed	Progress report

Table 2-Participatory model to aid the implementation of survivors support programs by survivors Relative

Source: Author, 2020

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Statistics Sierra Leone 2015 Population & Housing Census Summary of Final Results

Annexes

Annexes 1: Profile of Survivors Relatives

Table 3-Profile of Survivors relatives interview during the diary and the SSI

No	Age of Survivors	Fictitious names of survivors Relatives	Sex of Relatives	Relationship With the Survivors	Occupation of the Relatives	Preparators	Data Collection Method
1	8 years	Khadija	F	Mother	Junior teacher	An academic doctor lecturing in the district polytechnic	SSI & Diary
2	16 years	Sorie	M	Father	Trader	A biker rider leaving in the same community	SSI & Diary
3	19 years	Fatu	F	Maternal Sister	Petty trader	Gang-raped by a farmer and a bike rider that leaves in a nearby village	SSI & Diary
4	16 years	Ibrahim	M	Brother	Biker rider	A bike rider and friend to the survivors' brother	SSI & Diary
5	23 years	Jeneba	F	Guardian	Trader	A primary school teacher	SSI & Diary
6	10 years	Morlia	M	Uncle	Community Leader	A trader	SSI & Diary
7	12 years	Joseph	M	Paternal Uncle	Community Teacher	A close friend to the survivors uncle	SSI & Diary
8	19 years	Abu	M	Father	Retired Teacher	A farmer and a friend to the survivor's father best friend	SSI & Diary
9	21 years	Mary	F	Mother	Nurse	A student (26 years)	SSI & Diary

Source: Author's Documentation, 2020

Annexes 2: FGD Interview Guide

FEMALE/MALE FOCUS GROUP DISCUSSION GUIDE

Location:……..No. of PP:…….. Age Range of PP:……

Date of FGD:……Start time:…… End time:……Gender:……

Facilitator:……Co-Facilitator:……Note-taker:……

INTRODUCTION:

My name is _____and my colleagues are _____and _____who is joining us through WhatsApp call from the Netherlands. I and my colleague who is here is working for Rainbo Initiative and our other colleague who is with us through WhatsApp is the communications officer for Rainbo Initiative and she is a student studying at Van Hall Larenstein University in the Netherlands. She is doing her Masters in Development Management and what we are about to do is a research is part of her help in supporting Rainbo Initiative which is the commission of her research work to know more about your perception on survivors support program in Kenema District.

In this research we will be asking for your specific stories and experiences; please do not use any names or names of your relatives members as you will all carries a unique code. You will be coded from P1-P5 according to how you are seated. We are asking about things that you have experience or know to be happening. The discussion we are going to have today is about your everyday life as a relatives of a sexual violence survivor. Please, if you feel uncomfortable at any time, there is a counsellor who is around to talk to you or you can also opted out of the discussion.

We will provide transportation and lunch will be provided for all participants. Participation in the discussion is completely voluntary and you do not have to answer any questions that you do not want to answer. We really want to hear what you have to say, and we want you to answer questions however you want to. There is no wrong answer to any question. I expect our discussion to last for a maximum three hour with two break for tea and lunch.

_____ is taking notes and _____ is recording our discussion from her end to make sure that we do not miss what you have to say. The recording will be accessible to us alone. I hope that this is OK with you?

We will not be writing your names down and also will not present any other potentially identifying information in anything that we produce based on this discussion. We will treat everything that you say today with respect, and we will only share the answers you give combined with those from all the people who speak to us. We ask that you keep everything confidential, too. Please do not tell others what was said today.

Do you have any questions before we begin? Now we will read the consent and after you will be ask to sign if you feel like you want to participate in this discussion. We just want you to know what is in the consent so you know that is not compulsory to take part in this study.

Objectives	Tool	Description	Time	Materials Needed
To generate trust to encourage active participation throughout the discussion	Introduction	Introduction of the facilitators, note-take and the goal of the session. Also, a short introduction of the study and the researcher will be given.	5min	Flip chart with the agenda of the day written on it
	Consent	A written consent of confidentiality will be explained, read and sign by each participants in order to ensure trust in the process.	5min	Written consent forms and pens
	Ground Rule	Set the rule of the session by participants.	5min	Flip chart & Marker
	Energize	Check In: Each participants and the researchers will be encourage to explain how they are feeling now as they are about to participate in this discussion.	10min	
To identify the effects of sexual violence on female/male relatives of survivors in Nongowa Chiefdom, Kenema District	Challenged Action Tree	Sheets of drawing cards will be given to each participant to draw: • What do you experience to be the effect of sexual violence? • What do you think causes this/these effect(s) of sexual violence on you? • What do you consider to be the solution of the effects of sexual violence on survivors relatives like yourself? After every level of drawings (problem, cause, solutions), they will be encouraged to paste their drawing on the empty Action Tree that will be drawn on a standing flip chart They will be further asked to identify among the solutions given which one can be achieve by them as survivors relatives and which are can be achieve by Rainbo Initiative. These solution by self and Rainbo Initiative will further be paste on the tree under the appropriate heading.	45min	Flip chart Drawing cards Pencils Crayons Pens etc.
TEA BREAK			20min	Packed Food and Drink
To identify what survivors relatives perceive to be the	Discussion guide	Participants will be encourage to discussion on the following question through an informal manner	45min	Flip chart Marker

role of survivors support program?		• What is your experience with survivors support program in Kenema District? • Which areas do you think they are performing well and which areas do you think they need to improve on?		Recorder
To identify the potential ways regarded by survivors relatives in strengthening survivors support programs?	Discussion guide	Participants were encourage to discussion on the following question through an informal manner • How do you think survivors support programs could include survivors relative in their work especially their community work? • What are some of the barriers that will prevent you not to be actively involved in survivors support program in the community? • What are some of the condition that will encourage you to be actively involved in survivors support program in the community?	25min	Flip chart Marker Recorder
LUNCH BREAK			40mins	Packed lunch
	Energize	Check In: Encourage participants and researcher to discussion how they feel at this state of the discussion	10min	
To summaries the FGD using initial themes or the creation of new themes	Pre-designed google doc Microsoft word sheet using themes	I and my research assistant will read notes taken through the google doc that is shared with me, make a list of themes (both initial and new) seen in the notes and from the conversations. We will share the themes seen and re-read the notes again to make any necessary changes. I will list these themes in a separate doc sheet, and we will further link with direct quotes taking during the sessions. We will the code by fixing all materials and quotes under the right theme. we will give each code a number starting from P0 to P100 to aid references and further search if needed. Data analyzed will be shared with the participants at the end of each session.	30min	Computer Note Book Drawings from the challenge action tree Recorded clip

		However, I will further listen to the recording to confirm the result of the analysis.		

END OF THE SESSION
That is all of the questions we will like to ask for now. Do you have anything you would like to add? Do you have any questions for us?

As I told you in the beginning, our discussion today is meant to help Rainbo Initiative understand the perceive of survivors relatives of survivors support programs and also to fulfilled the academic requirement of our researcher who is studying in the Netherlands.
Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to
us or the counsellor in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

Annexes 3: Semi-Structured Interview Guide

SCRIPTED QUESTIONS AS A GUIDE FOR SSI

1. What do you experience to be the effect of sexual violence?
2. What do you think causes this/these effect(s) of sexual violence on you?
3. What do you consider to be the solution of the effects of sexual violence on survivors relatives like yourself?
4. Among these solutions, which ones do you think you can take action to achieve in your household or the community?
5. Among these solutions which ones do you think RI can be able to achieve both at the centre and community level?
6. What do you perceive to be the role of survivors support program in helping survivors relatives in addressing sexual violence?
7. What is your experience with survivors support program in Kenema District?
8. Which areas do you think they are performing well and which areas do you think they need to improve on?
9. How do you think survivors support programs could include survivors relative in their work especially their community work?
10. What are some of the barriers that will prevent you not to be actively involved in survivors support program in the community?
11. What are some of the condition that will encourage you to be actively involved in survivors support program in the community?

END OF THE SESSION
That is all of the questions we will like to ask for now. Do you have anything you would like to add? Do you have any questions for us?

As I told you in the beginning, our discussion today is meant to help Rainbo Initiative understand the perceive of survivors relatives of survivors support programs and also to fulfilled the academic requirement of our researcher who is studying in the Netherlands.
Please remember that you agreed to keep this discussion to yourself. If anyone would like to speak to us or the counsellor in private we are happy to talk to you.

THANK YOU FOR YOUR HELP

Annexes 4: Diary Instruction

Please you are free to draw anything that shows how sexual violence has affected you as a relative. we are looking at four areas;

- How it has affected your social interaction in the community
- How it has affected your mental health
- How it has affected your economic/power of spending
- How it has affected you physical wellbeing.

Please I am not concern about the quality of you drawings. It's yours, so draw anything that comes into your mind. On the day for the interview, you will have an opportunity to explain to me more about your drawings.

Thanks You.

Annexes 5: Consent Form

My name is _____and my colleagues are _____and _____who is joining us through WhatsApp call from the Netherlands. I and my colleague who is here is working for Rainbo Initiative and our other colleague who is with us through WhatsApp is the communications officer for Rainbo Initiative and she is a student studying at Van Hall Larenstein University in the Netherlands. She is doing her Masters in Development Management and what we are about to do is a research is part of her help in supporting Rainbo Initiative which is the commission of her research work to know more about your perception on survivors support program in Kenema District.

In this research we will be asking for your specific stories and experiences; please do not use any names or names of your relatives members as you will all carries a unique code. We are asking about things that you have experience or know to be happening. The discussion we are going to have today is about your everyday life as a relatives of a sexual violence survivor. Please, if you feel uncomfortable at any time, there is a counsellor who is around to talk to you or you can also opted out of the discussion.

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_____ is taking notes and _____ is recording our discussion from her end to make sure that we do not miss what you have to say. The recording will be accessible to us alone. I hope that this is OK with you?

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Do you have any questions before we begin? Now we will read the consent and after you will be ask to sign if you feel like you want to participate in this discussion. We just want you to know what is in the consent so you know that is not compulsory to take part in this study.

Signature……

Date……