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Accessible but Socially Unsafe: Reporting Pathways, Stigma and Survivor-Centred Counselling for Domestic Violence in Western Area Rural District of Sierra Leone

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Abstract:

- ***Background:***

Domestic violence is simultaneously a human-rights, public-health and educational concern, yet locally grounded evidence on how women navigate reporting and counselling systems in Sierra Leone remains limited. This article examines the apparent coexistence of accessible reporting pathways and socially unsafe disclosure in selected communities of the Western Area Rural District.

- ***Methods:***

A pragmatic, cross-sectional descriptive mixed-methods study surveyed 400 women aged 15–49 years in eight purposively selected communities, with an equal allocation of 50 respondents per community. The wider study also included 40 key-informant interviews and eight focus-group discussions; however, because the complete qualitative transcript and coding archive was unavailable for final verification, the present article gives analytical priority to auditable survey results. Frequencies and percentages were calculated, with multiple-response items reported against the full sample.

- ***Results:***

Of the 400 respondents, 392 (98.0%) reported at least one lifetime experience of domestic violence. Beating (89.0%), insults (64.0%) and rape or forced sex (52.8%) were the most frequently selected forms. Although 96.0% reported having used a reporting pathway and 93.5% described reporting as easy, 88.5% reported stigma and 88.3% felt pressured to resolve cases. Chiefs (78.8%), police (64.0%), relatives (59.3%) and mammy queens (45.8%) formed overlapping help-seeking pathways. Counselling was the most frequently selected support need (70.8%), but respondents also identified educational, legal, financial and shelter needs. Conclusion: Availability of a reporting channel does not guarantee socially safe disclosure or survivor-centred resolution. Guidance and counselling should therefore be embedded in coordinated, confidential and risk-informed referral systems that protect educational continuity and survivor choice. The findings describe the selected sample and should not be interpreted as district prevalence or causal effects.

Keywords: *Domestic Violence; Help-Seeking; Stigma; Guidance and Counselling; Educational Continuity; Sierra Leone; Survivor-Centred Care.*

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I. INTRODUCTION

Violence against women remains widespread across countries and social groups, with intimate-partner violence contributing to injury, poor mental health, reproductive-health problems, constrained employment and reduced social participation (Ellsberg et al., 2008; Sardinha et al., 2022). In Sierra Leone, national survey evidence and earlier research demonstrate that intimate-partner violence is shaped by unequal gender relations, economic vulnerability

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and relationship-level factors (Statistics Sierra Leone & ICF, 2020; Tenkorang & Owusu, 2018). National laws, including the Domestic Violence Act 2007 and the Sexual Offences Act 2012, provide an important formal framework, but the practical pathway from disclosure to protection may involve police, chiefs, relatives, religious actors, community organisations and informal women leaders.

Most help-seeking research treats access as a question of whether services or reporting channels exist. This is necessary but incomplete. A woman may be able to reach a chief, police post, relative or community organisation while still fearing blame, family disruption, retaliation or pressure to reconcile. Stigma and shame can narrow women's agency even where services are physically present (McCleary-Sills et al., 2016). The distinction between available access and socially safe access is particularly important in rural and peri-urban settings, where informal and formal institutions overlap.

Domestic violence can also disrupt education through absence, impaired concentration, loss of fees, stigma, relocation and deliberate educational sabotage (Lloyd, 2018; West, 2014). Counselling may help survivors process distress and plan for educational continuity, but counselling alone cannot correct unsafe housing, economic dependence or weak legal protection. The World Health Organization (2013) accordingly recommends first-line, woman-centred support that listens without pressure, validates experience, enhances safety and connects survivors to appropriate services.

This article advances the thesis findings through the concept of an access-safety paradox: reporting channels may be visible, nearby and frequently used while disclosure remains socially unsafe. The analysis therefore moves beyond counting services or reports and asks whether help-seeking preserves confidentiality, agency and protection from blame, retaliation and coerced reconciliation. Specifically, the article examines: (1) the forms of violence and perpetrator relationships reported; (2) the pathways women used; (3) the social costs accompanying disclosure; and (4) the implications for survivor-centred guidance, counselling and educational continuity.

➢ *Conceptual Perspective*

The analysis combines an ecological perspective with the concept of coercive control. Heise's (1998) ecological framework locates violence within interacting individual, relationship, community and societal conditions. Stark (2007) extends the analysis beyond discrete assaults to patterns of domination that restrict movement, resources and autonomy. Together, these perspectives prevent an overly individualised explanation of both violence and help-seeking.

For this article, accessible reporting means that a woman perceives a channel as reachable and usable. Socially safe reporting means that disclosure can occur with confidentiality, respect, informed choice and protection from blame, retaliation or coerced reconciliation. Survivor-centred counselling links these dimensions by supporting agency and safety without substituting counselling for legal, health, shelter or livelihood services.

II. METHODS

➢ *Design and Setting*

The parent study adopted a pragmatic position and a cross-sectional descriptive mixed-methods design. It was conducted in Waterloo, Tombo, Bureh, Tokey, Goderich, Regent, Jui and Grafton in Sierra Leone's Western Area Rural District. The communities were purposively selected to capture varied rural and peri-urban settings and differing access to services. This article prioritises the verified survey dataset because the complete qualitative transcript and coding archive was not available for independent verification.

➢ *Participants and Sampling*

The target population was women aged 15–49 years resident in the eight communities. Cochran's large-population formula produced a nominal minimum of 385 respondents at a 95% confidence level and 5% precision; the target was increased to 400. Fifty women were recruited in each community through a multi-stage procedure combining purposive community selection, disproportionate equal allocation and systematic household routes. One eligible woman was interviewed per selected household. Because the communities were purposively selected and equally allocated without population weights, the achieved sample is descriptive and not statistically representative of the district.

➢ *Data collection and Analysis*

A structured questionnaire collected demographic information, reported forms and perpetrators of domestic violence, perceived educational and psychosocial implications, reporting pathways, barriers and attitudes. Enumerators administered items in English or Krio as appropriate. Data were captured using KoboToolbox and analysed with descriptive frequencies and percentages. For multiple-response questions, percentages use 400 respondents as the denominator and therefore may sum to more than 100%. Archived tables whose counts exceeded the sample in ways that could not be reconciled were excluded from respondent-level inference.

➢ *Ethical Considerations*

Participation was voluntary and consent was obtained before data collection. Interviews were conducted privately; direct identifiers were excluded from the analytic file; participant codes were used; and respondents could skip items or stop the interview. Three respondents were recorded as aged 15–18 years, but the final archive did not contain age-specific assent and guardian-consent documentation. The thesis reports university supervision and local permissions, but a separate ethics-committee approval number was not available in the archived materials. Confirmation of the applicable ethics approval and data-governance permission is therefore required before journal submission.

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III. RESULTS

➢ *Characteristics of Respondents*

Respondents were concentrated in the 21–30 (33.8%) and 31–40 (34.0%) age groups. More than two-fifths had tertiary education (43.8%), while 22.5% had no schooling. Most were married (59.5%), and the sample was nearly evenly divided between Christian (53.0%) and Muslim (47.0%) respondents.

Table 1 Characteristics of Respondents

Characteristic	Category	n	%
Age	19–20 years	47	11.8
Age	21–30 years	135	33.8
Age	31–40 years	136	34.0
Age	41–49 years	79	19.8
Education	No schooling	90	22.5
Education	Secondary	61	15.3
Education	Tertiary	175	43.8
Marital status	Married	238	59.5
Religion	Christian	212	53.0
Religion	Muslim	188	47.0

- Note. *Selected categories are shown. Three respondents (0.8%) were aged 15–18; primary and Quran-school categories are omitted from this condensed table.*

➢ *Reported Violence and Perpetrator Relationships*

Among the 400 respondents, 392 (98.0%) reported at least one lifetime experience of domestic violence. This unusually high proportion must be interpreted as a feature of the selected sample, broad screening and disclosure context, not as a district prevalence estimate. Multiple forms frequently overlapped: beating was selected by 356 respondents (89.0%), insults by 256 (64.0%) and rape or forced sex by 211 (52.8%). Economic and controlling behaviours included seizure of property (26.5%), seizure of money (25.0%), isolation (26.5%), restriction of movement and prevention from working.

Husbands were the most frequently identified relationship category (57.3%), followed by boyfriends (50.0%), guardians (43.8%), parents (40.0%), husbands' brothers (36.3%) and husbands' sisters (19.5%). These categories were non-exclusive and record women's reports; they neither identify unique alleged perpetrators nor verify individual allegations.

Table 2 Reported Violence and Perpetrator Relationships

Domain	Reported item	n	% of respondents
Violence	Beating	356	89.0
Violence	Insults	256	64.0
Violence	Rape/forced sex	211	52.8
Violence	Isolation	106	26.5
Violence	Seizure of property	106	26.5
Violence	Seizure of money	100	25.0
Perpetrator relationship	Husband	229	57.3
Perpetrator relationship	Boyfriend	200	50.0
Perpetrator relationship	Guardian	175	43.8
Perpetrator relationship	Parent	160	40.0

- Note. *Multiple responses were permitted, so percentages do not sum to 100%.*

➢ *Reporting Pathways and the Access-Safety Paradox*

Most respondents (96.0%) reported having reported a case of domestic violence, and 93.5% described reporting as easy. Chiefs were the most frequently selected channel (78.8%), followed by police (64.0%), relatives (59.3%) and mammy queens (45.8%). The pattern demonstrates a plural help-seeking system in which women may move between informal and formal actors rather than use a single linear pathway.

Accessibility did not eliminate social risk. Among the respondents, 354 (88.5%) reported stigma when reporting and 353 (88.3%) felt pressured to resolve cases. At the same time, 93.5% said the matter was resolved and 98.3% were satisfied or very satisfied with the resolution. These results should not be read as proof that violence stopped, accountability occurred or safety improved. 'Resolution' may encompass reconciliation or an immediate settlement, and satisfaction may reflect cultural priorities, immediate relief or constrained expectations.

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Table 3 Reporting Pathways and the Access-Safety Paradox

Indicator	n	%
Reported a domestic-violence case	384	96.0
Found reporting easy	374	93.5
Matter described as resolved	374	93.5
Satisfied or very satisfied with resolution	393	98.3
Experienced stigma when reporting	354	88.5
Felt pressured to resolve the case	353	88.3

- Note. *Single-response items based on n=400. Reported resolution and satisfaction are perceptions and do not establish sustained safety or legal accountability.*

Table 4 Reporting Pathways and the Access-Safety Paradox

Reporting channel	n	% of respondents
Chief	315	78.8
Police	256	64.0
Relative	237	59.3
Mammy queen	183	45.8

- Note. *Multiple channels could be selected.*

➢ *Educational and Counselling Support Needs*

Nearly all respondents perceived domestic violence as affecting education (99.3%), concentration and learning ability (99.3%), school dropout (99.5%), payment of educational expenses (99.5%), attendance and punctuality (98.3%), and future educational goals (98.3%). Because these items measured perceptions and reported experience rather than verified educational records, they should not be interpreted as causal effect estimates.

Counselling services were selected by 283 respondents (70.8%), educational sponsorship by 241 (60.3%), legal support by 230 (57.5%), financial assistance by 221 (55.3%), community awareness by 175 (43.8%) and safe shelters by 123 (30.8%). The distribution shows that respondents did not view counselling as a stand-alone solution; they located psychosocial support within a broader material, educational and protective system.

Table 5 Educational and Counselling Support Needs

Support need	n	% of respondents
Counselling services	283	70.8
Educational sponsorship	241	60.3
Legal support	230	57.5
Financial assistance	221	55.3
Community awareness programmes	175	43.8
Safe shelters	123	30.8

- Note. *Multiple responses were permitted.*

➢ *Coexisting Rights Awareness and Victim-Blaming Beliefs*

Rights awareness coexisted with internalised victim-blaming. Most respondents agreed or strongly agreed that forced sex is rape (96.0%) and that a woman who is assaulted should have the assailant punished (92.6%). Yet 82.6% agreed that women who provoke men cause domestic violence, 73.1% agreed that women deserve physical assault, 84.6% agreed that women may make up or exaggerate abuse or rape claims, and 63.8% viewed domestic violence as a private family matter. This coexistence suggests that factual awareness of rights does not automatically displace learned gender norms.

IV. DISCUSSION

➢ *From Channel Availability to Socially Safe Access*

The central finding is not simply that women report or fail to report. Rather, reporting occurred through a dense network of chiefs, police, relatives and mammy queens while disclosure remained socially costly. This extends conventional access thinking: proximity and familiarity may increase use, but a channel is not survivor-centred if it exposes a woman to stigma, disbelief, pressure or unsafe reconciliation. The findings align with evidence that stigma and shame restrict agency in help-seeking (McCleary-Sills et al., 2016) and with ecological accounts in which community norms and institutional responses shape individual options (Heise, 1998).

The high reported resolution and satisfaction figures should therefore be interpreted alongside, not separately from, the equally high stigma and pressure figures. A rapid settlement may reduce immediate conflict while leaving coercive control, economic dependence or educational disruption unchanged. Stark's (2007) account of coercive control is useful here because it shifts attention from whether a single incident was 'resolved' to whether autonomy and safety were restored.

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➢ *Informal and Formal Pathways are Interdependent*

Chiefs were used more frequently than police, but many respondents selected both informal and formal channels. Policy should not assume a simple choice between replacing informal structures and strengthening formal services. Community leaders and mammy queens may provide proximity, language access and trusted entry points; however, they require clear safeguarding standards, confidential referral protocols and limits on mediation where intimidation or sexual violence is present. Police Family Support Units, health services and legal actors likewise need referral links that do not force survivors to repeat distressing accounts.

➢ *Counselling as a Coordinated Response, Not an Isolated Service*

Counselling was the most frequently selected support need, but educational sponsorship, legal assistance and financial support followed closely. A publishable implication is therefore a coordinated counselling model with four linked functions: safe first contact; risk-informed safety planning; educational continuity planning; and consent-based referral. First contact should validate experience and explain confidentiality. Safety planning should consider escalation, children, transport, documents and safe communication. Educational planning should address attendance, fees, relocation, examinations and re-entry. Referral should connect the survivor to health, legal, shelter and livelihood services while minimising repeated disclosure.

Such a model reflects WHO (2013) guidance and recognises that economic abuse and educational sabotage constrain real choice (Postmus et al., 2012; West, 2014). Counsellors should not pressure reconciliation, contact an alleged perpetrator without a risk assessment, or promise outcomes beyond their authority. The survivor should determine what may be shared, with whom and for what purpose, subject to clearly explained safeguarding duties.

➢ *Implications for Education and Community Prevention*

Schools and adult-learning providers need confidential disclosure routes, trained focal persons, flexible attendance and assessment arrangements, and referral agreements with health, legal and social services. Community prevention should directly address victim-blaming beliefs rather than rely only on information that violence is unlawful. Social learning theory suggests that repeated modelling and reinforcement can normalise either violence or non-violent, accountable behaviour (Bandura, 1977). Chiefs, religious leaders, teachers and women's leaders should therefore model non-blaming responses and publicly reject coerced settlement.

➢ *Theoretical and Implementation Contribution*

The findings refine ecological explanations of domestic violence by showing that community institutions can operate simultaneously as resources and sites of constraint. Chiefs, relatives and mammy queens may shorten the physical and linguistic distance to help, yet the norms surrounding these same relationships can reproduce silence, blame or pressure to preserve family unity. The relevant analytical question is therefore not whether an informal or formal channel exists, but what happens to a survivor's autonomy after she enters it. This distinction connects Heise's (1998) multi-level account of violence with Stark's (2007) emphasis on domination and restricted choice.

The article consequently proposes a two-dimensional test for evaluating reporting systems. The first dimension is practical access: proximity, affordability, language, opening hours and procedural simplicity. The second is social safety: privacy, non-blaming treatment, informed choice, protection from retaliation and freedom from compulsory reconciliation. A service can score highly on practical access and poorly on social safety. Monitoring only the number of cases received or settled may therefore reward activity without demonstrating safety, justice or recovery.

For implementation, referral networks should record outcomes that matter to survivors rather than treating case closure as the principal indicator of success. Appropriate indicators include whether the woman understood her options, chose the referral, received confidential support, obtained timely health or legal assistance, remained safe after disclosure and continued education where applicable. These measures would make guidance and counselling accountable to agency and sustained well-being while preserving the complementary responsibilities of police, health services, social welfare, schools and community authorities.

V. STRENGTHS AND LIMITATIONS

The study provides rare community-level evidence from eight rural and peri-urban settings and reports multiple-response denominators transparently. Its focused analysis of reporting, stigma and pressure reveals an important service-design problem that would be obscured by reporting rates alone.

Several limitations are substantial. Communities were purposively selected and equally allocated, so findings are not district prevalence estimates. Measures were cross-sectional and self-reported, and no unexposed comparison group or verified educational records were analysed; causal claims cannot be made. The women-only design prevents gender comparison. The complete qualitative transcript and coding archive was unavailable, limiting mixed-methods verification. Some archived multi-response tables could not be reconciled to unique respondents and were not used for respondent-level inference. Finally, documentation for minors' assent/guardian consent and a separate ethics-committee approval number was absent from the final archive; these matters must be resolved before submission.

VI. CONCLUSION

Women in the selected communities described reporting pathways that were widely used and apparently easy to reach, yet disclosure remained socially unsafe because stigma and pressure were also widespread. The

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distinction between available access and safe access is the article's principal contribution. A survivor-centred response requires more than opening reporting channels: it requires confidentiality, non-blaming practice, risk assessment, protection from coerced reconciliation, educational continuity and coordinated referral. Counselling can serve as the connective function across these services, but it should strengthen survivor agency rather than replace legal accountability, health care, safe shelter or livelihood support.

DECLARATIONS

Ethics approval and consent to participate. Participation was voluntary, interviews were conducted privately, and consent was obtained before data collection. Before journal submission, the authors must insert the verified name of the approving ethics committee, approval/reference number, and the documented assent and guardian-consent procedure for participants younger than 18 years. These details must be confirmed from the original study records and must not be inferred.

- Consent for publication. Not applicable; no directly identifying participant information is reported.
- Availability of data and materials. The de-identified dataset may be available from the corresponding author subject to ethics approval, participant-protection requirements and applicable data-governance permissions.
- Competing interests. The authors declare that they have no competing interests.
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- Author contributions. Mustapha Prester Luseni conceptualised the study, conducted the field research, curated and analysed the data, interpreted the findings, and prepared the first manuscript draft. Dr Tamba Kebbie supervised the research, contributed to methodological and conceptual refinement, critically reviewed the analysis and manuscript, and approved the version for submission. Both authors accept accountability for the integrity of the work.

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