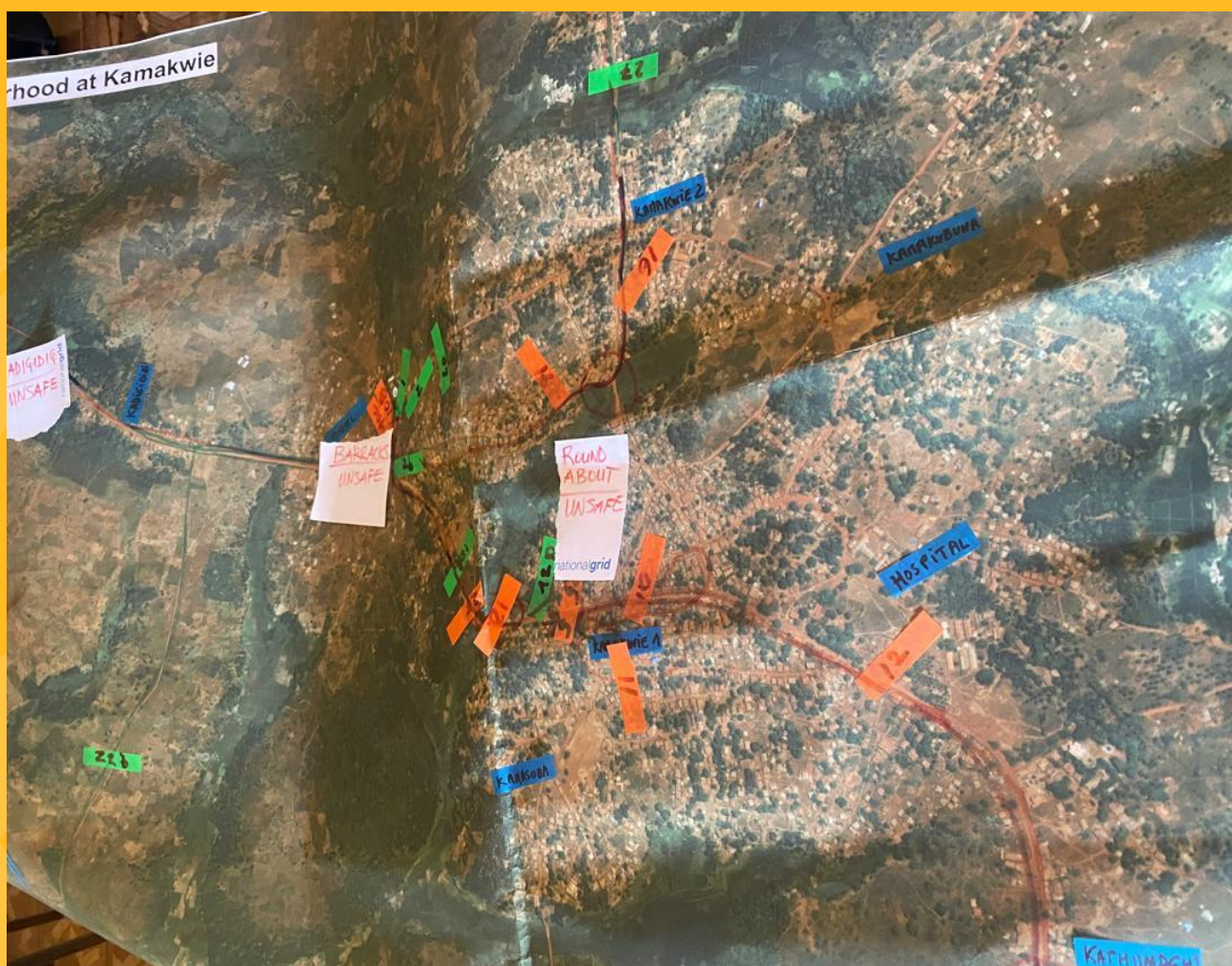


Safely at school: reducing risks of school-related gender-based violence for children with disabilities in Sierra Leone



Authors and contribution

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Cover picture: Map showing key features, including safe and unsafe sites. The map was plotted using information provided by children with disabilities at the Sierra Leone Muslim Brotherhood school

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Acronyms

AYWDN	African Youths with Disabilities Network
CBPAR	Community-based participatory action research
CODIWOC	Concern for the Development of Disabled Women and Children
CSO	Civil society organisations
FGD	Focus group discussion
FGM	Female genital mutilation
FSU	Family support unit
GBV	Gender-based violence
GIS	Geographic Information System
GPS	Global Positioning System
ICVAC	International Classification of Violence against Children
JSS	Junior secondary school
MBSSE	Ministry of Basic and Senior Secondary Education
MOGCA	Ministry of Gender and Children's Affairs
MOHS	Ministry of Health and Sanitation
MOSW	Ministry of Social Welfare
NCPD	National Commission for Persons with Disability
NGO	Non-governmental organisation
OPD	Organisation of Persons with Disabilities
PI	Principal investigator
SGBV	Sexual and gender-based violence
SLCO	Sierra Leone Country Office
SLMB	Sierra Leone Muslim Brotherhood
SLP	Sierra Leone Police
SMT	School management team
SRGBV	School-related gender-based violence
SSS	Senior secondary school
SVRI	Sexual Violence Research Initiative
UNESCO	United Nations Educational, Scientific and Cultural Organization
YR	Young Researcher

Executive summary

Background

Globally, school-related gender-based violence (SRGBV) impacts 246 million children and adolescents a year. UNESCO defined SRGBV as “acts or threats of sexual, physical or psychological violence occurring in and around schools perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics”. SRGBV includes violence at school, but also violence related to educational participation, such as bullying or physical or sexual assault on the way to/from school. Annually, an estimated 60 million girls experience sexual assault on their way to/from school. Measuring SRGBV is difficult, and we have limited insight into how it affects children with disabilities in particular.

Gender-based violence (GBV) is widespread in Sierra Leone and is deeply rooted in social and economic inequalities. Societal gender norms prevent equitable access to education, which in turn perpetuates high levels of GBV, early marriage and teenage pregnancy. A 2010 survey found that 90 per cent of children in the country had experienced physical violence at school, and almost 80 per cent had experienced corporal punishment. Over 40 per cent of girls had experienced sexual violence and 18 per cent had been raped – one third of these at or around schools. Multiple studies show that SRGBV contributes to girls leaving school in early adolescence.

Recent work in Sierra Leone has identified various forms of SRGBV in schools, including corporal punishment, sexual threats by teachers, and bullying and sexual harassment by peers. Within communities, girls experienced sexual exploitation in exchange for lunch, and for transport to and from school. However, little is known about how SRGBV affects children with disabilities in Sierra Leone.

The aim of this study was to understand and articulate the experiences, perceptions, needs and concerns of boys and girls with disabilities regarding SRGBV in Sierra Leone. Initial findings were used to work with school communities to co-develop disability-inclusive SRGBV response strategies.

The study addressed the following questions:

1. How do boys and girls with disabilities attending inclusive schools in Sierra Leone perceive and experience school-related gender-based violence? How do these views and experiences vary between boys and girls?
2. Where do these children feel more and less safe? Where are hotspots of violence or perceived risks to safety? Where do children feel most safe and protected? Where possible, we explore variations on the basis of sex, age and type of disability.
3. What do children think would help make these spaces safer, and who do they see as the main agents of change? What are the perspectives and opinions of other stakeholders within school communities? How can sharing children’s concerns about safety and risk with school communities support the development of responses?

Why is this study important?

This study explored how children with disabilities perceive and experience SRGBV in schools, on the way to/from school and in their communities. Children with disabilities shared their experiences of the challenges they encountered and the impact these had on them and their education. Stakeholders at all levels used these preliminary findings to propose strategies to minimise/eliminate SRGBV and to make schools safer for children with disabilities. Findings from this study provide the evidence required by stakeholders to revise policies and interventions to ensure they address the needs and concerns of children with disabilities. Lessons learnt from this study, especially on the use of participatory methodologies, will be useful for other organisations who may want to undertake similar work in other parts of the country, or in other contexts.

How did we conduct the research?

This study was conducted in four schools in Karene district in northwestern Sierra Leone. We used community-based participatory action research (CPBAR) methodology, which places children with disabilities in the centre of decision making and research activities. We used interrelated data collection methods such as focus group discussions (FGDs), participatory mapping, photovoice and participatory action workshops.

Sightsavers collaborated with two organisations of persons with disabilities (OPDs) to conduct this study, with their representatives as study co-investigators. Additionally, we recruited eight youths with disabilities, based in study communities, as Young Researchers (YRs). Our approach in working with OPDs and YRs has helped to strengthen local capacities for future studies in disability and gender-based violence.

Study findings

This study collected data from 70 children with various categories of disabilities in four study schools, and 120 community members playing diverse roles in study schools and communities. Findings can be summarised as follows:

1. **Children's experiences of SRGBV are strongly shaped by aspects the sociocultural context in which they live and attend school.** These include:
 - a. **High levels of disability stigma and discrimination**, which increases vulnerability to SRGBV as children with disabilities may be isolated, or even specifically targeted. While disability awareness is gradually increasing, challenges are partly related to traditional beliefs which frame disability as a curse for wrongdoing by family members.
 - b. **Traditional practices, including initiation of girls and boys into secret societies.** In one community, some respondents reported beliefs that initiation into secret societies might 'cure' or 'heal' disabilities. Initiation often includes female genital mutilation, meaning children with disabilities are at risk of physical harm.

- c. **Limited awareness of and attention to SRGBV.** While government institutions and NGOs have undertaken awareness-raising activities, and three of the participating schools displayed information about reporting abuse, children with disabilities generally had little prior exposure to the concept of SRGBV. Consequently, they initially struggled to engage in discussion on the topic. However, once they had understood the concept, they saw clear relevance to their lives, and were able to share experiences and perspectives.
2. **The areas in which children felt most and least safe were strongly influenced by the geographical context of each specific school and community.**
 - a. In the **more urban setting of Kamakwie**, road traffic accidents were a key safety concern for children, particularly in areas where they needed to cross busy roads, and for children with mobility or sensory impairment. Children also felt unsafe in areas where drug users were known to congregate. Children felt safer near public services or in areas where more adults were present, reducing risks of bullying or harassment.
 - b. In the **small town of Rokulan**, roads were also central to children's feelings of safety. While children felt unsafe crossing the busy road near their school, some children felt safer because of having a large road to use on the way to school. However, passing by certain less populated areas where people might hide left children feeling vulnerable. Children also felt unsafe crossing streams on the way to school, especially during the rainy season.
 - c. In the more **rural and remote setting of Makulon**, children described feeling unsafe when using overgrown footpaths and makeshift bridges, particularly in the rainy season. Children often travelled fairly long distances to and from school, and felt less safe in areas with fewer people around. Children living closer to school, and passing through busier areas, felt safer.
3. **Children described encountering many forms of SRGBV, perpetrated by a range of different groups.**
 - a. **Physical violence** was widely reported, and included bullying, often by other children, as well as corporal punishment. Corporal punishment was more frequently directed at boys with disabilities than girls. Both these forms of violence were perceived as often being a direct result of disability.
 - b. **Sexual violence** included sexual harassment and abuse, by peers as well as teachers and community members. Participants also spoke about early marriage, as well as teenage pregnancy. Sexual violence was primarily reported as being directed towards girls.
 - c. Children encountered multiple forms of **psychological violence**, including provocation, verbal abuse, and discrimination and rejection. These forms of violence were described by both boys and girls, and were directed at children by peers, teachers, community members and family members. Children perceived much of this violence as directly due to their disabilities.

- d. **Deprivation and neglect** were also reported by children. Children explained that in a context of extremely constrained resources, the needs of children with disabilities are often deprioritised. This in turn increases vulnerability to other forms of violence.
4. **Girls and boys with disabilities reported experiencing different forms of violence, with different consequences for their education and wellbeing.** Boys were particularly likely to experience corporal punishment, while girls were more likely to experience sexual harassment and abuse. Community members believed that boys with disabilities were more able to withstand the violence they experienced, while girls were more likely to drop out of school as a result.
5. **Children and other participants, across all participating schools and communities, reported significant challenges with SRGBV reporting and redress mechanisms.** Children who complained about SRGBV, formally or informally, felt that they were often not believed, or were advised to keep quiet about their experiences. Responses to reports of SRGBV often focussed on protecting perpetrators, rather than protecting children.
6. **Building awareness of SRGBV, and its impact on children with disabilities, can generate commitment and change in communities.** Communities engaged meaningfully with study findings, and developed context-specific SRGBV response plans in response to the challenges reported by children with disabilities. While plans varied, most addressed the following areas:
 - a. Sensitisation of the community on disability, and on the impact of SRGBV.
 - b. Strengthening implementation of existing policies and bylaws relating to prevention of abuse.
 - c. Improving safety of roads used by children to travel to and from school.
 - d. Strengthening mechanisms for reporting and responding to reports of SRGBV.
 - e. Supporting girls with disabilities to stay in school.

Stakeholder recommendations to address SRGBV in the country

The following recommendations were proposed by stakeholders to eliminate/minimise SRGBV and make schools safer for children with disabilities:

1. **Increase awareness on disability and SRGBV issues.** The aim is to change negative perceptions of disability, and highlight the impact of SRGBV on the safety, wellbeing and learning outcomes of children with disabilities. This should target communities, schools and policy makers.
 2. **Review existing legislations, policies and programmes** to make them reflect the needs and concerns of children with disabilities.
-

3. **Strengthen the security and justice sectors.** This will enable police and courts of law to consider the principles of respect and confidentiality when investigating, prosecuting and trying cases of sexual violations where children with disabilities are the victims.
4. **Strengthen SRGBV reporting mechanisms.** This is required at all levels to give children with disabilities and caregivers a means of reporting SRGBV whenever it occurs, and for duty bearers to take the necessary steps to protect victims, provide them with necessary services (medical, psychosocial, etc.) and hold perpetrators accountable for their actions.
5. **Step up advocacy initiatives.** This should target state institutions, OPDs/civil society organisations (CSOs), and law and policy makers to consider the inclusion of people with disabilities in education.
6. **Get perspectives of SRGBV from other regions of the country.** Incidences of violence against women and girls varies by region in Sierra Leone. While physical violence is high in all regions, sexual and gender-based violence (SGBV) is believed to be higher in the northwest, followed by the western area and then the rest of the nation.
7. **Strengthen guidance and counselling in schools.** This vital school-level service should be strengthened to help children access information on SRGBV, including where to get help when necessary.
8. **Adopt an interagency approach.** Addressing SRGBV requires the involvement of all state institutions handling the affairs of children, including those with disabilities. Stakeholders recommended that Karene District Council and the Ministry of Gender and Children's Affairs (MOGCA) should coordinate all SRGBV reduction interventions at district and national level respectively.

Methodological learnings

The CBPAR approach used in this study was critical to our ability to explore the sensitive topic of SRGBV in a traditional, rural area. YRs played a key role in building trust, and supporting children and adults to speak about this topic. YRs identified personal benefits from their role, particularly as they acquired new skills in conducting FGDs, participatory mapping and photovoice. Children enjoyed the opportunity to take part in participatory mapping and photography, and the technology captured and sustained their interest. As a study team, we found these digital technologies useful when discussing a sensitive issue like sexual relationships in communities where cultural norms dominate.

The methodology of participatory mapping amplified the voices of children with disabilities in sharing their lived experiences by identifying places they felt were safe or unsafe on a printed map. The activity followed group discussions in the classroom, where key concepts were explored, and took place outdoors, helping to ease tension around such a sensitive topic. Many children felt more comfortable expressing themselves through visual and spatial means, rather than direct verbal disclosure.

The maps created through this process became powerful tools, not only for identifying spatial patterns of violence or exclusion that might otherwise go unnoticed, but also for sparking dialogue with parents, teachers and local leaders. The visual and participatory nature of the mapping process, combined with the analytical power of GIS, encouraged broader community involvement and supported collective reflection and coordinated action.

CBPAR ensured that study participants, and particularly children with disabilities, felt empowered to share challenging and sensitive experiences, and to develop strategies to address these. The extent of engagement around forced initiation, a topic shrouded in secrecy, reflects considerable trust in the research process, and it is encouraging that three of four communities decided that this was an issue they wanted to address.

Conclusion

It has already been established that SRGBV is widespread in Sierra Leone and that the government has initiated policies and programmes to address it. During the launch of the International Taskforce to End Violence in Schools recently in UK, Mr Conrad Sackey, the MBSSE Minister made this statement: “No child should be afraid to go to school. But for too many, violence is a daily reality” (1). The involvement of Mr Sackey in the high-level taskforce is an encouraging indication that addressing SRGBV is now a priority in Sierra Leone. This study and report provide a clear description of key challenges relating to SRGBV and safety for children with disabilities. They also highlight approaches which can effectively generate insight into both the challenges of SRGBV, and potential solutions.

Introduction

Globally, school-related gender-based violence (SRGBV) impacts 246 million children and adolescents a year (2). SRGBV is defined as “acts or threats of sexual, physical or psychological violence occurring in and around schools perpetrated as a result of gender norms and stereotypes and enforced by unequal power dynamics” (3). It includes violence at school, but also violence related to educational participation, such as bullying or physical or sexual assault on the way to/from school (2). Annually, an estimated 60 million girls experience sexual assault on their way to/from school (4).

Measuring SRGBV is challenging, particularly when it intersects with social marginalisation (5). Some data on prevalence is available from large-scale surveys (6-8), however we have limited insight into specific locations of violence, exposure to other risk factors, and how violence intersects with disability (9). Participatory research methodologies grounded in feminist theory are crucial to filling these knowledge gaps, supporting fully inclusive responses to SRGBV. Liberal feminism draws on women’s views and experiences in removing social barriers to women’s achievement (10, 11).

The limited research on disability and GBV finds that women with disabilities are at higher risk of violence than men or women without disabilities (12, 13), and that children with disabilities are three to four times more likely to experience violence than other children (14, 15). Boys with disabilities can be as vulnerable as girls, particularly in cultures of patriarchy and hegemonic masculinity (12, 13, 16). Inclusive education policies rarely consider SRGBV, and school safeguarding policies overlook the specific needs of boys and girls with disabilities, resulting in a lack of guidance and resourcing (16).

Responding to SRGBV is crucial from multiple perspectives. It is a violation of fundamental human rights and perpetuates the subordination of women to men (17). It reduces learning in school and increases school drop-out – especially amongst girls – driving significant worsening of health, social and economic outcomes at individual and societal levels, including suicidal thoughts, HIV status, early childbearing and future earnings (18). There is also compelling evidence that witnessing or experiencing violence as a child is linked to future use or acceptance of violence (19).

Schools are core sites of social reproduction, therefore addressing SRGBV is essential to break cycles of gendered violence. As entry points for shifting violence-related norms and behaviours, schools are also central in efforts to address not just SRGBV, but also GBV and violence more broadly (4). Emergent best-practice responses reach entire school communities with gender transformative interventions (18), recognising that aspects of children’s identity – including disability status – may place them at particular risk (20).

This approach is well-aligned with the fact that children can encounter sexual and gender-based violence (SGBV) in multiple forms and in multiple locations, and that individual risks and vulnerability are shaped by factors at individual, family, school and community levels (21). We use this framing in this study – combined with a four-part typology of violence as physical, sexual, psychological or deprivation (22) – to explore and understand SRGBV.

Our exploration of SRGBV against children with disabilities is also informed by the bio-psychosocial model of disability, which presents disability as the interaction between a health

condition or physical impairment and an unaccommodating environment, in turn limiting activities and restricting participation (23, 24). This lens highlights the importance of understanding children's experiences in relation to both their individual impairment or health condition, and the context in which their education occurs, including the spatial environment.

SRGBV in Sierra Leone

Driven by deeply-rooted social and economic gender inequalities, gender-based violence (GBV) is widespread in Sierra Leone, with 62 per cent of women reporting experiencing physical or sexual violence (25). Social gender norms prevent equitable access to education for girls, in turn perpetuating high levels of GBV, early marriage and early pregnancy (26).

A 2010 national survey found that 90 per cent of children had experienced physical violence at school, and almost 80 per cent had experienced corporal punishment (27). Over 40 per cent of girls experienced sexual violence and 18 per cent had been raped – one third of these at or around school. Multiple studies show that SRGBV contributes to girls leaving school in early adolescence (28, 29). A 2022 study identified the forms of SRGBV in schools, including corporal punishment, sexual threats and violence by teachers, and bullying and sexual harassment by peers (30). Beyond the school gates, girls reported sexual exploitation in exchange for transport to and from school. A recent study in Sierra Leone found that girls who cannot afford the cost of lunch, school charges and transport fare to and from school often get sexually exploited by male peers and bike riders. Most girls in this category get pregnant and drop out of school (31).

Little is known about SRGBV and children with disabilities in Sierra Leone. A 2014 study found that social gender-related pressures impacted negatively on educational experiences, and many girls with disabilities left school early due to pregnancy (32). A 2018 study found that five out of seven girls interviewed had experienced sexual abuse (33).

The 2022 Gender Equality and Women's Empowerment Act recognises the destructive nature of gender inequalities, and targets elimination across social and economic life (34, 35). Recent policy efforts to specifically target SRGBV include the 2019 revision of the Sexual Offences Act (30, 36), the reformed National Referral Protocol on Gender-Based Violence (37), and the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (38). However, these are silent on the specific challenges and needs of children with disabilities.

A guide to school safety systems highlights the safety of learners with special needs, but provides little detail (39). The 2021 National Policy on Radical Inclusion focuses on marginalised children – including those with disabilities – and girls, especially pregnant or parent learners (40). It highlights the responsibility of schools to provide violence-free learning environments, but not the specific safety needs of children with disabilities.

In Sierra Leone, disability stigma and discrimination remain a significant challenge, particularly in many rural communities. Although awareness of disability issues is increasing, many people continue to believe that disability is the result of a curse or divine judgement for wrongs done in the past by affected family members (41). Additionally, many people in rural communities further believe that children with disabilities are 'bad' and possess evil spiritual powers which can affect other people around them (42).

In Sierra Leone, children with disabilities are likely to be at particularly high risk of SRGBV, but little is known about their understanding of and experiences with SRGBV, where they feel most unsafe, and what responses they would like to see. Information generated from children with disabilities in this study is crucial in order to enable the government and communities to design disability-inclusive responses and interventions.

Study objective and research questions

Study objective

The study aims to understand and articulate the experiences, perceptions, needs and concerns of boys and girls with disabilities regarding SRGBV in Sierra Leone, and to use learnings to work with school communities to co-develop disability-inclusive SRGBV response strategies.

Research questions

The study addressed the following questions:

1. How do boys and girls with disabilities attending inclusive schools in Sierra Leone perceive and experience school-related gender-based violence? How do these views and experiences vary between boys and girls?
2. Where do these children feel more and less safe? Where are hotspots of violence or perceived risk to safety? Where do children feel most safe and protected? Where possible, we explore variations on the basis of sex, age and type of disability.
3. What do children think would help make these spaces safer, and who do they see as the main agents of change? What are the perspectives and opinions of other stakeholders within school communities? How can sharing children's concerns about safety and risk with school communities support the development of responses?

Research methodology

Study location

This study was conducted in Karene district, in northwestern Sierra Leone. We worked with four junior secondary schools (JSSs): two in Kamakwie (Sierra Leone Muslim Brotherhood and Kamakwie Wesleyan) to the north of the district, and further south at Makulon Community and Wuroh Memorial. Figure 1 shows the locations of the four study schools in Karene district. All schools have enrolments of 250 to 450 students, each with at least 17 learners with disabilities. Sightsavers has supported inclusive education in schools in the district since 2016 and during this period has built strong relationships with schools, education stakeholders and local community leaders.

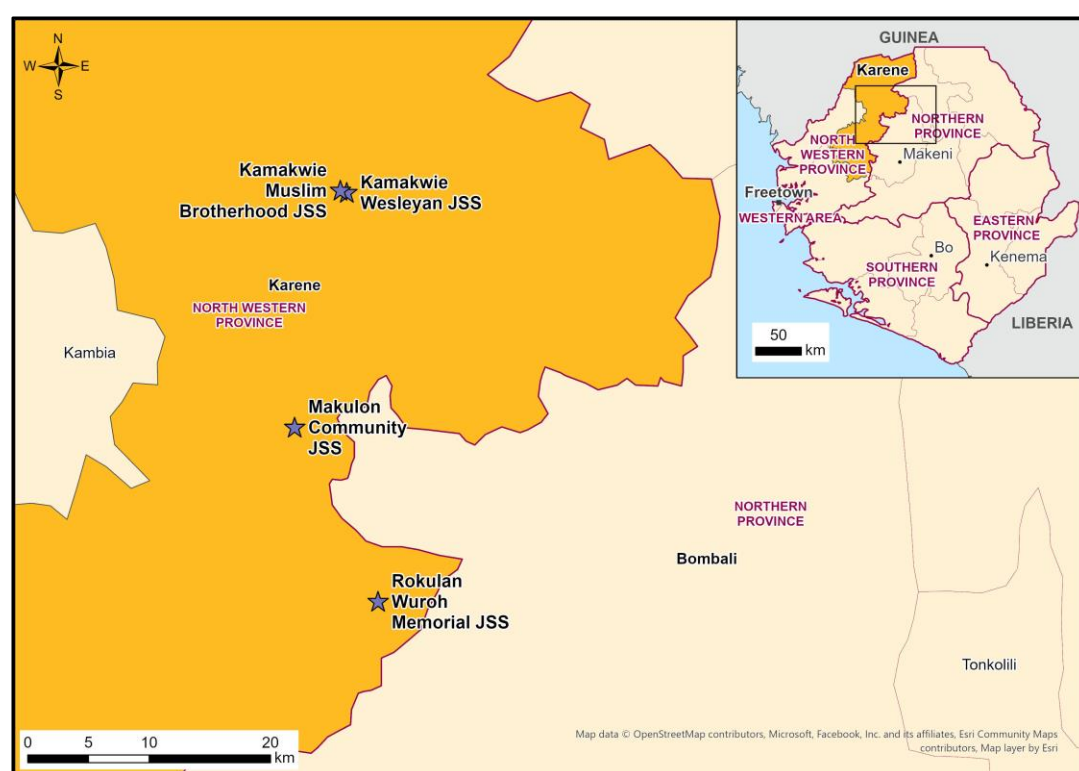


Figure 1: Map of Karene district showing locations of study schools

Study design

The study is grounded in community-based participatory action research (CBPAR) methodology, as it breaks down social injustice and structural constraints that produce power inequities through reflective action from those affected (43, 44). The focus on mutual dialogue and low levels of hierarchy places children with disabilities, especially girls, in the centre of research and decision-making processes. This approach ensures that findings reflect the experiences and perspectives of children with disabilities, and that actions for intervention reflect their needs. Participatory approaches work well for children with a range of disabilities (45).

The study made use of peer research methodology, recruiting two recent young graduates with disabilities from each of the participating JSSs. The involvement of these Young Researchers (YRs) in the study facilitated the comfort of children with disabilities who participated, strengthening data quality and ensuring relevance of findings.

We implemented CBPAR using four interrelated data collection methods:

1. **Focus group discussions (FGDs).** These were used to explore and construct knowledge in a small group (45, 46) and create safe spaces for the exploration of challenging topics. The study included FGDs with children with disabilities, as well as teachers, parents and community stakeholders.
2. **Participatory Geographic Information System (GIS) mapping.** This method involved girls and boys with disabilities documenting the locations where they felt most and least safe. Geography is significant in the experience of disability and in the experiences of GBV, and this process resulted in creating maps which reflected lived experiences in order to inform disability-inclusive policymaking, and building ownership and agency (46).
3. **Photovoice** captured the voices of children with disabilities using photography and critical dialogue to record, reflect and communicate their lived experiences (47). For operational reasons, most photographs were taken by the YRs, as guided by children and their narratives.
4. **Participatory action workshops.** The study team brought together a diverse group of community stakeholders at each of the four study schools, including children with disabilities, to share and validate preliminary study findings. This was followed by a structured and facilitated engagement, led by community stakeholders, to discuss and agree on a structured and specific disability-inclusive SRGBV response action plan.

This study was conducted in three phases, as illustrated in Figure 2. Each stage is described in more detail in the following sections.

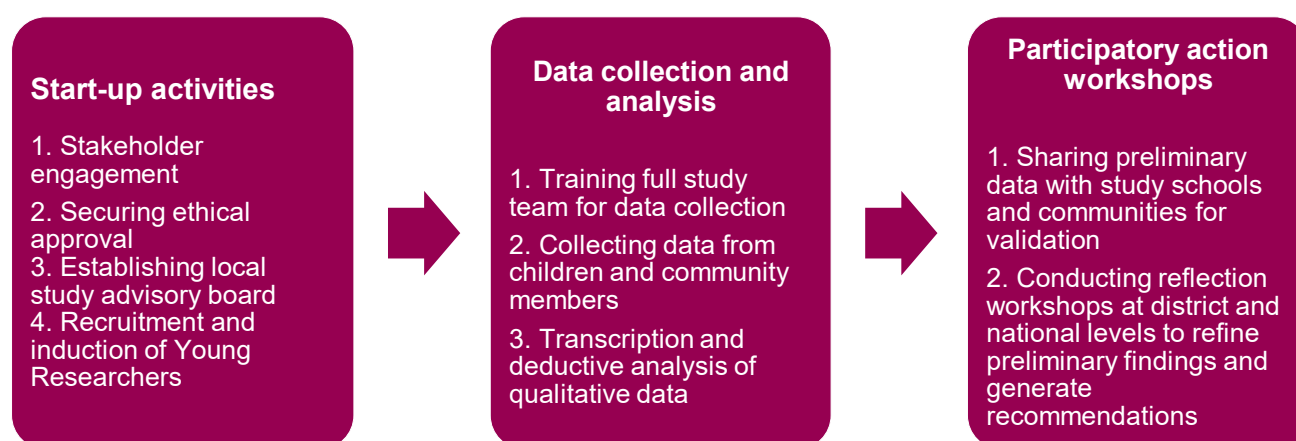


Figure 2: Flow chart of study phases

The study was implemented by Sightsavers, in partnership with two OPDs – African Youths with Disabilities Network (AYWDN) and Concern for the Development of Disabled Women and Children (CODIWOC) – whose representatives were recruited as co-investigators. All partners were involved in study design and planning, data collection, analysis and reporting. The principal investigator (PI) assumed responsibility for overall study leadership and implementation, while each co-investigator was responsible for research activities in two

schools, and supportive supervision of the YRs based there.

Start-up activities

As soon as study funding was approved, the PI held discussions with officials in three key ministries: the Ministry of Basic and Senior Secondary Education (MBSSE), the Ministry of Gender and Children's Affairs (MOGCA) and the Ministry of Social Welfare (MOSW) to inform them about the study and their expected roles in the process. The study protocol was shared with above ministries before submission to the Sierra Leone Ethics and Scientific Review Committee (SLESRC). A local study advisory board was established, comprising the key ministries mentioned above, representatives of partner OPDs and a gender activist. The country director of Sightsavers' Sierra Leone country office (SLCO) and the PI played the roles of chairperson and secretary to the board respectively.

During the start-up period, given the sensitivity of the study focus, a comprehensive study safeguarding strategy was developed, in collaboration with the SLCO and Sightsavers' safeguarding team. This included the development of safeguarding training materials, clear reporting protocols and lines, and distress and response protocols for use in the field. Referral and reporting services were also mapped.

Following receipt of ethical approval, the PI and one co-investigator made familiarisation visits to the four study schools and communities, meeting teachers, representatives of school management teams (SMTs), community leaders and officials of the Karene District Council. They introduced the study to stakeholders, emphasising its contribution to improving the safety of children with disabilities in school and on their way to/from school, with a focus on SRGBV. In collaboration with teachers and community leaders, the study team recruited eight youths (aged 18 or above) with disabilities (out of 14 identified) as Young Researchers (YRs). This was followed by a comprehensive, day-long, in-person induction, covering the research protocol and safeguarding policies. After induction, the YRs embarked on their first major activity, which was registering children with disabilities in study schools.

The local reputation of the OPDs and YRs, coupled with that of Sightsavers generated trust, which supported the willingness of schools, communities and local stakeholders to engage with study activities within a short period. In addition, this collaboration contributed to strengthening the capacities of partner OPDs and YRs in SRGBV and in conducting research into disability issues.

Data collection

In preparation for data collection, YRs and co-investigators participated in an in-person three-day training session in June 2024, facilitated by the study PI, co-investigators and two experienced researchers from Sightsavers UK. Training was conducted using a mix of presentations, discussions and hands-on practical exercises, and covered approaches to working with children with disabilities, safeguarding, study approach and methodology, data collection tools and study ethics (including confidentiality and data protection). Practical sessions included conducting FGDs, participatory mapping (see photo 1) and photovoice (see photo 2). Training was immediately followed by data collection.



Photo 1: Young Researchers preparing for participatory mapping



Photo 2: Young Researchers practising the capture of photovoice data

Focus group discussions

Focus group discussions (FGDs) were conducted at two levels: first with children with disabilities (June 2024) and then with community members (July/August 2024). YRs in each area were responsible for the identification and recruitment of children with disabilities for study participation, with guidance and support from the broader study team. YRs also led the FGDs with children, supported by other members of the study team. To provide a safe space for children with disabilities to express themselves freely, especially girls, FGDs were conducted separately for girls and boys. Children were allocated unique ID codes, which they used instead of their names during discussions to ensure anonymity, confidentiality and data protection. Children's FGDs had an average size of seven, although in Kamakwie Wesleyan they were larger due to the higher number of children with disabilities in that particular school. FGDs with children in all schools lasted an average of 45 minutes.

FGDs explored children's understanding and perception of SRGBV and how it affects them. This included their experiences of safety and violence in the community, at school and on the way to/from school, as well as their gendered experiences and how these experiences varied in relation to different disabilities. Children were also asked to make suggestions on how to improve their safety both at school and as they travel to and from school.

FGDs were also conducted with community members in each school community, with respondents selected based on their level of interaction with children with disabilities. Respondents were chosen from the following sectors of society: parents/caregivers of children with disabilities, teachers, school management team (SMT) members, community and religious leaders and other interest groups such as public transport and entertainment providers. In each school catchment area, 30 community members were selected by YRs in collaboration with SMTs, and were invited to participate in FGDs.

In Kamakwie, given the close location of the two participating schools, there was some overlap in the community members involved in the two different schools. Consequently, while separate parent and teacher FGDs were held for the two schools, FGDs with other community stakeholders covered both schools. A total of 60 community members were invited to participate across the two schools.

FGDs were conducted separately with representatives from each sector, with eight to ten respondents in each group. Key topics explored were respondents' understanding of violence against children, including SRGBV, cultural practices that promote violence against children with disabilities, factors contributing to SRGBV and perpetrators responsible for abuse in schools and communities. FGDs with community members generally lasted a little over one hour.

SRGBV was a sensitive topic for children and community members to discuss openly, probably influenced by the culture of silence on talking about sexual matters in public. FGDs therefore started slowly, with many children and women having difficulty sharing. Respondents were reassured of data protection and confidentiality, after which they developed the confidence to share. A trauma-informed approach was adopted for the FGDs, and care was taken to support participant wellbeing throughout. Participants were encouraged not to share specific details about particular incidents in the group context, but could talk to researchers in more detail in a more private setting if they wished to.

All FGDs were audio-recorded, with the consent of participants. Additionally, during children's FGDs, key points raised by children were recorded by YRs on Post-It notes (see photo 3) to further capture and document discussion. YRs also supported with note-taking for adult FGDs.



Photo 3: Children participating in a mapping exercise at one of the study schools

Participatory mapping

Immediately after the children's FGDs, boys and girls at each school were brought together for the participatory mapping. To facilitate this activity, a large, pre-printed satellite map of the school and surrounding areas was provided for each school, showing its location, landmarks in and around the school and community, and major roads. Children were first guided to locate their schools and a few landmarks around them. Using colour-coded stickers, the study team worked with the children to point out and label areas where they live (blue), routes they use to and from school, and areas where they felt safer (green) and less safe (red). Once this geographic information gathering was completed, children were engaged in discussion to suggest how to make unsafe areas and locations safer for them. Children found this exercise interesting and participated actively.

Photovoice

Participatory mapping was followed by photovoice, where YRs and some children with disabilities walked around the school community using a mobile phone application called ArcGIS Survey 123 to take photographs, record GPS locations and document narratives of sites of importance to children. This exercise captured photographic documentation of safe and unsafe locations and hotspots for violence for children with disabilities. Data generated at this stage was uploaded for analysis in ArcGIS. While nine children with disabilities participated in photovoice exercises in Kamakwie, in Makulon and Rokulan there was insufficient time for children to safely participate due to lengthy FGDs and mapping exercises. Study team members instead collected additional geographic information, including photos, of sites identified by children during FGDs.

Validation and participatory action workshops

School-level validation and action workshops

Following data analysis, preliminary study findings were shared with study participants for validation, and to support the co-creation of location-specific SRGBV response plans. Preliminary findings were first shared with children with disabilities at each school by YRs supported by the study team. This separate workshop for children gave them an opportunity to more openly respond to and ask questions about study findings.

Subsequently, preliminary findings were shared with a broader group of community members, including some of the children, during a larger workshop at each school. At this workshop, co-investigators presented preliminary findings for discussion and validation. Community members then drew on the information shared to identify their priority areas for attention in better protecting children with disabilities in school, on their way to and from school, and in the community. This fed into the development of an SRGBV reduction plan guided by the following:

- a) Key SRGBV issues identified from data and impact on children with disabilities.
- b) Strategies for addressing each SRGBV concern.
- c) Identification of community structures/leaders that would lead the process.
- d) Proposals for measuring progress or achievement of interventions.

Issues from engagement with communities, including a summary of response plans, were incorporated into the report for sharing with stakeholders at district and national levels.

District and national level engagement

Findings were revised based on validation, and a summary of the response plans was incorporated to prepare a report for sharing with stakeholders at district and national levels.

The revised report was first shared with stakeholders at district level in Kamakwie. Stakeholders attending the reflection workshop included officials of the Karene District Council (including local government councilors from study school locations), key government ministries (MBSSE, MOGCA, MOSW and MOHS), the Sierra Leone Police Family Support Unit (SLP FSU), representatives (children and heads) from study schools, traditional leaders, OPDs and CSOs.

Subsequently, the report was shared at a national level workshop, which was attended by senior technical staff from the above-mentioned key ministries, as well as OPDs, the National Commission for Persons with Disability (NCPD) and NGOs involved in SRGBV and disability work.

Presentation to stakeholders covered every aspect of the study from design to findings, and modes of presentation included PowerPoint slides and open discussions. At the end of the presentations, participants were organised into small work groups to deliberate the following discussion points:

- a) Suggestions to improve the report.
- b) Recommendations to end/minimise SRGBV at district and national levels.
- c) Institutions to be targeted for advocacy to address SRGBV nationwide.

Data management and analysis

During interactions with children and community members, researchers took detailed notes. In addition, FGDs, participatory mapping and all workshops were audio-recorded. Researcher notes were typed and summarised under emergent themes. Audio recordings

were transcribed into English. The PI provided training to the co-investigators on coding, and all three researchers jointly coded the transcripts. Coding was conducted manually in Word. Inductive analysis was done at this stage as the study team assigned specific descriptions or codes to information in transcripts. On completion, the study team met to discuss and compare codes and themes based on the study objectives. New codes emerged during discussion, and were added to existing ones. The discussion resulted in the development of a master codebook, which was used to guide the structure of the study report.

Following completion of the participatory mapping exercise, maps were digitised using ArcGIS PRO, based on the annotated maps, together with notes and transcripts from the mapping exercise (see photos 4 and 5).

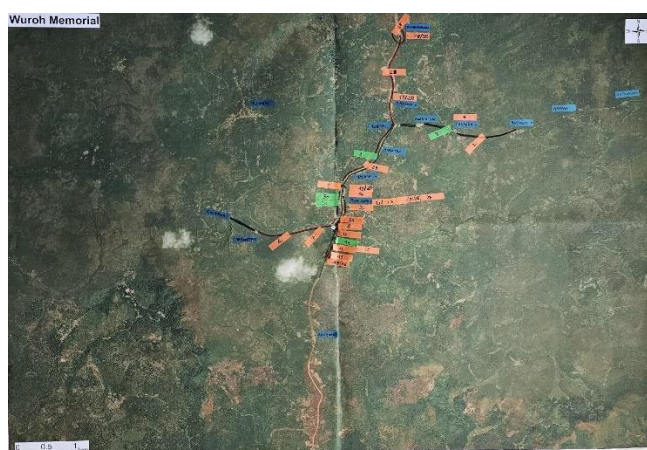


Photo 4: Map of Wuroh Memorial showing safe and unsafe areas as provided by children

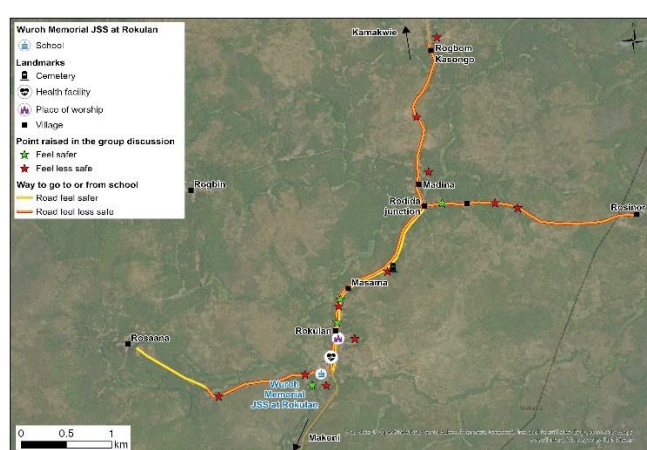


Photo 5: Digitised map of Wuroh Memorial with information provided by children

Data from the photovoice activity was examined in ArcGIS PRO, then exported to Word to be shared with the broader study team. Pictures and narratives from this data were examined alongside the codebook and FGD data.

Ethical considerations

Ethics clearance to conduct this study was received from the Sierra Leone Ethics and Scientific Review Committee in May 2024 (009/05/2024). In addition to this, we also secured permission from MBSSE, MOGCA, MOSW, and the Karene District Council to access study schools.

All activities were undertaken with written informed consent from study participants. YRs first secured written parental consent from parents/caregivers for the children to participate. Once this was obtained, YRs approached the children directly, facilitated by the school, to explain the study to them and obtain their consent. If children were willing to participate, their written consent was also obtained. Written informed consent was also obtained from all adults participating in study activities.

All team members, including YRs and co-investigators, were trained in safeguarding, confidentiality and data protection. During data collection, numbers were assigned to respondents, which were used instead of their names. All documents with identifiable information were held on a password-protected secure laptop, and uploaded onto a secure server as soon as possible. All transcripts were de-identified for analysis.

In light of the sensitive nature of the study, a comprehensive safeguarding strategy was developed during the inception phase, which guided all study activities. This was combined with dedicated safeguarding training and distress-and-response protocols to ensure all team members had clear and easy-to-follow processes should any safeguarding concerns arise.

Psychosocial support

Given the sensitive nature of the study, ensuring adequate psychosocial support for study participants and all members of the research team was an important consideration.

During study implementation, as we became increasingly aware of children's struggles and the lack of support services in the region, eight teachers (two from each study school) were trained to strengthen their capacity in safeguarding and providing basic counselling. This legacy intervention contributes to ensuring that children with disabilities will have access to counselling even at the end of the study.

Additionally, during data collection, YRs who themselves had disabilities listened to sometimes challenging and even graphic personal stories of difficulties and abuse. These stories had an impact on some YRs, as they recalled their own lived experiences of abuse. To address the ensuing vicarious trauma, an independent organisation was hired to provide psychosocial support to YRs. This support included training YRs in managing stress, listening to their concerns and providing individual counselling. Psychosocial support was provided during and after data collection. In the last phase of counselling, YRs were also provided with information on where to find help for ongoing support over the longer term.

Findings

Demographic characteristics of study participants

A total of 70 children with disabilities participated in FGDs, participatory mapping and photovoice exercises across the four study schools. All children were in junior secondary school (JSS) level of education, which covers the seventh to ninth years of schooling in Sierra Leone, with children typically aged between 12 to 15 years. Children participating in the study had a range of different disabilities, including visual impairment, hearing impairment, physical disability, speech impairment, albinism, epilepsy and sickle cell.

The study team interacted with the children on two major occasions: initial data collection (FGDs, participatory mapping and photovoice) and during validation workshops, where preliminary findings were shared with them. Additionally, children at each school sent four representatives to attend validation workshops conducted with a broader range of community members, including the district-level reflection workshop. Table 1 shows the number of children that participated in the initial data collection exercises and validation workshops.

Table 1: Number of children that attended data collection exercises

Study schools	Initial data collection (FGD, participatory mapping and photovoice)			Validation and SRGBV reduction action planning		
	Male	Female	Total	Male	Female	Total
Sierra Leone Muslim Brotherhood	12	15	27	4	4	8
Kamakwie Wesleyan	4	8	12	6	4	10
Makulon Community	9	6	15	4	5	9
Wuroh Memorial	8	8	16	6	4	10
Total participants	37	33	70	20	17	37

In all study schools, fewer children with disabilities attended validation workshops compared to those who participated in initial data collection. This was partly because validation and action planning workshops took place during the subsequent school year, meaning that a number of children had already progressed to senior secondary school, and had consequently left the area.

A good balance between participation of girls and boys was achieved during primary data collection in all but one of the schools. The balance between participation of boys and girls in validation and action planning was more even. Table 2 shows the participation of community members at the two study activities.

Table 2: Number of community members that participated in data collection

Study schools	Initial data collection			Validation and SRGBV action planning		
	Male	Female	Total	Male	Female	Total
Kamakwie Wesleyan	41	15	56	20	12	32
Makulon Community	26	6	32	13	10	23
Wuroh Memorial	25	7	32	13	10	23
Total participants	92	28	120	66	32	78

We again observed a reduction in the number of people that attended data collection compared to attendance at validation workshops. Validation workshops were conducted in January, a peak period for harvesting crops by farmers and a time characterised by cultural activities, including initiations into secret societies. These activities could have been responsible for the reduction in attendance.

The number of women participating in FGDs and validation was notably lower than the number of men. This was despite efforts by YRs and co-investigators to secure increased attendance by women in these meetings. Female attendance was only 23.3 per cent for data collection and 41 per cent for validation. The low representation of women, especially in FGDs, is indicative of community perceptions and beliefs regarding the involvement of women in public debates.

Contextual factors shaping experiences of violence

Sociocultural context

Perceptions of disability in Karene district and the northern region of Sierra Leone are often shaped by cultural beliefs and lack of awareness of the causes of disability. This perception provokes reactions against children with disabilities, leading to stigma and violence against them within the family, community and in school.

Children participating in the study reported experiencing a great deal of stigma and discrimination, causing distress and unhappiness, and contributing to their isolation. This, in turn, leaves them feeling more vulnerable to SRGBV and other forms of violence.

A boy with a disability shared his experience.

“During lunch, some children do not allow me to play with them because they say that I am not a normal person.” (FGD with boys, Wuroh Memorial)

A girl with a disability shared her experience during an FGD.

“Peers don’t allow girls with visible disability to sit next to them in class or during break. When boys see me sitting alone, they tease me and touch me unwantedly.” (FGD with girls, Sierra Leone Muslim Brotherhood)

In Makulon Community, a girl shared her experience of preferring to use a longer road (see photo 6) to avoid being provoked in a community on the way to school.

“Community people always mock me for my disability on the way to school. I usually take the long and quiet way to avoid mocking, but that way is scary because of the jungle on the way.” (FGD with girls, Makulon Community)

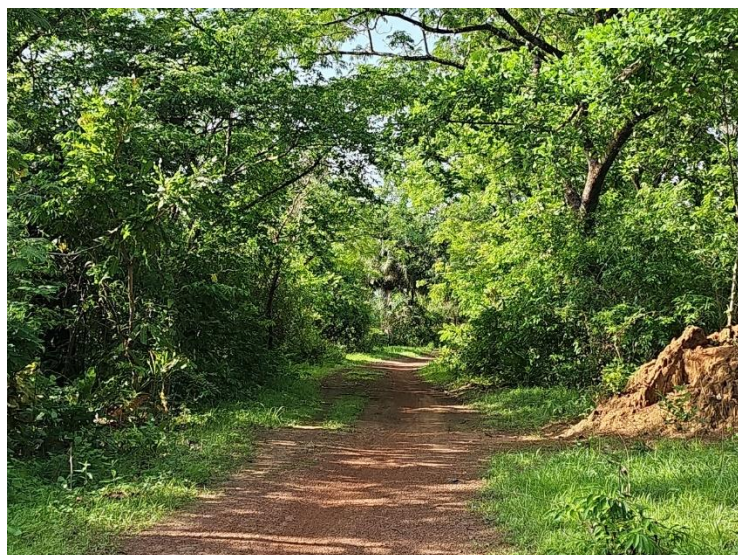


Photo 6: A long and scary road used by children with disabilities to avoid provocation

Disability stigma also contributes to parents and caregivers neglecting the educational needs of children with disabilities. They may believe that children with disabilities have a limited ability to learn and few prospects for a future career.

A girl with a disability shared her experience.

“My family often say that there is no money to pay school fees for girls with disabilities, because they say education is of no use for a disabled girl. My uncle who I live with does not buy anything (school materials) for me. He only buys for his children.” (FGD with girls, School name withheld for confidentiality)

Compared to other districts, Karene is quite remote with widespread traditional practices, some of which frown on open discussion of issues relating to sexual conduct between people. This culture of silence on sexual matters was identified as a key factor that limits victims of sexual abuse and their caregivers from reporting violations, as doing so is perceived as bringing shame and stigma on affected girls and their families.

“Some don’t report [violations] because of fear and stigma. They think that when people know what happened, the name of the girl is gone. And even with the family, they always say, this is not something to tell people outside the family, you should cover it. They believe if you let out any of such information about a child in the open, you have exposed that child.” (FGD with community members, Makulon)

Traditional practices, including initiation of girls and boys into secret societies, are also widespread in these areas. In one community, some respondents reported beliefs that initiation into secret societies might ‘cure’ or ‘heal’ disabilities. Initiation often includes female genital mutilation, meaning children with disabilities are at risk of physical harm.

“Well, mostly when such experiences emerge on persons from the village and all natural efforts made including medical has not worked, it is decided to be look into spiritually. Based on revelations of the spiritual search, that such disability is

happening because the family has something that is targeting the family, people may decide to initiate the person for solution.” (FGD with community members, Makulon)

Additionally, children spoke about the norm of teasing girls as they develop physically during puberty. In some instances, men may go as far as touching girls’ breasts. Men engaging in these behaviours were reported not to view this as abuse or sexual harassment, although the children affected experienced the behaviour negatively.

“Men and older boys in the community touch breasts and buttocks, saying ‘let me see how big you are growing’. When I tell my family about it, they say stay quiet and avoid those men and boys.” (FGD with girls, Makulon)

Children’s awareness of SRGBV

Children with disabilities, especially those in rural locations, had very limited initial understanding of SRGBV, and initially had difficulty engaging in discussions on the topic. However, as the concept was explained by YRs, they began to see its relevance and were able to share their own experiences. In one study school, Sierra Leone Muslim Brotherhood (SLMB), children had a higher level of awareness of GBV and were able to articulate their understanding of the subject, engaging with the discussion more quickly.

This limited baseline awareness of SRGBV was despite previous efforts of MBSSE and some NGOs to address SRGBV by raising awareness on the subject in schools in the district, including study schools. In SLMB and Wuroh Memorial, some teachers and children were trained as SRGBV focal points, with a responsibility for detecting and reporting abuse in schools. In all study schools, except Kamakwie Wesleyan, notices were painted on walls with instructions, including toll-free telephone lines, on how to report incidents of abuse. In one school, however, this information had been obscured when whitewash painted around the notice ran over the text (see photo 7).

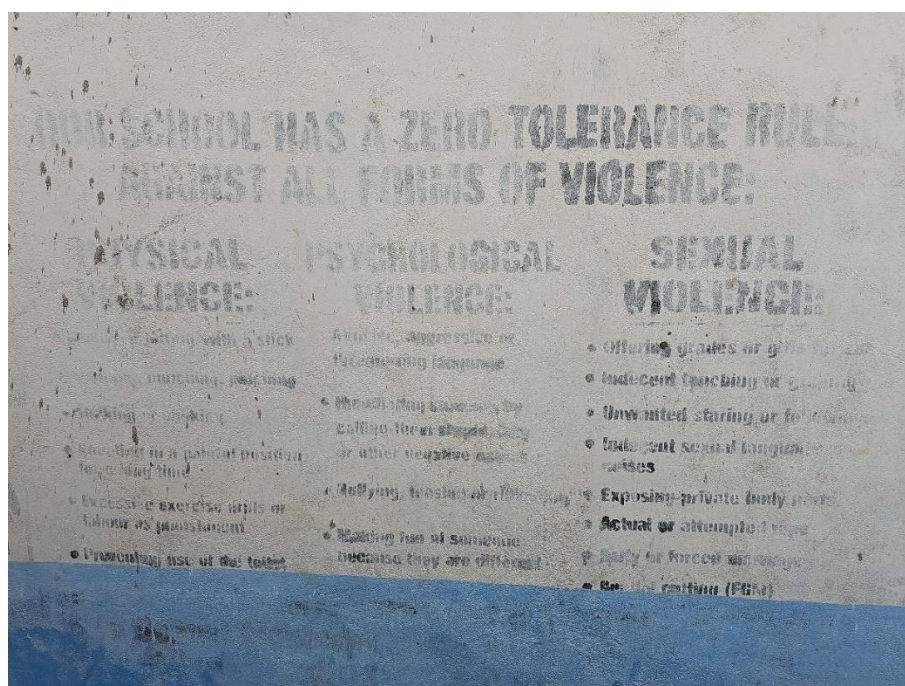


Photo 7: Information sign about a school’s zero tolerance approach to violence has been stained by whitewash running after rain

Geographical context

Karene is a new district, carved out of Bombali district a few years ago. Although state presence is gradually being established, services for victims of sexual abuse, especially for children with disabilities are limited. Although a magistrate court has been established in Kamakwie, court sessions are not held regularly, and the police station lacks the capacity to detain offenders for prolonged periods. The specific geographical contexts, and related challenges experienced by children with disabilities, are described in the sections below.

Kamakwie

Two of the schools, Kamakwie Wesleyan and SLMB, are located within Kamakwie Township, though in different areas. Figure 3 shows the location of the two schools, and highlights key aspects of the surrounding landscape. Two large roads pass through Kamakwie, and children at the schools here reported great concerns about safety in relation to road traffic accidents, particularly involving motorbikes and speeding vehicles. Children with disabilities, particularly those with mobility or visual impairment, expressed concerns about their safety while crossing busy roads, for example in California Park in Kamakwie (see photo 8).

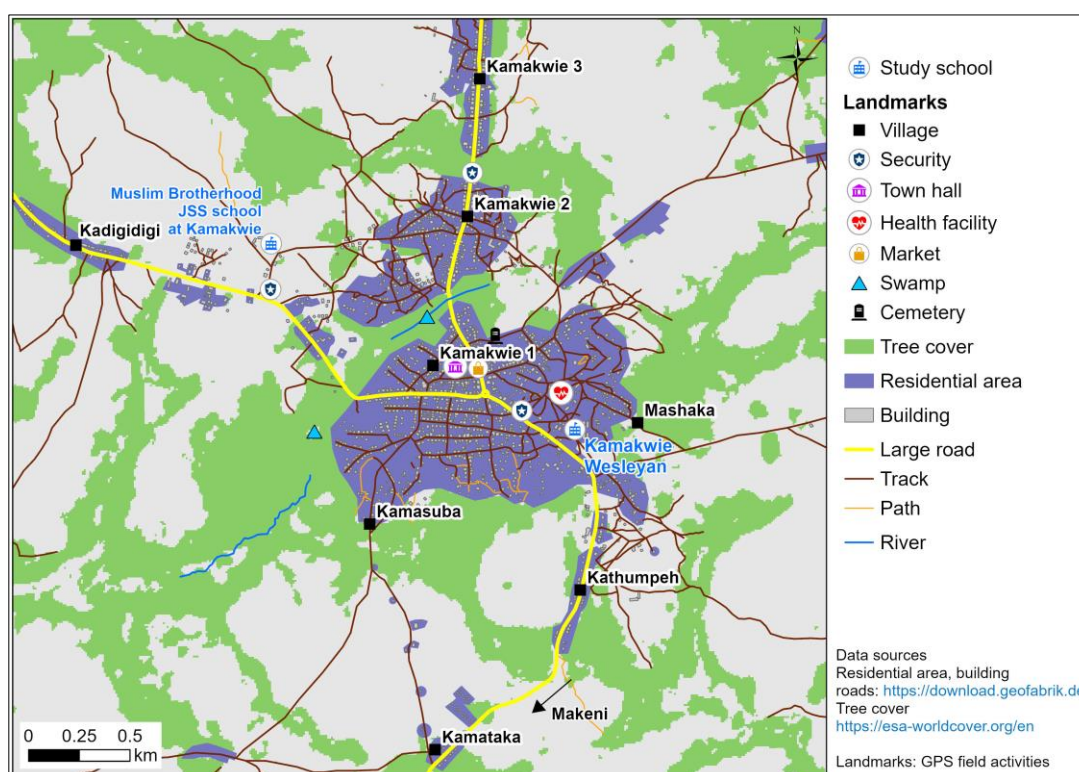


Figure 3: Map showing location of the two study schools in Kamakwie township



Photo 8: California Park in Kamakwie, a busy road which children with disabilities are concerned about crossing safely

Children with disabilities in Kamakwie also raised concerns about drug users, usually young men, who congregate in certain areas and tease them, and may also steal their school supplies. Girls with disabilities additionally reported sexual advances being made by these men. Girls with disabilities are particularly afraid of passing through the old cemetery, because Kush boys sexually harass and steal from them (see photo 9).



Photo 9: Children with disabilities feel unsafe near the cemetery in Kamakwie



Photo 10: An area of swamp between the two schools in Kamakwie

The settled areas of Kamakwie are surrounded by trees and bushes. Children highlighted an area of swamp between the two schools in Kamakwie as being of particular concern, a main route used by children to get to school which floods during the rainy season (see photo 10). Children with disabilities, again particularly those with mobility or sensory impairment, feel very unsafe using this route at this time for fear of accidents or even drowning.

Children with disabilities in Kamakwie reported feeling safer in areas where lots of adult community members were present, highlighting that they were less likely to be attacked or teased in these areas. Being near home was also reassuring to several children, with one child who lived close to school explaining that this made her feel safe. The Kamakwie Wesleyan Hospital was also identified as a safe location, because the presence of adults there meant that children with disabilities were safe from harassment by other children (see photos 11 and 12).



Photo 11: Children reported feeling safe in areas where lots of adult community members are present.



Photo 12: Children with disabilities feel safe near this public health facility in Kamakwie as the presence of lots of adults means they will not experience bullying or harassment.

Rokulan

Wuroh Memorial JSS is located in a more rural area, in the small town of Rokulan (see Figure 4). The town is located on the main road between Makeni and Kamakwie, with children coming from within Rokulan, but also from surrounding settlements, some travelling up to five kilometres. The main Makeni-Kamakwie road passes very close to the school, separating the school from the areas where most of the children live or travel from, meaning that most children need to cross the busy road at least twice each day. Children with disabilities – particularly those with mobility and sensory impairments – raised concerns about the risk of road traffic accidents and speeding motorbikes. Children with hearing impairment noted that they couldn't hear the motorbikes approaching at high speed.

“There is a deep curve on the Rogbom Madina road which is dangerous for children with disabilities.” (FGD with community members, Rokulan)

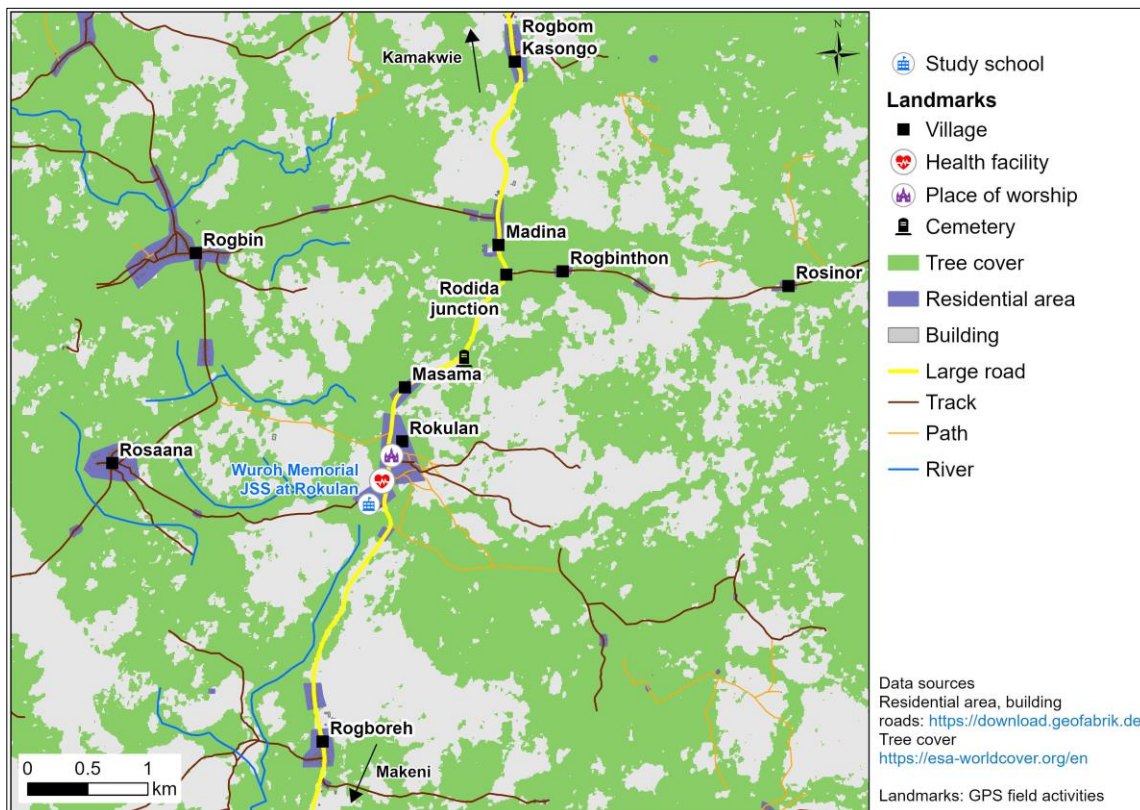


Figure 4: Map showing location of Wuroh Memorial in Rokulan

However, further away from the school, some children reported that the large road between the school and Rodida helped them to feel safer (see photo 13). Children also reported feeling safe near key community buildings where lots of people congregate, such as the health centre (see photo 14). Another child felt safe on part of their route between school and home where several villages are clustered.



Photo 13: Large road between school and Rodida



Photo 14: Children reported feeling safe near key community buildings such as the health centre

Children with disabilities travelling to school from neighbouring settlements spoke about the very steep and sometimes slippery terrain, which made it dangerous for them to go to school. Children from Rosaana spoke about a stream whose bridge was impossible to cross safely during periods of flooding, meaning that children had to miss school (See photo 15).

“When you are coming from Rosaana, you have two bridges to cross. During the wet season you have to take your time to pass there. On that same road there is a hill which is also risky when climbing it.” (FGD with community members, Rokulan)

Children also felt very unsafe near an old cemetery just before Masama, close to a tight curve in the road, and surrounded by dense forest (see photo 16). This was due to a combination of a fear of ghosts, of the dense forest where people could hide and attack children – particularly those with disabilities – and of speeding vehicles. Children also felt unsafe on the road between Rosinor (and other villages on this road) and Rodida junction, where kidnappings had been reported and where some children had previously been scared by some men.



Photo 15: Bridge over stream between Rosaana and school in Makulon



Photo 16: Old cemetery near Masama, which is surrounded by dense forest

Makulon

Makulon was the most remote and rural area included in the study . There are no large roads in the area, meaning that traffic was not raised as a significant concern by children. However, in the absence of roads, children rely heavily on footpaths or tracks to get to school, and conditions can be quite unsafe, particularly during the rainy season.

“Rocks and water on the way to school, especially in the rainy season, make it unsafe for me to walk to school. It also takes me longer to walk, and I get punished at school if I am late.” (FGD with girls, Makulon Community)

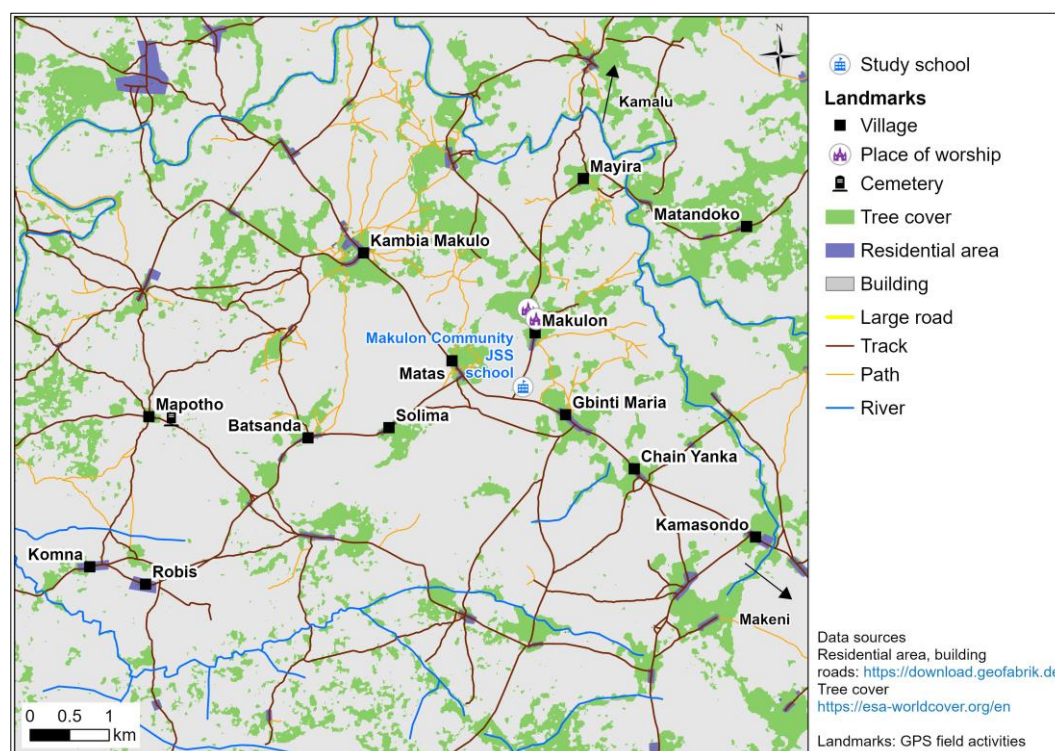


Figure 5: Map showing location of Makulon Community in Makulon

Footpaths used by other children are often bushy, posing challenges for those with visual impairments. In some cases, children with disabilities are required to cross streams, using bridges made of tree/palm trunks which pose additional risks. Some makeshift bridges get washed away during the rainy season, preventing children from attending classes for extended periods of time. One bridge on the main road was also feared by children as they believed it to be haunted by ghosts (see photo 17). Children also expressed fear of wandering and unattended cattle in this area, while the general lack of people around also left them feeling vulnerable (see photo 18).



Photo 17: A bridge over a stream on the way to school which is feared by children



Photo 18: The school is in a very remote and rural location

Children generally reported feeling fairly safe on the road between Makulon and Gbinti Maria (see photo 19), and between Makulon and Kambia. This is because there are usually other people using these routes, so they are not isolated. The areas are also not too far apart, and one child who lives close to school explained that they felt safe on the way to school (see photo 20). Children felt less safe further away from Makulon, where areas are more remote and routes are less used. The routes are also less maintained and harder to use. Children, especially girls, are afraid of being chased and potentially attacked or raped.



Photo 19: An area on the route between Makulon and Gbinti Maria where children feel safe



Photo 20: This route from home to school feels safe for a child who lives close to school

Forms of SRGBV experienced by children with disabilities

This section presents the types of violence described by study participants. It focuses on children's experiences and perceptions in relation to these forms of violence, and the ways in which violence intersects with disability.

Physical violence

Two types of physical violence were experienced by children with disabilities: bullying and corporal punishment.

Bullying

During data collection, children with disabilities frequently referred to the constant bullying they experienced. Two girls from different schools (Wuroh Memorial and Makulon Community) described bullying in similar ways:

“Men/boys forcing women/girls to do something they do not want to do.”

A child with mobility impairment shared his experience of bullying while walking to school.

“Some bullying can result in physical abuse. If they (stronger and bigger boys) meet you on the way and you are walking slowly [due to a disability], they will just push you out of the way instead of helping you or saying, excuse me. Sometimes, if you have something, like food, the bigger boys will forcefully take it from you.” (FGD with boys, SLMB)

Speaking through an interpreter, another child shared his experience of being constantly bullied in class because he cannot speak fast enough due to a speech impairment.

“Other boys harass and beat him because they feel he is wasting their time to answer a simple question in class. He has a speech impairment.” (Interpreter in FGD with boys, Makulon Community)

Community members confirmed that children with disabilities are bullied both in schools and in communities, and linked bullying to other forms of abuse. In the quote below, respondents in Makulon stated that limiting the rights of children with disabilities and preventing them from going to school is in itself a form of bullying.

“...maltreating a child with disability, seizing the child’s freedom, and stopping him or her from going to school when he/she is supposed to go to school. It also means bullying the child when maybe the child is not up to the age to do certain domestic chores, but you are forcing that child to do them by beating the child and doing all kinds of awful things to him/her.” (FGD with community members, Makulon)

Community members further noted that preventing children with disabilities from participating in extra-curricular school activities is also a form of bullying.

“Children with disabilities are not allowed to partake in sport activities, even if they can do so safely. They are being bullied and isolated because of their condition.” (FGD with community members, Makulon)

Corporal punishment

Children with disabilities named corporal punishment as a major form of SRGBV and it was found to be prevalent in all study schools. Children experienced corporal punishment in various ways. In addition to beating, children with disabilities were subjected to rigorous physical labour as punishment for arriving at school late.

“Teachers punish children with disabilities by beating them or ordering them to clean the school compound for coming to school late.” (FGD with boys, Kamakwie Wesleyan)

Girls are also not exempt from punishment for getting to school late either.

“Walking [to school] takes longer for me than other children because of disability in my leg. Sometimes, I cannot leave home early because of my household duties. I must

finish all my work before leaving and I arrive late at school. I always get punished for arriving late, even if it is not my fault.” (FGD with girls, SLMB)

Teachers also punish children who have functional difficulties which prevent them from performing certain functions as well as other children in the same class. A girl with a visual impairment expressed her frustration with punishment.

“I get beaten a lot in class for poor handwriting because I can’t see properly, especially in the evening [when it is dark] when I am doing homework at home. I also get punished by teachers sometimes for forgetting homework at home.” (FGD with girls, Wuroh Memorial)

Children with speech impairments are also punished for not answering questions clearly or quickly enough in class.

“Teachers beat me when they don’t understand my answer to their questions, because I cannot talk clearly. It is hard for me to talk clearly and quickly like other children, because I stammer.” (FGD with boys, name of school withheld for confidentiality purposes)

In addition to the pain inflicted on them, children with disabilities have cited corporal punishment as a reason for missing class in the morning hours.

“Teachers punish some children with disabilities by making them clean the school compound, during which time they miss the morning lessons or classes.” (FGD with boys, Wuroh Memorial)

In some cases, corporal punishment has resulted in grievous bodily harm, which has made some children think about leaving school. One child stated:

“the cane [used by the teacher] sometimes leaves marks on my body, making me prefer to leave school and stay at home.” (FGD with boys, name of school withheld for confidential purposes)

Parents and caregivers are aware of excessive corporal punishment in school. Community members in Rokulan concluded that it is violence against children with disabilities.

“Teachers don’t want to know the distance covered by children with disabilities to get to school on time. There are some children that come from the back of Kagberay, which is five miles away, and they are flogged for coming to school late. I have seen a disabled child who was late for school and was punished because the teacher said that no one can bypass the law. I think that if a disabled children comes to school late and is punished for being late, that is violence against that child.” (FGD with community members, Rokulan)

While parents were convinced that corporal punishment, especially for children with disabilities, was wrong, we discovered that they were not able complain or take action to end it.

Sexual violence

This study identified two forms of sexual violence: harassment and abuse, and harmful cultural practices such as female genital mutilation (FGM) and child/early marriage.

Sexual harassment and abuse

We found that sexual harassment and abuse was widespread in study schools and communities, perpetrated by peers, teachers and other community members. The most common form of sexual harassment identified was inappropriate touching, commonly referred to as ‘bad touch’. Although it is done to both boys and girls, girls are more affected by it. According to girls with disabilities, ‘bad touch’ was considered normal as teachers and community members do not attempt to put a stop to it.

“Boys make sexual comments and touch our body parts when in the playground. Even though we don’t like it, we don’t complain about it because everyone thinks that it is normal. When we tell teachers about these boys, sometimes the teachers tell the boys off, but most of the time they just tell us to ignore the boys and not to go close to them.” (FGD with girls, Wuroh Memorial)

Boys shared their own version of how teachers react when girls report an incident of ‘bad touch’.

“Girls touch the private parts of boys and when the boys react [and do the same], they (girls) report to teachers. The teachers beat us without investigating to know what happened.” (FGD with boys, Wuroh Memorial)

Sexual harassment, including ‘bad touch’, was widely discussed in all study schools. We observed that MBSSE and school authorities have identified it as a major SRGBV issue and have taken measures to respond to it. Some agencies have conducted awareness-raising sessions on the topic, and we found signposts painted on walls of study schools with instructions on what to do in the event of sexual harassment (see photo 21).

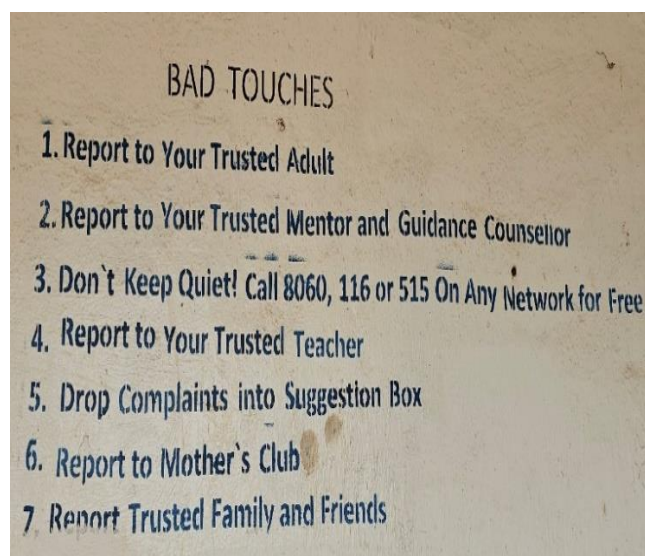


Photo 21: A notice for reporting ‘bad touch’ on a wall in SLMB

‘Bad touch’ is not only perpetrated by peers in school. Men in communities do it too. One girl suffering from multiple disabilities shared her experience.

“Sometimes, men touch me in my private parts saying they are helping me to wake up when I become dizzy and fall down.” (FGD with girls, school name withheld to protect confidentiality)

Harassment in the form of sexual comments, mostly directed at girls, was also reported. A girl with a disability shared her version of sexual harassment.

“When I am sitting alone during lunch, boys from my class and those from higher classes say to me, let us go to toilet and have sex. They also grab me from the back and rub their private parts against my waist.” (FDG with girls, Wuroh Memorial)

Community members informed us that compared to boys, girls with disabilities received various forms of support from the community. Some benefactors, however, used these goodwill gestures to demand sex in return for favours, for example, some okada riders (motorcycle taxis) willingly offer rides to girls with disabilities and use their position to demand sex.

“When a disabled girl is moving from a far distance to come to school and meets an okada rider who offers her rides to and from school, after some time, he may demand sex for favour of rides. At the end of the day that girl gets pregnant.” (FGD with community members, Kamakwie)

The issue of sex in exchange for better grades also came up during FGDs with boys in one study school, with two respondents making the following statements.

“It’s like I am a teacher, and I have my pupils. After taking exams and there is a pupil that scores a lower mark, I will then tell that pupil to meet me somewhere at about four o’clock to fix her mark.” (FGD with boys, name of school withheld for confidential purposes)

“Sometimes, some teachers force girls to have sex with them to give them marks so that they can pass their exams.” (FGD with boys, SLMB)

We tried to get more details on the above statements, but it appeared that the boys were scared to say any more. In addition, they could not tell us how sex for grades affects girls with disabilities. Girls with disabilities did not make any reference to sex for grades in our discussions with them. Community members referred to some teachers putting selected children in their class for higher grades in return for either sex or labour (at home or on the farm). Here again, no specific reference was made as to how this affects children with disabilities.

Girls with disabilities in all study schools experienced advances from men and boys in the community, who offered them money in exchange for sex. One girl with a disability who travels to school from another community informed the study team about constant harassment by men on the way to and from school.

“Men on the way to school say they will give me the experience of having sex and they will give me money for it. They come and pull me [close to them] when I say no. I don’t like it when they say that all the time.” (FGD with girls, Kamakwie Wesleyan)

Another girl shared a similar experience.

“When men see young girls with disability walking alone to school, they ask for sex because they think girl with disability will agree easily.” (FGD with girls, SLMB)

In Makulon, a girl with a disability described her experience of constant advances made by a man in her neighbourhood proposing sex in return for money.

“A man in my neighbourhood keeps saying he will give me money if I go inside his room. I say no but he keeps saying it.” (FGD with girls, Makulon Community)

One of the harmful cultural practices that affects girls, including those with disabilities, is female genital mutilation (FGM). FGM is widespread in Karene district and is performed during periodic initiation ceremonies by the Bondo society, an all-female secret society, that prepares girls and young women for future adult roles. In Karene, tradition demands that all women get initiated into Bondo and women who have not done so are often looked down upon by those considered full initiates. Women in all study communities made the following statement.

“Some girls will not want to join Bondo, preferring to stay in school. But some parents will say that this is our culture, you have no choice but to join it.” (FGD with community members, Kamakwie)

Community members see initiations performed by Bondo as a threat to the lives of girls, especially those with disabilities and those that are still very young. Bondo also is a major factor forcing girls out of school.

“Girls, including those with disabilities, are forcefully initiated into Bondo society. There are other secret societies, but it is only Bondo that we have to speak about today because it happens here every year and affects girls to the point of threatening their lives and ending their education in school.” (Validation workshop, Makulon)

Initiation into Bondo, including FGM, is an annual ceremony usually carried out between November and December and lasting for a few months. Girls, including those with disabilities, are forcefully withdrawn from school and taken to the Bondo bush, and will remain there until the initiation rites are completed. This forceful removal was described below by a respondent.

“We have certain girls that are going to school right now, but when it is time for initiation into the female society, they may be even taking their first term exams, but they will be forcefully taken from school [by their mothers and aunties] and carried to the Bondo society bush. The children will not be willing to go but will want to stay in school to continue taking their exams, but their parents will take them out of school by force and take them to the society bush.” (FGD with community members, Kamakwie)

The FGM component of Bondo society is considered child abuse. Community members spoke about the health impact of FGM, citing incidents of bleeding and long-term childbirth complications. This study, however, focused on the impact of prolonged initiation ceremonies on the education of girls, especially those with disabilities. In the quotation below, two respondents expressed their concerns about the effect of initiation on education.

“Long periods of initiations lead to poor educational outcomes in the life of the girl child with disability. It also affects the goals and dreams that she wanted to achieve in life. This means if they stop a child with disability from going to school just because of initiation into Bondo, it will prevent that child from fulfilling her dream.” (FGD with community members, Kamakwie)

“...one society that is affecting the girl child here is the Bondo society, especially after the end of first term. Some girls will be in that bush beyond the two weeks that is

given for the Christmas holiday. By the time they come out, they would have missed a lot of learning and may not be able to pass the next exam.” (FGD with community members, Kamakwie)

Boys also get initiated into an all-male secret society known as Gbangbanie, which is prevalent in Karene district. Boys are initiated around the same time of the year and, in most cases, take longer in the initiation bush than girls, making them also miss valuable learning time. Initiation of boys involves extreme forms of physical exercises, making it difficult for those with disabilities, and exposing them to injuries.

Early or child marriage and teenage pregnancy

Although awareness of the consequences of child marriage is on the increase, this study found that the practice is still happening in Karene district. Discussion with girls with disabilities found that girls with disabilities are still given into marriage by their parents because they are seen as burdens. A girl with a disability in Kamakwie shared her insight.

“Girls with disabilities are forced into marriages early because family sees us as a burden to them. They think that it will be hard to marry us off if we are kept in the house longer.” (FGD with girls, Kamakwie Wesleyan)

In another community, we learnt that girls with disabilities are given away early in marriage to prevent them from getting pregnant out of wedlock.

“Family members always say disabled girls should get married off at an early age to any man who wants her, so they don’t get impregnated by men in the community.” (FGD with girls, Wuroh Memorial)

Although respondents made several references to sexual harassment, this study did not identify teenage pregnancy among girls with disabilities. Teenage pregnancy was mentioned in only one study school where a respondent made the following claim.

“Teenage pregnancy happens because of boys and men in the community having sex with young girls with disability. Sometimes even forced abortion has happened because they want to hide what had happened to the girl.” (FGD with girls, Kamakwie Wesleyan)

The topic was followed up in previous engagements with girls with disabilities and other respondents, but it was not raised as an issue. Additionally, there was no reference to teenage pregnancy in the community SRGBV response plans, a confirmation that it was not perceived as a problem in study schools.

Psychological violence

This involves the infliction of mental anguish such as constant intimidation, belittling and humiliation. It can also involve isolation, limiting freedom of movement and access to information. Under this category of violation, we identified three key areas: provocation, verbal abuse and discrimination.

Provocation

The study identified provocation as another form of SRGBV, which children with disabilities experience daily. Provocation was identified as mainly verbal and is deliberately directed at children with disabilities in order to hurt their feelings and make them react in a negative way. It involves laughing at children with disabilities due to their impairments, as well as name calling or referring to them by derogatory names. Provocation makes children with disabilities feel ashamed and then angry at perpetrators and other people around them. In extreme cases, provocation was mentioned as a major factor forcing children with disabilities to miss class and eventually leave school. The account below was shared by a learner with disabilities in Kamakwie.

“Yes, as a pupil, when in school I am provoked by my colleagues. Every day, I will leave school before time to go home to avoid being provoked on the way. Each time I think about their disturbances, I want to stay at home and not come to school again.” (FGD with boys, SLMB)

In another account, a respondent described his frustration and the emotional impact of provocation.

“Rejection and provocation can lead to anger and shame, which in turn forces boys with disabilities out of school.” (FGD with boys, Kamakwie Wesleyan)

Children are also provoked at home by family members. In this account, a girl living with a disability describes her experience.

“At home I am always harassed [by my family] saying I am not equal to other children because of my disability, and they tell me I am lucky to be fed and be supported to go to school. They say I have no future.” (FGD with girls, Wuroh Memorial)

Community members know that provocation is widespread and that it largely affects children with disabilities. In the account below, they highlighted it as one of the abuses children with disabilities experience daily.

“Provocation is another thing that affects children with disabilities. Because a child probably has a bad leg and does not walk properly, the others that are always laughing at him/her. That does not make the child feel good.” (FGD with community members, Kamakwie)

Although boys and girls experience provocation equally, community members believed that it affects girls more than boys.

“The boys look better than girls. Even in terms of provocation, a boy with disabilities can sometimes be more courageous in heart than the girl child. For the girls, immediately they say an unkind word to a girl, it’s either she cries, or throws stones at the individual provoking her.” (FGD with community members, Kamakwie)

Major perpetrators of provocation are peers, although adults were also implicated in this form of abuse. Children with disabilities reported that provocation even happens in the classroom, in the presence of teachers.

“When he is in class, the teacher will ask him questions and he will not be able to respond at that moment, so his colleagues will laugh at him, and he feels ashamed.” (FGD with boys, Makulon Community)

In some cases, teachers who are supposed to protect children with disabilities instead turned on them and provoked them, creating room for children in the classroom to join in.

“Some teachers (especially social studies teacher) make fun of us, laughs at us when we can’t read what is written on the board clearly and beats us.” (FGD with boys, school name withheld to protect confidentiality)

Verbal abuse

In addition to provocation, children with disabilities informed us that they faced constant verbal abuse from parents/caregivers, peers, teachers and community members. These verbal attacks were meant to hurt, belittle and dehumanise children with disabilities. Two girls with disabilities from the same school recounted how close family members used harsh words against them. In the first example, one girl explains how she is compared to other children, making her feel unwanted.

“One day we were going home after school and some girls were discussing. I wanted to join them but then one of them said ‘go away, you know you cannot hear well and you want to join us in our secret discussion.’ Then I started crying and went my way alone.” (Validation workshop with children, Kamakwie Wesleyan).

In the other example, family members attempted to dampen the educational aspirations of their own child, simply because she has a disability.

“Family members tell me education is useless for a disabled girl because they can’t use it anywhere, they can’t get jobs, and no man will marry them.” (FGD with girls, Wuroh Memorial)

Throughout this study, we identified classroom practices that excluded the full participation of children with disabilities in the learning process. In school, children with disabilities accused teachers of describing their conditions in derogatory and offensive ways, humiliating them in the process. During validation and action planning workshops with community members, a girl with hearing difficulty shared her experience of verbal abuse and exclusion in the classroom.

“When we are in class, the teacher will be writing on the blackboard and explaining very fast. But if a child with hearing difficulties asks what he (the teacher) was saying or even says ‘I am not hearing you sir.’ The teacher will answer saying ‘just sit down, do you think I am responsible for you being deaf?’” (Validation workshop with community members, Kamakwie)

Discrimination and rejection

Children with disabilities suffered discrimination at multiple levels: in school, on the way to and from school, at home and in the community. Discrimination can take the form of either

rejection or exclusion from participation and association, and often has a strong connection with erroneous traditional beliefs, leaving children with disabilities isolated and stressed. The statement below was made by a boy who at the time of the FGD looked stressed.

“Some boys do not want to play with me because they say I am unwell. Whenever I join them to play, they drive me away saying that I should find other children with disabilities and play with them.” (FGD with boys, SLMB)

Discrimination also happens on the way to and from school. A boy with a visual impairment shared that he is often left behind because he cannot walk fast enough as the other children who are using the same road.

In Karene District, the most common form of public transportation is the motorbike taxi, locally called okada, and children with disabilities experience challenges with accessing and using them. In all study communities, we discovered that most children with disabilities, especially boys, are refused boarding of an okada, even when they have the fare to pay.

“Even when they are stopping a bike rider, they always refuse to take them because the bike riders think children and other persons with disabilities will waste their time to board the bike due to their inability to move fast.” (FGD with community members, Kamakwie)

Deprivation and neglect

In this study, we found that children with disabilities were deprived of some basic needs, especially those relating to welfare and education. Influenced by negative traditional perceptions, some parents believe that investing in the education of children with disabilities is a waste of resources. In one FGD, respondents informed us that a particular woman in the community “only buys books and pens for her sons and not for her daughter who is living with a disability.” We learnt the daughter in question is also attending school along with her brothers, but she is deprived of learning materials. In the case below, we heard about a girl with a disability whose uncle refused to support her aspiration to learn.

“A girl with disability lives with her uncle so she can go to school. She does some domestic work for him, but he doesn’t pay her school fee or buy anything education related for her. Her mother [who leaves in another village] struggles to pay her school fees.” (FGD with girls, name of school withheld for confidential purposes.)

A class teacher participating in an FGD with community members confirmed that some children with disabilities are indeed deprived of education.

“Even to buy sufficient teaching and learning materials for children with disabilities, some parents will not do it. When they buy one item today and maybe the next day, if the child requests another item, they will just yell at him/her. Some children with disabilities are constrained to even have a pen to use in class. Some borrow basic materials from their colleagues all the time and [they] do feel ashamed to do so.” (FGD with community members, Makulon)

Despite the perspectives of neglect from children with disabilities, we did come across stories on good practices of support and encouragement to keep children with disabilities in

school. We identified a few teachers who used their own resources to provide items like pens and exercise books for children with disabilities to enable them to participate in classroom activities. Some community members provided another view on the issue of deprivation and neglect, sharing success stories of supporting the educational aspirations of children with disabilities.

“I have my child who has a problem with her eyes and does not see well. When the teacher writes on the board she does not see well, and she copies from her colleagues after the lesson is finished. At times other children laugh at her, but as her mother I keep on encouraging and supporting her and she is now in SSS3. She will be sitting the final exams to enter university next year.” (FGD with community members, Makulon)

Gendered experiences of children with disabilities

This study found that both girls and boys with disabilities experienced different forms of violence at all levels in their schools and communities. Community members felt that girls with disabilities were more vulnerable compared to boys, because boys with disabilities are more resilient to abuse like provocation and discrimination, which girls find harder to handle well. A respondent in Makulon makes this conclusion:

“I say the girls with disabilities suffer more than the boys. The reason being that it is the girls with disabilities that are given into marriage or forced into it. Also, girls with disabilities are not so powerful to fight for themselves and this makes some of them not able to complete their education because they feel shy over little things. But the boys have a determined heart and a strong will to succeed. That is why boys with disabilities become more educated. Girls drop out of school early because they cannot endure provocation and stress.” (FGD with community members, Makulon)

Girls with disabilities were found to be vulnerable to all forms of sexual abuse in study schools and communities, because perpetrators see them as easy targets. Community members were aware of this vulnerability and shared their views below.

“When men see a young girl with disability walking alone to school, they ask her for sex. They think that because of her disability, she will agree easily.” (FGD with community members, Makulon)

Community members went further to emphasise this vulnerability, even in schools.

“In the school environment, girls are having more problems because when it comes to sex for grades and sexual harassment, it is only girls that are affected.” (FGD with community members, Makulon)

On the other hand, boys with disabilities were more likely to experience corporal punishment compared to girls. In the classroom, male teachers tend to punish boys with disabilities more than girls with similar conditions.

“Teachers beat me when they don’t understand my answer to their questions, because I cannot talk clearly. I stammer and it is hard for me to talk clearly like other children.” (FGD with girls, school name withheld to protect confidentiality)

Even when boys and girls with disabilities arrive at school late, teachers and school prefects punish boys more severely than girls. During validation workshops in schools, girls provided insight into why boys experience more corporal punishment. We learnt that teachers know that boys with disabilities do little or no household chores in the morning and therefore believe that they have no excuse for coming to school late.

“The other reason for boys with disabilities being punished when they come to school late is because it is assumed that girls do more of the domestic work in the morning at home, and the boys have all the time not to be late for school.” (Verification with children with disabilities, Kamakwie Wesleyan)

Girls with disabilities also believed that boys with disabilities tended to argue and challenge teachers a lot, making the teachers become impatient, thus resorting to punishment.

Challenges with mechanisms for reporting and addressing SRGBV

Reporting sexual violations in study school communities is difficult, mostly due to the culture of silence on sexual activities and the fact that reporting mechanisms are generally weak. The weak reporting situation is made even worse for children with disabilities because their parents/caregivers and community leaders are less likely to believe their stories of abuse, leaving them more vulnerable to further sexual exploitation.

Incidents of sexual violations are in most cases reported within the households, and victims prefer to talk to elderly female members about it. Women who receive these reports often do not act on them, and may try as much as possible to keep it away from men, involving them only when matters get out of control.

“Men and older boys in the community touch breasts and buttocks, saying ‘let me see how big you are growing’. When I tell my family about it, they shout at me to keep quiet and to just avoid those men and boys.” (FGD with girls, Wuroh Memorial)

“Some of these things [sexual abuse] are encouraged by the mothers because they receive complaints and fail to act on them. It is not easy [for victims] to complain about violations and even pregnancies to their fathers because when they do, fathers get angry and take immediate action.” (FGD with girls, Makulon)

We learnt that women often prefer to keep violations against girls secret, viewing this as protecting the girls from shame and stigma. This means that girls do not receive justice following abuse. In schools, complaints of abuse made by girls with disabilities are not treated with seriousness by teachers.

“Boys make sexual comments and touch our body parts when in the playground. Even though we don’t like it, we don’t complain about it because everyone thinks it is

normal. When we tell teachers about these boys, sometimes the teachers tell the boys off, but most of the time they just tell us to ignore the boys and to not go close to them.” (FGD with girls, Wuroh Memorial).

In some cases, reports of violations against teachers are handled by the principal and the school management team (SMT). In one school, we learnt that interventions of serious violations focus on protecting the teacher, rather than addressing issues concerning the girls who have been abused. A member of the SMT in one study school explained the reasons for protecting teachers.

“The school does act on reports [of SRGBV]. We have the guidance and counselling unit which deals with such situations maturely... these are sensitive issues that are not published outside, otherwise you will put more pressure on the teacher in question. Because, if you cause a teacher to be disgraced, then the other teachers may rise up against you. That is why, when SRGBV reports come up, we have specific persons who handle them.” (FGD with community members, school name withheld)

Community members informed us that out of the school, some victims and their parents do make reports to local chiefs and the Family Support Unit (FSU) of the Sierra Leone Police. We learnt that when complaints get to higher levels, some family members of both the victim and the perpetrator will mount pressure on the victim and her parents to withdraw the matter for settlement at home. This family interference was identified as a key factor that hampers efforts to adequately address sexual offences.

“Reporting sexual violations hardly works here. This is because when an individual wants to report an abuse, family members or someone with authority will intervene and speak to the complainant not to move forward with the matter. In the end, the complainant becomes afraid knowing that, if she refuses, she will be alone and no one in the community will back her complaint. If the matter prolongs, some community members will start branding the victim as a wicked person who does not forgive or forget wrongs done to her.” (FGD with community members, Makulon)

We further learnt that the economic status of the perpetrator plays an important role in how fast and how well a sexual abuse report is handled by local chiefs and investigated by the police.

“You did ask how some women [the mother and aunties] react when there is an issue of sexual abuse. Most of these women react based on the status of the perpetrator. If it involves a poor man, everyone in the village will hear about him and what he did. But if the matter involves a rich person, then all you can see are secret meetings and no public statements, because the affected family is hopeful that they are going to benefit something from the abuser.” (FGD with community members, Kamakwie)

A lack of effective mechanisms to hold sexual abuse perpetrators accountable hinders justice and leads to impunity. This could be responsible for perpetrators boldly engaging in sexual violations directed at girls with disabilities.

Community SRGBV response plans

This section presents key themes from the SRGBV response plans developed by school communities during the participatory action workshops in early 2025. Key SRGBV issues identified across communities that were seen to require immediate intervention were negative perceptions about disability resulting in discrimination; stigmatisation and provocation; deprivation; unsafe roads to and from school; forced initiation into secret societies/FGM; and weak mechanisms for reporting SRGBV.

To address these issues, communities proposed five main interventions:

- a) **Sensitising the public on disability and SRGBV.** Communities thought that the level of disability awareness among the public was low, which in turn has influenced public attitudes towards children with disabilities. People also tend to know about abuse generally, but have limited knowledge on how it specifically affects children with disabilities. Communities therefore decided to raise awareness on disability and SRGBV with the aim of protecting children with disabilities from abuse.
- b) **Strengthening existing policies and bylaws on abuse.** Government policies and bylaws exist in communities and schools to protect children with disabilities through the prevention of provocation, discrimination, corporal punishment and forced initiation into secret societies. In most communities and schools, application of these policies and bylaws were rather weak to protect children with disabilities against abuse. Communities decided to review these bylaws and make them applicable by including more people to assist community leaders to enforce them.
- c) **Making roads used by children to and from school safer.** Most road sectors used by children with disabilities expose them to risks of accidents, especially from speeding vehicles, makeshift bridges and densely bushy patches. Study school communities proposed collaboration with other communities to ensure periodic maintenance of roads and accompany children with disabilities to and from school during the rainy season.
- d) **Improving mechanisms for reporting SRGBV.** Community members supported the findings of this study that mechanisms to report abuse in schools and communities were weak at all levels. A decision was made to improve reporting mechanisms by revisiting bylaws on reporting abuse, holding community leaders accountable and improving collaboration with government and NGO child protection offices and the Family Support Unit of the Sierra Leone Police.
- e) **Supporting girls with disabilities to stay in school.** Community members were of the view that girls with disabilities were leaving school more than boys with disabilities. To address this issue and help girls stay in school and complete secondary education, community leaders and school management teams proposed to engage parents and caregivers in constant discussion to keep girls with disabilities in school and to support them to complete their education.

Discussion

This study set out to understand and articulate the experiences, perceptions, needs and concerns of boys and girls with disabilities regarding SRGBV in Sierra Leone. The study found that children with disabilities have experienced various forms of SRGBV in the study schools. Children and community members probably had a lot more to say about SRGBV, but were constrained by a culture of silence regarding openly talking about sexual relationships in the presence of other people.

The government is aware of the prevalence and challenges posed by SRGBV and its impact on children with disabilities. To address these challenges, four government ministries (MBSSE, MOGCA, MOSW and MOHS) have over the past years designed policies and programmes to ensure that issues of SRGBV are addressed and that children with disabilities are included in the education system. While most of the policies and programmes do not directly address the specific needs and concerns of children with disabilities, they have helped to raise awareness on disability in general. Stakeholders are now pushing for the review of these documents to make them more disability sensitive.

Stakeholder recommendations for addressing SRGBV in Sierra Leone

This section lays out a series of recommendations made by study stakeholders for addressing SRGBV against children with disabilities in Sierra Leone. These recommendations will require substantial further engagement and refinement, and implementation may not always be straightforward. However, they provide a good indication of priority areas which are likely to be important in ensuring SRGBV is appropriately addressed.

Stakeholders highlighted the importance of addressing SRGBV at multiple levels, with recommendations for action to be taken by individual schools and communities, at the district level, and at the national level. These include:

1. **Increase awareness on disability and SRGBV issues.** There has been an increase in the level of awareness on disability in the country since the ratification of the Convention on the Rights of Persons with Disabilities, enactment of the Disability Act 2011 and the establishment of the National Commission for Persons with Disability (NCPD) in 2012. While the level of awareness on disability is high in urban areas, it is still low in rural communities, where people maintain a strong link between disability and traditional beliefs. Negative perceptions in rural communities have been linked to discrimination and stigma, paving the way for violence against children with disabilities. At school community and district levels, stakeholders recommended that awareness-raising activities should focus on three areas: a) causes of disability, to dispel negative perceptions on disability; b) challenges children with disabilities face every day as a result their involvement in education activities; and c) what people can do to protect children with disabilities from SRGBV.

In addition, stakeholders in Karene district suggested that SRGBV prevention committees be established at school community levels, headed by focal person. The aim of this committee is to constantly sensitise communities about SRGBV and how it affects the education and development of children with disabilities. Below is a suggestion from a group work discussion in Karene district.

“We suggest the establishment of a functional SRGBV committee at school and community levels. This committee must be led by a strong focal person because most people do not have the boldness to stand in front of elderly people, the FSU or ministry officials to make a report or complain about a sexual abuse matter. Children with disabilities or their parents must trust this person so that they can make a complaint about abuse.” (Reflection workshop, Karene district)

2. **Review existing legislation and policies on SRGBV.** Several policy documents have been formulated to address rising incidences of sexual-related offences in Sierra Leone. Most of these policies are general and do not address the specific needs and concerns of children with disabilities. Throughout this study, respondents referred to these policies but concluded that implementation of them has been weak and that they should be revised to be more disability sensitive.

Specifically, stakeholders at national level noted that the Sexual Offences Act, Disability Act of 2011, Gender Equality and Women’s Empowerment Act (GEWE) and the National Policy on Radical Inclusion in Schools have close links with SRGBV and should be revised to make them reflect the needs and concerns of children with disabilities.¹

3. **Strengthen the security and justice sectors.** An effective and inclusive incident investigation by the FSU of the Sierra Leone Police and the justice system is required to adequately address SRGBV in Sierra Leone. Police officers do not treat children with disabilities who are victims of SRGBV and their caregivers with respect, and do not adhere to the principle of confidentiality during investigations into cases of SRGBV. When some abuse cases are eventually brought to court, people with disabilities face further frustration with legal procedures that are not inclusive. An OPD leader and a strong advocate for justice for people with disabilities expressed his feelings on court proceedings.

“To be honest with you, it is difficult for now for all issues of disability to be handled fairly in terms of our justice system particularly. We still have challenges with the court system, including lawyers, insisting on what we call the ‘rules of evidence’. In Sierra Leone, this rule states that you must see the perpetrator and you hear him for you to present a strong case. This rule there works against children with hearing or vision impairments. By this rule, the court system is not disability friendly, meaning children with disabilities will continue to experience SRGBV and will never have justice in this country.” (Reflection workshop, Freetown, April 2025)

¹ The National Commission for Persons with Disabilities and OPDs proposed revisions to the Disability Act of 2011 a few years back but this is yet to be tabled for debate by parliament.

The security and justice sectors should consider the principles of inclusion and confidentiality when dealing with SRGBV cases. Stakeholders observed that court sittings are quite irregular in Karene district and recommended that the justice sector should plan for regular court sittings to clear backlogs of SRGBV cases.

4. **Improve SRGBV reporting mechanisms.** In response to the increasing spate of sexual and gender-based violence (SGBV), the government developed the National Strategy for Response to Sexual and Gender Based Violence, to address and prevent SGBV through comprehensive policies, programmes and services. This was followed by the establishment of the 116 toll-free gender-based violence hotline to receive reports of violation incidents, and formulation of the National Referral Protocol on SGBV in 2022. The aim of this protocol is to ensure that survivors of SGBV, including children, receive free, prompt and coordinated responses from service providers, including free medical care, legal advocacy and advice, and psychosocial support. There is a need to revise this protocol to make it child-friendly, gender sensitive and disability inclusive (48).

Despite the above efforts, this study found that mechanisms for reporting SGBV, including SRGBV, in study school communities and in Karene district were weak and therefore hardly used by children with disabilities and their parents/carers. Respondents informed us that reports by children with disabilities were often downplayed by leaders and institutions, and that the process lacked confidentiality. Our interaction with stakeholders at national level confirms the views from school and communities, which is that reporting mechanisms were weak.

During discussions, respondents were of the view that some parents/carers of girls with disabilities failed to report cases of sexual violation. Some parents try to conceal incidents of abuse, managing it in secret to protect the victim from 'shame and stigma' in the community. In some cases, influential family members of perpetrators will call the institutions or officials handling the matter, putting them under pressure to drop the matter. This was clearly expressed by community members in Makulon during the validation workshop.

"Sometimes, relatives of some people who abuse girls with disabilities will call directly to where you have made the report and after that the person in charge of the matter will be the one to start advising you to forget about the matter [and drop it]. This is because he too is afraid of losing his position or job." Reflection workshop, Makulon, January 2025

Stakeholders fully understand that family pressures are key in making SRGBV reporting mechanisms work and getting perpetrators to account for their actions. Stakeholders in Kamakwie suggested that parents of children with disabilities must be targeted with awareness-raising sessions to get them to understand that failure to report could be a factor contributing to the rising incidence of SRGBV.

“To sensitise parents to understand SRGBV. What does this mean? If mothers and fathers do not have an understanding about SRGBV, the discussions and suggestions we are making here will not work. If we sensitise them, they will know where to make a complaint. The reason SRGBV is not ending is because parents do not know the reporting channels and the protocols to go through to make a report.” Reflection workshop, Kamakwie, April 2025

Status and political power were named by respondents as factors that undermine the success of SRGBV reporting mechanisms. In the quote below, a member of an OPD expressed her concern and frustration of the link between power, SRGBV and an ineffective reporting mechanism.

“You talked about perpetrators who are doing sexual harassment, especially with girls with disability. Let me share an example because what happened was that a girl with disability was violated by her own stepfather and he is one of the statemen in this country. So, the matter was brought to our attention, we investigated, got the facts and reported the matter to the police station. But because he has a great personality in the country, even when we went to the police station and reported the abuse, nothing happened. The abuse was swept under the carpet by the police because of his status. We later held a rally on that case, but no one seems to care, not even the police.” Reflection workshop, Freetown, April 2025

Stakeholders at all levels must improve mechanisms for reporting violations against children with disabilities by making the process safe and confidential.

5. **Step up advocacy initiatives.** Participants recommended that Sightsavers, key ministries and other stakeholders design and undertake advocacy at all levels, from district to national levels. Advocacy interventions will help change attitudes towards SRGBV and its impact on children with disabilities, and get planners and policy makers to translate policies into actions to end SRGBV. A recent policy brief developed by Sightsavers for the MBSSE minister, attending a high-level meeting in UK in May, outlined the following six-points advocacy/policy to end SRGBV in Sierra Leone.

- i. Strengthen and implement legal and policy frameworks to protect the rights of children with disabilities and address all forms of violence in line with the CRPD.
- ii. National education and school safety strategies should promote gender and disability-responsive learning environments.
- iii. Support schools to foster an inclusive environment and take steps to address disability stigma and discrimination.
- iv. Ensure schools adopt zero tolerance approaches to violence and develop child safeguarding policies.
- v. Work with schools and communities, including OPDs, to challenge negative attitudes and raise awareness of disability rights.

- vi. Invest in evidence, though research, disaggregated data collection and documentation that explores the intersectional experiences of sexual and gender-based violence in and around schools.

6. **Get perspectives of SRGBV from other regions of the country.** Incidences of violence against women and girls varies by region in Sierra Leone. While physical violence is high in all regions, SGBV specifically is higher in the northwest, followed by the western area and then the rest of the northern region. SGBV occurrence is lower in the southern and eastern regions of the country (30). This study took place in four schools in Karene district in the northwest region.² At district level, stakeholders suggested that the study be extended to other schools in the district.

“I don’t know if I am correct or not, but I think there are only four schools wherein this study was conducted and there are so many other schools [in the district]. So, if you have limited it to these four schools, then it means a lot of others have been left out. So, we are asking Sightsavers to try to extend this study to other sister schools, so that this study will have a greater impact than it is now.” Reflection workshop, Freetown, April 2025

Stakeholders at the reflection workshops suggested that this study be extended to other regions of the country to capture the perspectives children with disabilities on SRGBV.

“It would have been great to have a perspective of different regions. Let us say now you have targeted the northwest region with only one district. It would have been good to have the southern region, eastern region and so on.” Reflection workshop, Freetown, April 2025

7. **Strengthen guidance and counselling in schools.** Stakeholders at all levels recalled the role that guidance and counselling units played in schools, ensuring the wellbeing of learners and shaping them for their future. However, they noted that this once-vital school-based service is no longer active in most schools and suggested their revival, including the training of teachers as counsellors.

“Train and provide counsellors to schools and communities to provide support to children with disabilities. In Karene, 95 per cent of schools do not have counsellors, by that I mean guidance counsellors. Schools need counsellors that can talk to the children and sensitise them against what is right and what is wrong. A counsellor is a very important person that plays a vital role in children’s lives.” (Reflection workshop, Karene, April 2025)

MBSSE is aware of the role of guidance and counselling in schools, and has addressed this in the National Policy on Radical Inclusion in Schools by providing support to ‘teachers and other school staff to provide basic counselling, mentorship and information services, as well as onward referrals where possible and appropriate’ (49). Although the

² When I first discussed this study with officials of MBSSE, they suggested that similar studies be conducted in other regions of the country as perspectives of disability and sexual practices were different across regions.

current Education Sector Plan does not make specific provision for children with disabilities, it does provide for ‘an effective system which exists to provide guidance and psychosocial support to children, especially pregnant girls and victims of SGBV’. (50).

8. **Interagency approach.** Participants at district and national levels agreed that the prevalence of SRGBV is widespread across the country. SRGBV has connections with several ministries, departments and agencies (MDAs) and therefore cannot be handled by a single agency. It requires an interagency but well-coordinated approach that involves all MDAs providing services which are accessed by children with disabilities. Stakeholder suggested that Karene District Council and MOGCA are best positioned to provide the required coordination at district and national levels respectively.

“Sincerely if you just labour with members of OPDs, it will be very difficult for us to achieve that goal. But when you work in partnership/collaboration with others, I believe we will succeed. I am happy that you involved us in this study, and we will like MOGCA to come on board strongly with a statement and to back the work of OPDs that are working on SRGBV, for us to create an impact and to end violations against children with disabilities.” Reflection workshop, Freetown, April 2025

“...we are talking about key actors, and I want us to look at a multisectoral approach. Because if you look at most of the challenges that are coming up here, there are different ministries that are involved that should come together. Somebody was talking about transportation for children with disabilities, that means the Ministry of Transport should be involved in discussions. There are things that have to do with assistive devices that they [children with disabilities] need to participate in their communities. Most of the challenges that persons with disabilities face can be solved by various institutions and their various representatives are here.” Reflection workshop, Freetown, April 2025

The suggestions made by stakeholders above agree with the aspirations of the government, and recent suggestions in a UN report on SRGBV-related issues. The report concluded that policies and strategies to tackle SGBV should be coordinated and implemented by MOGCA. The report, however, observed that while there is some political will to address SGBV, available resources are not adequate to translate policies into action (51). This weak coordination mechanism has in turn affected the effective response to address SGBV. A recent study identified that a coordination mechanism exists to address SRGBV issues, but weak capacity of stakeholders contributed to lack of an effective response to the rising incidents of SRGBV in the country (30).

Methodological learnings

Traditional practices are prevalent in Karene district, making it difficult to discuss a sensitive issue like SRGBV with children and with adults in a public setting like FGDs. When the topic of discussion was introduced in initial stages of data collection, most children preferred to stay quiet, and adults tried to divert the discussion away from SRGBV. The presence of YRs, people other community members know and trust, and the experience of the study team helped respondents to gather the confidence to share their perceptions on SRGBV and how it affects children with disabilities. During training for data collection, we proposed the

concept of “*bayo bayo*”, which we used throughout data collection, to persuade respondents to talk and provide valuable information.

Children with disabilities were introduced to participatory mapping and photography to share geographic information on sites that were important to them. Children found these technologies fascinating and this helped to sustain their interest in the study. As a study team, we found these digital technologies useful when discussing a sensitive issue like sexual relationships in communities where cultural norms dominate.

The involvement of YRs was critical in contextualising study activities for each school community, and in building support among stakeholders. Community members and teachers were impressed to see local youths and former students involved in this high-profile study activity. Additionally, children with disabilities in study schools already see YRs as role models, who had completed senior secondary education, despite their disabilities and associated challenges. Since children with disabilities already respected them, they felt comfortable participating in all study activities. The YRs also easily mobilised community members, who believed that their involvement in this study will contribute to the safety of children with disabilities. Building on this trust, parents and caregivers readily provided consent for their children to participate in the study. The YRs identified personal benefits from their role, particularly as they acquired new skills in conducting FGDs, participatory mapping and photovoice.

Value of participatory mapping methodology

The first role of participatory mapping is to amplify the voices of participants who are often excluded from traditional data collection. This method allowed children with disabilities to share their lived experiences by identifying places they felt were safe or unsafe on a printed map. The activity followed group discussions in the classroom, where key concepts were explored, with boys on one side and girls on the other. The mapping itself took place outdoors, which helped ease tension around such a sensitive topic.

Children gathered around a large, printed map with the school at the centre. When asked who came from each village, the children responded with curiosity and enthusiasm, often expressing their stories in new ways that hadn't emerged in the classroom. This process helped to break down communication barriers, as many children felt more comfortable expressing themselves through visual and spatial means rather than direct verbal disclosure. Mapping their routes to and from school encouraged them to speak about their personal experiences, including where they felt safe or vulnerable. Even though the maps were not exhaustive, they clearly showed that the children had something to say.

Their contributions validated the discussions held in class and highlighted their perspectives. Sometimes, children had different feelings about the same road, but the presence of other children with disabilities or trusted community members often made them feel safer. The maps created with Post-it notes became powerful tools, not only for identifying spatial patterns of violence or exclusion that might otherwise go unnoticed, but also for sparking dialogue with parents, teachers and local leaders. These maps were later digitised using GIS software, allowing for a clearer visualisation of the data and enabling their use in broader planning processes. The digital maps supported discussions not just at school level, but also at higher levels of decision-making, contributing to the development of action plans that

involved wider community stakeholders. The visual and participatory nature of the mapping process, combined with the analytical power of GIS, encouraged broader community involvement and supported collective reflection and coordinated action.

Empowerment of study participants

The study used CBPAR specifically to ensure that study participants, and particularly children with disabilities, felt empowered to share challenging and sensitive experiences, and to develop strategies to address these. The extent to which participants brought the extremely sensitive issue of initiation into secret societies to the fore, particularly in developing the SRGBV response plans, is an encouraging indication that the methodology was able to achieve this aim. This study contributed to empowering study respondents, especially girls with disabilities and women. Forced initiation into secret societies and related FGM emerged as an abuse against girls with disabilities in three study schools. Considering that FGM as a rite of passage is shrouded in secrecy, it was impressive that community members were able to talk about it and raise it as an issue in public meetings. This openness, especially by girls with disabilities and women, reflects trust in the research process, which is positive. It is encouraging to note that the research process has enabled communities to decide that they want to address this issue to minimise its impact on the wellbeing and education of girls with disabilities in study schools.

Forced initiation and FGM were not discussed as priorities in one school, which could be due to the ethnically different composition of the school community and the children in that school. During the data collection phase, boys spoke about abuse in relation to sex for grades and sex for money, but girls were rather cautious, somehow unwilling to talk about SRGBV. This reflects what prevails in the school community, where women are not able to speak about sexually related matters, especially in public and in the presence of men.

SRGBV intervention at district level should be coordinated by the Karene District Council and should focus on mobilising concerned stakeholders, including traditional leaders. Interventions should also focus on strengthening reporting mechanisms for SRGBV and referring victims for support services. Finally, the council and its team should raise awareness on existing laws/policies aimed at addressing harmful cultural practices like FGM.

Conclusion

This study has used a range of participatory research methods to understand children's experiences, perceptions and beliefs in relation to SRGBV, and how this can be addressed. Children's narratives highlighted the multiple ways in which disability and violence intersect, and in particular the ways in which stigma and discrimination increase their vulnerability. Making use of a peer research approach ensured that children were able to share their perspectives more openly and confidently, and ensured that work remained appropriately grounded in each of the school communities.

The participatory action research element of the study – in which communities developed their own, context-specific SRGBV response plans – demonstrated the ways in which evidence about children's experiences can result in their concerns being recognised, and inform community-level work to address them. This same evidence, when shared at district

and national level, has also sparked recognition of the need for more systemic, structural and policy change to ensure that children with disabilities can reach school safely, and feel safe and respected while at school.

It has already been established that SRGBV is widespread in Sierra Leone and that the government has initiated policies and programmes to address it. During the launch of the International Taskforce to End Violence in Schools recently in UK, Mr Conrad Sackey, the MBSSE Minister made this statement: “No child should be afraid to go to school. But for too many, violence is a daily reality”(1). The involvement of Mr Sackey in the high-level taskforce should be leveraged by the study to make him a champion for the research uptake/advocacy activities planned for this study. From discussion with stakeholders, SRGBV can be addressed in Sierra Leone by intervening at levels: community, district and national.

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