

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

Research report 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:

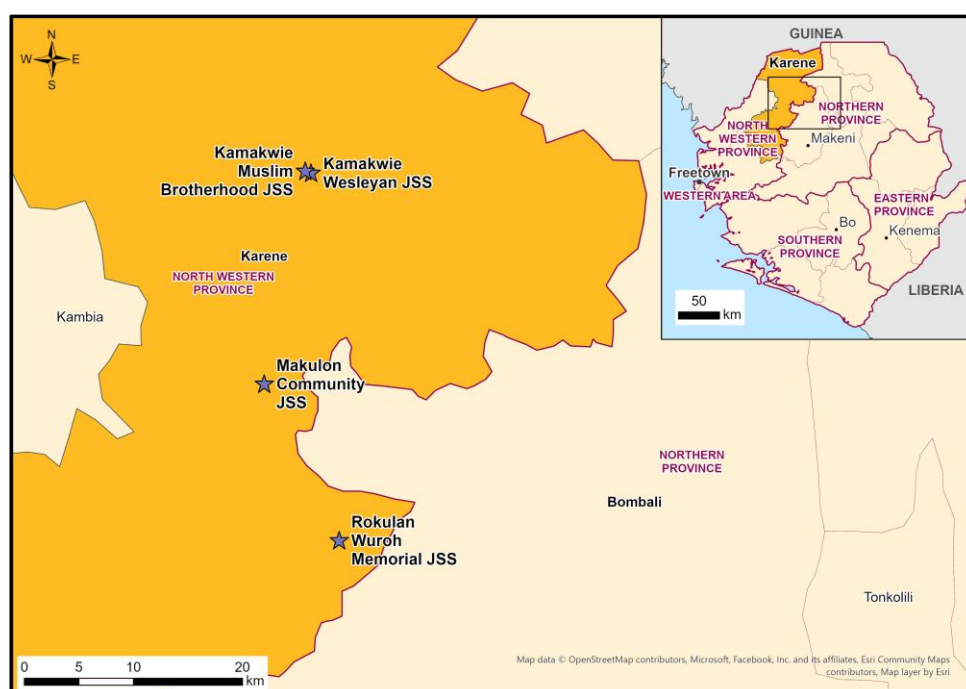
1. How do boys and girls with disabilities attending inclusive schools in Sierra Leone perceive and experience school-related gender-based violence? How do these views and experiences vary between boys and girls?
2. Where do these children feel more and less safe? Where are hotspots of violence or perceived 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.

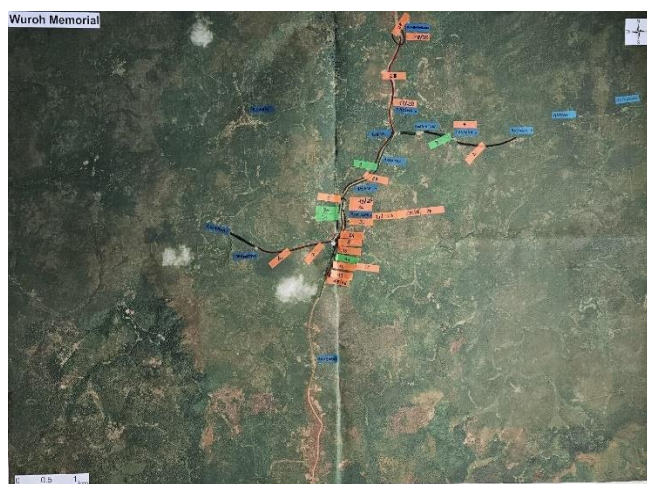
How did we conduct the research?

The study was conducted in four schools in Karene district in northwestern Sierra Leone. Two of the study schools are in Kamakwei township and the others are located in Makulon and Rokulan, rural communities in the southern part of district.

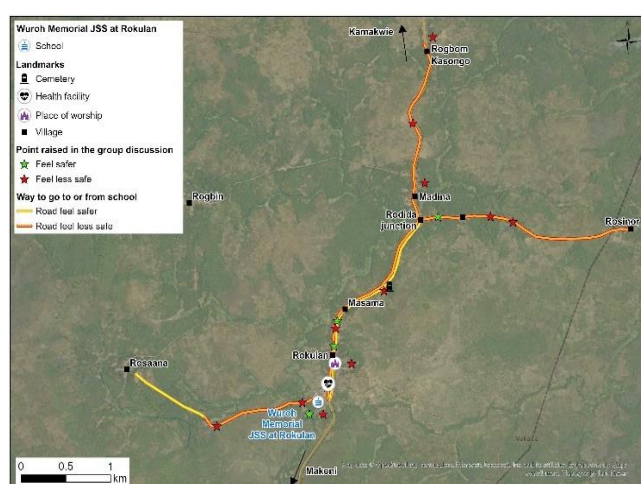


We used community-based participatory action research (CPBAR) methodology, which places children with disabilities in the centre of decision making and research activities. We used interrelated data collection methods such as focus group discussions (FGDs), participatory mapping, photovoice and participatory action workshops to collect data.

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.



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



Digitised map of Wuroh Memorial with information provided by children

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.



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.



Children with mobility impairment feel unsafe passing through swamps and using makeshift bridges, like this one near_Wuroh Memorial JSS in Rokulan, particularly during the rainy season.

- 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 community-based participatory action research (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.

Learn more about this study

Read full report here <https://sightsavershh.sharepoint.com/>

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