Safely at school: reducing the risk of school-related gender-based violence (SRGBV) for children with disabilities in Sierra Leone

Study funded by the Sexual Violence Research Initiative

Dr Steven Kaindaneh

Sapana Basnet, Alexandre Chailloux, Rosanna Kamara, Abu Bakarr Bangura, Julia De Kadt and Elena Schmidt



Background

- School-related gender-based violence (SRGBV) affects 246 million adolescents around the world every year (UNESCO, UN Women, 2016). It includes violence related to educational participation, such as bullying or physical or sexual violence, on the way to and from school.
- 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' (UNESCO, UNGEI, 2023).

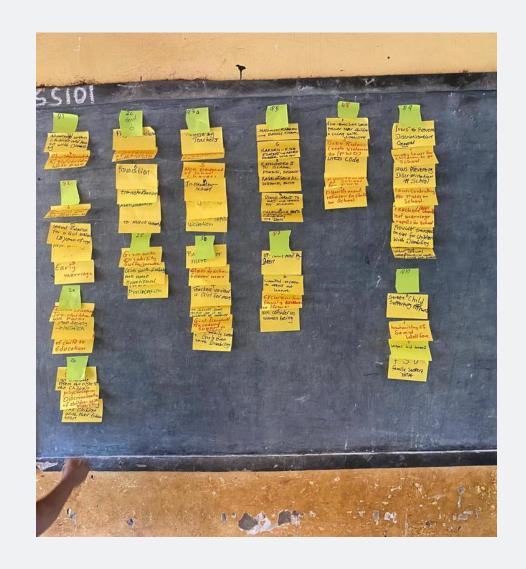
Background

- Measuring SRGBV is challenging, particularly when it intersects with social marginalisation.
- GBV is widespread in Sierra Leone and is deeply rooted in social and economic gender inequalities, with 62 per cent of women experiencing physical or sexual violence (Letouzé et al, 2022).
- Children with disabilities are more vulnerable to abuse (Njelesani et al, 2018).
- A recent study identified corporal punishment, sexual threats and violence by teachers, and bullying and sexual harassment by peers, as various forms of SRGBV (UNICEF, UNGEI, USAID, 2023).

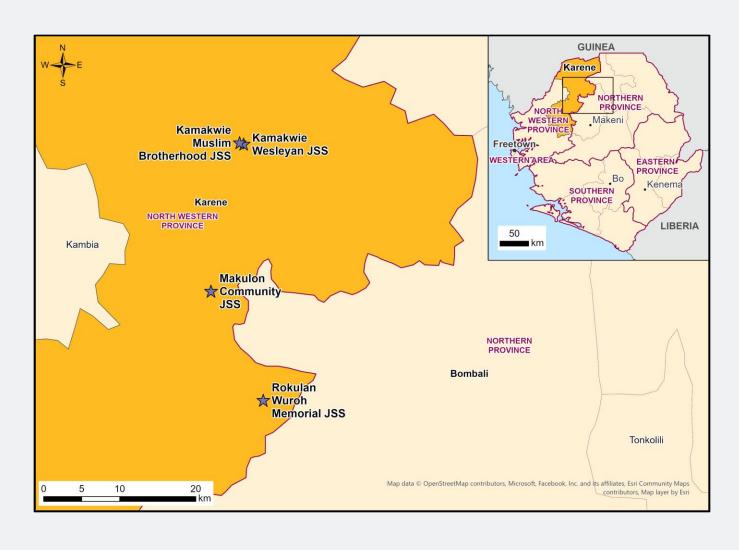
Study objectives

The aim of this study is to understand and articulate the experiences, perceptions, needs and concerns of boys and girls with disabilities regarding SRGBV in Sierra Leone.

Learning will be used to work with school communities to help develop strategies to end SRGBV.



Study location





CIES conference: March 2025

Study design



The study is grounded in community-based participatory action research (CBPAR) methodology. This places children with disabilities, especially girls, in the centre of research and decision-making processes:

- Data collection methods:
 - Focus group discussion
 - Participatory mapping
 - Photovoice
 - Participatory action workshops
- We collaborated with two organisations of persons with disabilities (whose representatives are co-investigators), and eight young people with disabilities based in communities as 'young researchers'.

Study design



The study is grounded in community-based participatory action research (CBPAR) methodology. This places children with disabilities, especially girls, in the centre of research and decision-making processes:

 Preliminary findings were shared with participants, after which they were supported to develop communityspecific SRGBV reduction action plans.

Qualitative data was thematically coded by the study team. Geographic information from mapping and photovoice exercises were uploaded into ArcGIS software to create maps showing safe and unsafe sites on roads used by children to and from school.

Study participants

Category of participants	Focus group discussions (FDGs), participatory mapping and photovoice			Validation and SRGBV reduction action planning		
	Male	Female	Total	Male	Female	Total
Children with disabilities	37	33	70	20	17	37
Community members (including parents, caregivers, teachers, community/religious leaders, public transport providers, etc).	92	28	120	46	32	78

The context

- In the study area, children encountered violence of various types within homes, communities and schools.
- Children were aware of disability stigma and discrimination: "Girls with disabilities face lots of mockery from other children and adults just because we have disability; it is unfair treatment and makes me sad." FGD with girls
- Although awareness is growing, traditional beliefs that disability is a curse persist: "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
- In one school, children had a higher level of awareness of SRGBV and were able to share their perceptions clearly.
- In the other schools, children had little understanding of SRGBV and needed guidance before they were able to share their perceptions

Perceptions of children on SRGBV

Key forms of SRGBV identified in schools and communities included provocation, sexual harassment, discrimination and corporal punishment.

Children's descriptions of SRGBV highlight the intersections of violence, discrimination and disability:

 "Family members tell me that 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

- "Other girls (without disability) in class don't allow me to sit or walk with them and, when I'm sitting alone, boys come to tease or harass me." FGD with girls
- "Girls touching the private parts of boys and, when the boys react, girls report to teachers. The teachers beat us without investigating to know what happened."

FGD with boys



Gendered experiences of SRGBV

 Adults perceive that girls with disabilities receive more support (help with transportation, food or money) than boys. However, girls who accept support become vulnerable to abuse:

"When a disabled girl is moving from a far distance to come to school and comes into contact with an Okada rider who may demand sex for favour of lifts. At the end of the day that girl gets pregnant."

FGD with community members

 Girls and boys encounter different, gendered forms of violence at school. Boys are more likely to experience corporal punishment, often due to their disability:

"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 boys



Gendered experiences of SRGBV

 Girls are more likely to experience sexual harassment:

"Boys from the same class or other classes say, 'Let's go to the toilet and have sex'. They also grab me or other girls from the back and rub their private parts against [our] waist."

FGD with girls



Challenges reporting SRGBV

Complaint mechanisms to address SRGBV were weak across all four schools.

 Leaders, including school management teams, do not hold perpetrators accountable:

"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 not to go close to them." **FGD with girls**

BAD TOUCHES

- 1. Report to Your Trusted Adult
- 2. Report to Your Trusted Mentor and Guidance Counsenor
- 3. Don't Keep Quiet! Call 8060, 116 or 515 On Any Network for Free
- 4. Report to Your Trusted Teacher
- 5. Drop Complaints into Suggestion Box
- 6. Report to Wother's Club
- 7 Report Trusted Family and Friends



Challenges reporting SRGBV

Complaint mechanisms to address SRGBV were weak across all four schools.

• In one school, management attempts to protect teachers, rather than addressing SRGBV:

"The school does act on reports [on SRGBV]. We have the guidance and counselling unit which deals with such situations maturely...these are sensitive issues that are not just published outside otherwise you will put more pressure on the teacher in question or rather the pupil. 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 the persons who handle them."

FGD with community members



'Feel safer' or 'Feel less safe' maps

Peer researchers practicing the group discussion around the map.



'Feel safer' or 'Feel less safe' maps

Extract of an A0 map used in a school where children indicated the places where they were feeling safer or less safe.



Results digitalised using GIS software



Conclusion

- By focusing on the voices of children with disabilities, this study has highlighted clear links between SRGBV and disability stigma and discrimination.
- These links have enabled school communities to develop disabilityinclusive SRGBV response action plans, aimed at protecting children on the way to/from school, in school and in the community.

- 3. It is very important for disability inclusion work to consider the potential impact of SRGBV.
- 4. Likewise, SRGBV interventions must pay attention to the experiences and needs of children with disabilities.
- 5. Finally, the study highlights the value that the use of digital technologies, such as participatory GIS mapping and photography, can add to our understanding of sensitive and hard to research topics such as SRGBV among children, and in rural communities.

Thank you for listening, any questions?

Dr Steven Kaindaneh skaindaneh@sightsavers.org



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