

GENDER-BASED VIOLENCE AGAINST CHILDREN AND YOUTH WITH DISABILITIES

A Toolkit for Child Protection Actors





ACKNOWLEDGEMENTS

ChildFund International is a child-focused, non-government organization whose mission is to help deprived, excluded and vulnerable children have the capacity to improve their lives, and have the opportunity to become young adults, parents and leaders in their communities. ChildFund also exists to promote societies whose individuals and institutions participate in valuing, protecting and advancing the worth and rights of children.

The Women's Refugee Commission (WRC) works to improve the lives and protect the rights of women, children and youth displaced by crisis and conflict. WRC researches their needs, identifies solutions and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice.

ChildFund commissioned the development of this Toolkit, which was designed and piloted in partnership with the Women's Refugee Commission. This toolkit was researched and written by Emma Pearce, Senior Disability Program Officer at the WRC, with contributions and feedback from: Kathryn Paik, Adolescent Girls Program Officer, WRC; Danielle Roth, Technical Specialist, Gender and Youth, ChildFund; Jessica Izquierdo, Health Technical Advisor, ChildFund; Carmen Madriñán, Senior Child Protection Advisor, ChildFund; Tigist Tarekegn, Child and Women Development Program Officer, ChildFund Ethiopia; and Dale Buscher, Senior Director of Programs, WRC. The report was designed by Diana Quick and Joshua Julian.

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INTRODUCTION

Children with disabilities are those who have “long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”¹ Studies suggest that children with disabilities are at a greater risk of experiencing physical and sexual violence than children without disabilities.² They may be hidden in communities due to stigma and discrimination, and excluded from school and other educational opportunities. Adolescent girls and boys with disabilities, particularly those with intellectual disabilities, may be excluded from activities that increase their knowledge about violence, sex and healthy relationships, as well as from peer networks that might protect them from violence.³ Girls, boys, young women and young men with disabilities have unique insights into critical issues that shape their daily lives and the obstacles they face. They also have a variety of skills and capacities to contribute to programming for children and youth, but are rarely consulted in program design and planning.

To address this gap, ChildFund International commissioned the development of this Toolkit, entitled *Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors*. ChildFund and Women’s Refugee Commission worked together to design and pilot participatory tools primarily for use by ChildFund staff and partners. They may also be useful to a wide range of actors engaged in child protection, GBV prevention and response, and for youth engagement programs in both development and humanitarian contexts. This toolkit was developed in Ethiopia, where the tools were piloted, with input and participation of ChildFund staff and partners, as well as children and youth with and without disabilities.

This toolkit was designed to reflect on and address capacity development needs of staff on disability inclusion; identify gender-based violence (GBV) prevention and response needs of children and youth⁴ with disabilities; and foster their participation in both planning and implementation of activities to prevent and reduce the risks of violence. Please see [Annex 1: Pilot Methodology](#)⁵ for a summary of the methodology used to design, pilot and evaluate the tools.

The toolkit consists of three parts:

- **Part 1:** Principles and guidelines for inclusion of children and youth with disabilities in GBV programming.
- **Part 2:** Capacity development tools for staff and partners on disability inclusion in GBV programming.
- **Part 3:** Child- and youth-participatory tools to gather information about GBV concerns of children with disabilities and to foster their participation in community programs and activities.

These tools are designed to complement existing ChildFund guidelines and tools on participatory program planning and GBV prevention and response, including:

- [We’ve got something to say! Promoting Child and Youth Agency: A facilitator’s guide](#)
- [We’ve got something to say! Talking to Youth about Leadership, Livelihoods, and Health](#)
- [Child- and Youth-friendly Participatory Action Research Toolkit](#)
- [Conceptual framework on gender-based violence against children](#)⁶
- [Take action! Child- and youth-centered GBV prevention toolkit](#)

ChildFund staff, its partners and other actors are encouraged to adapt these tools to their individual programs and contexts, and to integrate elements into standard capacity development and participatory program planning on GBV.

1 United Nations, Convention on the Rights of Persons with Disabilities (Geneva: United Nations, 2006).

2 UNICEF, *State of the World’s Children: Children with Disabilities* (New York: UNICEF, 2013).

3 Women’s Refugee Commission & International Rescue Committee, “I see that it is possible”: *Building capacity for disability inclusion in gender-based violence programming* (New York: WRC, 2015). http://wrc.ms/disability_GBV

4 Children are defined as those who are 0-18 years of age, and young people (or youth) as those who are 15-24 years of age.

5 <https://www.womensrefugeecommission.org/disabilities/resources/1290-youth-disabilities-toolkit-methodology>

6 To access these additional resources please contact ChildFund at global@childfund.org

PART 1: PRINCIPLES AND GUIDELINES FOR THE INCLUSION OF CHILDREN AND YOUTH WITH DISABILITIES IN GBV PROGRAMMING

ChildFund International has a particular interest in promoting the rights of the most deprived, excluded and vulnerable children, and this requires it to ensure that girls, boys, young women and young men with disabilities are adequately represented in all programs and activities, including those addressing child protection and GBV. ChildFund's framework for development places child and youth agency as a key element throughout the program cycle, from assessment, design and implementation through monitoring and evaluation. Similarly, the Women's Refugee Commission puts children and youth with disabilities at the center of humanitarian programs and advocacy, working with them as partners to identify protection concerns and risks, as well as to explore their ideas for change. Operational and participatory research is used to build bridges between children and youth with and without disabilities, their communities and humanitarian actors, strengthening their capacity and creating space where the most marginalized have a voice on issues that affect them.

In GBV prevention and response programming for children and youth, it is critical to understand the gendered nature of violence against children. Gender norms and inequality, social structures and age all intersect with other sources of social disadvantage to influence the vulnerability of girls and boys to different forms of violence. When gender and age intersect with disability, it becomes even more critical for program staff to understand and adopt inclusive programming approaches in child protection and GBV programs and activities, fostering the participation of children and youth with disabilities, who are routinely exposed to multiple kinds of violence, abuse and exploitation.

In the principles and guidelines below, particular attention is given to girls, who are disproportionately affected by GBV due to their intersecting identities as both young and female. The forms of GBV that they are exposed to may include, but are not limited to sex-selective abortion, child sexual abuse,⁷ rape, trafficking, forced prostitution, child marriage, dowry-related violence and female genital mutilation. When disability is also part of girls' identity, they may also be exposed to differential forms of violence and human rights violations, which have both disability- and gender-related dimensions, such as forced or coerced sterilization, withholding of assistive devices for mobility and/or communication, and denial of assistance for personal hygiene and or daily tasks.⁸

The following principles are proposed to foster the participation of children and youth with disabilities, and those affected by disability, in community-based child protection and GBV programs, strengthening their foundational assets⁹ to in turn mitigate their risk of violence, abuse and exploitation across different life stages.

PRINCIPLES FOR INCLUSION OF CHILDREN AND YOUTH WITH DISABILITIES

Principle 1: Children and youth with disabilities have a right to participation and inclusion in programs

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) requires states parties to ensure that persons with disabilities are protected in situations of risk, and "that protection services are age-, gender- and disability-sensitive."¹⁰ Exclusion of children and youth with disabilities from existing activities and programs, whether inadvertent or purposeful, is therefore a form of discrimination. Program staff and development actors must recognize the diversity of the populations they serve, including the different risks faced by girls and boys with different types of disabilities at different life stages, and by those living in households with persons with disabilities. The inclusion of children and youth with disabilities and those affected by disability in ongoing and new programming is critical to reducing their risk of GBV and should be a core dimension of programming – not something "special" or separate.

"When I come to the event and I see there are persons with disabilities, I feel like I am not alone. And when I see other [non-disabled] people there, I feel equal."

7 Child sexual abuse is defined as "any form of sexual activity with a child by an adult or by another child who has power over the child." International Rescue Committee, *Caring for child survivors of sexual abuse: Guidelines for health and psychosocial service providers in humanitarian settings* (New York: IRC, 2012), p. 15.

8 Human Rights Council, 20th Session, *Thematic study of the issue of violence against women and girls with disabilities, A/HRC/20/5*, 30 March 2012. http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session20/A-HRC-20-5_en.pdf (accessed 2 November 2012).

9 Evidence suggests that supporting children and youth, particularly during adolescent years, to develop human, social, financial and physical assets, improves their health, reduces their risks and equips them with the skills to positively impact their families and communities. Education, communication skills, friendships and social networks, as well as having vocational skills and opportunities in older adolescence are considered the "building blocks of economic and social empowerment." For more information about asset-based approaches, please refer to: Women's Refugee Commission, *Strong girls, powerful women. Program planning and design for adolescent girls in humanitarian settings* (New York: WRC, 2014). <http://wrc.ms/StrongGirlsReport>

10 United Nations, *Convention on the Rights of Persons with Disabilities* (Geneva: United Nations, 2006).

— Girls with disabilities presenting to women’s organizations in Northern Caucasus as part of a program evaluation

Principle 2: See the girl, boy, or young person first, not their disability

Children and youth with disabilities have life experiences, dreams and goals like other children and youth, and, when asked, may identify simply as friends, daughters, sons, sisters, brothers and so forth. They are exposed to the same stigma, discrimination and inequality based on age and gender as other girls, boys, young women and young men. Yet, these factors are often overlooked, as program staff, families and communities prioritize the disability-related needs of this group.

"We want to learn things, we want to go to school, we want to make friends, and we want to be productive. Someday, some of us want to be wives and mothers. But people forget about girls with disabilities. They forget we have goals and dreams."

— Bolia, 16-year-old girl living in Burundi

Principle 3: Do not make assumptions

Program staff often make assumptions about what children and youth with disabilities can and cannot do, or what activities would be most suitable for them. Taking time to consult with them, exploring their interests and providing them with opportunities allows children and youth with disabilities to be recognized as the experts on their situations and enables them to provide insights into issues that shape their daily lives.

"I can work hard and I can prove that despite what they said in the hospital in the Congo, I am not 'worthless'. Instead, I am a girl with a lot to share and to offer."

— Sifa, 16-year-old refugee living in Burundi

Principle 4: Identify and value all contributions

Participation will look different for every individual, and vary according to their personal preferences, the type of activity and how familiar they are with program staff and peers. Program staff should take the time to watch, listen, talk and interact with individuals to learn more about them, what their preferences are, and their skills and capacities. It is also important to avoid setting rigid standards for "participation." Everyone has something to contribute – this may be a picture, a gesture or a detailed discussion – all of which should be valued and recognized in efforts to engage meaningfully with children and youth with disabilities.

"At these events, parents were standing aside and our children were at the front and the officials were paying attention to them. . . . I was really proud, and I was thinking, is it really my daughter?"

— Mother of a girl who is deaf in Northern Caucasus

Principle 5: Work with families and caregivers

Program staff should seek to understand the concerns, priorities and goals not only of girls, boys, young women and young men with disabilities, but also of those who may be taking on caregiving roles for persons with disabilities, as they may also be excluded from community activities and opportunities. It is critically important to engage caregivers of children and youth with more profound disabilities, including parents and siblings. By engaging wider family units, the development community can both support and strengthen healthy relationships and balanced power dynamics among caregivers, children and youth with disabilities and other family members. This is particularly important when working with girls and young women with disabilities who are likely to have less power and status in society due to age, gender and disability norms.

"My daughter is growing up. She is getting bigger, so taking care of her can be challenging. But we do it together, my oldest daughter and me. . . . She loves to be outside and to see things and greet people. . . . I know she enjoys this, so I try hard to take her out."

— Mother of a 14-year-old girl with intellectual disabilities living in a refugee camp in Ethiopia



Visiting children with disabilities and their families at home.

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GUIDELINES FOR PROGRAM STAFF

Girls, boys, young women and young men with disabilities should have the opportunity to participate in the same programs and activities as other children and young people. It is critical to identify and remove barriers to existing programs and activities, and avoid setting up separate programs and activities that may further marginalize children and youth with disabilities from their peers and communities.

Following are practical steps that program staff can take to support implementation of the above principle, and to ensure that existing child protection and GBV programs are accessible to and inclusive of children and youth with disabilities and those affected by disability.

1. Profile diversity among children and youth with disabilities in the community

Children and youth with disabilities are a diverse group, with varying needs, concerns and capacities. Program staff can better understand this diversity by collecting and analyzing population data that is disaggregated by sex, age and disability, and conducting assessments to identify the profiles of girls, boys, young women and young men in a community. This should include vulnerability factors, such as living with both parents, just one parent or alone; being in or out of school; and different types of disability, including of those who have multiple disabilities and are isolated in their homes. Assessments should also include infants with disabilities and their caregivers, so as to identify gaps in both service provision and parenting approaches, which may differ between girls and boys. Finally, pregnant women and mothers with disabilities may face a unique combination of GBV risk factors, making them a priority for activities which target parents and caregivers, and enabling them in turn to foster safe and caring environments for infants and children with disabilities.

2. Outreach is critical

Children and youth with disabilities, and often their siblings, may be isolated and hidden within their communities. They may lack confidence and social networks, and their mobility and access to public spaces may be restricted, particularly if they are female, due to a variety of attitudinal and environmental barriers, including security. Assessments and evaluations should therefore include an outreach component to engage children and youth with disabilities and their caregivers who are isolated in their homes. In some contexts it may be possible to support existing children and youth groups to undertake such outreach, so they themselves may provide information to children and youth with disabilities and their caregivers about available activities, establish communication preferences, build trust and develop strategies to address barriers to participation.

3. Put children and youth at the center of program decision-making

Involving children and youth with disabilities in GBV program design and evaluation is critical to accurately identifying barriers to their participation in programs, developing effective strategies to improve their participation, and understanding what changes matter most to them. Participatory approaches, such as ranking exercises, photo elicitation and story-telling are examples of ways, in addition to more traditional qualitative methods (e.g., focus group discussions and one-on-one interviews), to effectively explore the concerns and ideas of individuals who have different communication needs. Children and youth with and without disabilities can be encouraged to work together to identify their own goals and the foundational assets that they wish to develop. This gives them ownership over the programs and activities that affect them, fosters protective peer networks and supports the development of important life/leadership skills.¹¹

"These are our ideas that we would like to see in the future... We would like a place to meet with some girls at a café or a place for just girls with and without disabilities – just girls, without adults."

– Girls with disabilities presenting to women's organizations in Northern Caucasus as part of a program evaluation

4. Make safe spaces "safe" for ALL girls

Establishing safe physical spaces where girls can meet separately from boys, connect with peer and social networks, learn skills and safely access information and services, is an effective method of reaching those who may be socially isolated, lack confidence and fear for their safety outside of their homes. Program staff managing safe spaces can support girls' groups to reflect on what makes that space "safe" for them. They can establish their own ground rules about keeping activities open and welcoming to girls with different types of disabilities, thereby reducing the risk of stigmatization and discrimination. Girls' groups can also play a critical role in defining whom should be included in future activities, and conducting outreach to groups of girls who are more isolated and excluded, such as those with intellectual disabilities.

5. Identify mentors with disabilities

Creating a network of strong, young female leaders with disabilities in a community will not only improve the status of women and girls and challenge social norms relating to gender, but also highlight the skills and capacities of persons with disabilities. Children and youth with disabilities want to be seen as leaders, friends, and community members; people who can make valuable contributions to their community. Program staff should recruit young women and men with disabilities as volunteers and staff in all types of programs, including GBV programs.

¹¹ Women's Refugee Commission, *Strong girls, powerful women. Program planning and design for adolescent girls in humanitarian settings* (New York: WRC, 2014). <http://wrc.ms/StrongGirlsReport>

PART 2: CAPACITY DEVELOPMENT TOOLS ON DISABILITY INCLUSION IN GBV PROGRAMMING

This section of the toolkit provides tools to strengthen the capacity of staff to include children and youth with disabilities in GBV programming. These tools seek not only to improve the knowledge of staff on GBV against children and youth with disabilities, but also to foster reflection on how attitudes might influence their work in this field. While child protection and GBV actors are particularly aware of age- and gender-based power dynamics in their work with children, they may require further support to reflect on their own attitudes, and the attitudes of others, relating to disability, and how these may compound inequality, discrimination and exclusion in relationships, households and the community. As disability inclusion is often an evolving area of work for many organizations, it is also critical to support staff in reflecting on progress, highlighting successes and exploring challenges, so that they can define their own capacity development goals. Hence, the tools in this section facilitate reflective and experiential learning processes.

It is recommended that the activities and content presented in these tools be integrated and mainstreamed throughout core child protection and GBV training packages, including through case studies and examples centered on children and youth with disabilities. Over time, staff will increasingly recognize that responding to the needs of children and youth with disabilities is a core part of their work and that they have the skills to do this effectively throughout their daily work.

There are three tools to support the capacity development of staff and partners:

Tool 1: Including children and youth with disabilities in GBV programming – A self-assessment tool to identify gaps in knowledge, attitudes and practices relating to children and youth with disabilities and GBV, and goals for capacity development.

Tool 2: Gender-based violence and children with disabilities – A training module for staff, including activities, case studies and other materials, that can be run independently or integrated into existing training on prevention of GBV against children. The training activities foster reflection on how personal experiences and values impact upon work with children and youth with disabilities, as well as apply this knowledge to case studies and practice examples.

Tool 3: A reflection tool for staff to monitor and evaluate change in knowledge, attitudes and practices relating to disability inclusion in GBV programs for children and youth.

TOOL 1: INCLUDING CHILDREN AND YOUTH WITH DISABILITIES IN GBV PROGRAMMING – A SELF-ASSESSMENT TOOL

Purpose of this tool

This tool will help to identify areas for capacity development of staff on the inclusion of children and youth with disabilities in GBV programming. It is a self-assessment tool which will help staff to reflect individually, and then as a group, on their own knowledge and practices relating to children and youth with disabilities and GBV, and identify areas that they wish to strengthen in the future.

How to use this tool

To supervisor or manager: Please share this form with each member of your team, so that each has time to reflect on their own individual competency. You can then have a meeting as a team to share everyone's reflections on the self-assessment, and to identify the common strengths and gaps across the team. As a supervisor or manager, you should complete one form that reflects the current competency and progress of your wider team as a whole. There is no need to identify individual staff members. You may also want to encourage your staff to keep their own forms, as they can use them to reflect on their own individual progress over time.

For each statement given in the questionnaire, you can evaluate your team's performance by giving scores according to the scale below. The written responses/reflections box are designed to provide examples, and to prompt reflection about where on the scale you and your staff are currently located.

It is OK if you do not understand some of the questions. This tool is simply meant to help you identify additional follow-up, knowledge and skills that might be needed in relation to this subject. It can also help you to track changes in knowledge and understanding over time.

Scoring scale

- 1 = Not started:** We are not doing this and have not yet attempted to develop or learn in this area.
- 2 = Just begun:** We have begun to do this, but it is still very new and challenging.
- 3 = Half way there:** We are actively applying this in our work, but need to learn more.
- 4 = Good:** We are making good progress and are able to work in this area.
- 5 = Excellent:** We do this very well and feel we are a role model for others in this area. We are confident and could train others.

KNOWLEDGE OR COMPETENCY	NOT STARTED	JUST BEGUN	HALF WAY THERE	GOOD	EXCELLENT	WRITTEN RESPONSE / REFLECTION
1. We can identify the barriers that prevent children and young people with disabilities from participating in our activities.						Please list these barriers faced by: Girls with disabilities Boys with disabilities Young women with disabilities Young men with disabilities How are barriers different for children with physical, sensory and intellectual disabilities?
2. We know the root causes of gender-based violence against children and young people with disabilities.						Name these root causes of violence:
3. We recognize the different factors that make girls and young women with disabilities more vulnerable to gender-based violence						Please list these factors:
• At individual levels						
• At family or household levels						
• At societal levels						

KNOWLEDGE OR COMPETENCY	NOT STARTED	JUST BEGUN	HALF WAY THERE	GOOD	EXCELLENT	WRITTEN RESPONSE / REFLECTION
4. Children and young people with disabilities who are most vulnerable to violence are being reached with our activities						Please list the groups of children with disabilities who you believe are most vulnerable to violence: How are they involved in your activities?
5. We have strategies and approaches to:						Please list the strategies or approaches that you use:
• ensure the dignity of children with disabilities						
• promote self-reliance of children with disabilities						
• facilitate active participation of children with disabilities in the community						
6. We use the Convention on the Rights of Persons with Disabilities in our GBV work with children with disabilities.						Give an example of how a certain article in the Convention applies to your work:
7. We use different approaches and strategies with children with disabilities of different ages:						Please list the strategies or approaches that you use:
• as infants and young children						
• as children and adolescents						
• as young people						
8. We are able to communicate with children and young people with different types of disabilities.						Please describe how you might communicate with a child who is unable to move or speak: Please describe one challenge that you continue to face:
9. We have the knowledge and skills to work with families and caregivers of children and young people with disabilities.						Please describe one strategy or approach that you already use: Please describe one challenge that you continue to face:
10. We are able to support children with disabilities who are survivors of violence to access appropriate services and support.						Please describe the referral linkages, networking and partnerships that you draw on when supporting child survivors of violence with disabilities:
<p>Our strengths and capacities – What we are good at:</p> <p>Our gaps and weaknesses – What we need to get better at:</p> <p>Capacity development goals – In the next 12 months, we would like to improve...</p> <p>1.</p> <p>2.</p> <p>3.</p>						

TOOL 1 ATTACHMENT 1: INCLUDING CHILDREN AND YOUTH WITH DISABILITIES IN GBV PROGRAMMING – A SELF-ASSESSMENT TOOL

KNOWLEDGE OR COMPETENCY	NOT STARTED	JUST BEGUN	HALF WAY THERE	GOOD	EXCELLENT	WRITTEN RESPONSE / REFLECTION
1. We can identify the barriers that prevent children and young people with disabilities from participating in our activities.						Please list these barriers faced by: Girls with disabilities Boys with disabilities Young women with disabilities Young men with disabilities How are barriers different for children with physical, sensory and intellectual disabilities? Name these root causes of violence:
2. We know the root causes of gender-based violence against children and young people with disabilities.						Please list these factors:
3. We recognize the different factors that make girls and young women with disabilities more vulnerable to gender-based violence						Please list these factors:
<ul style="list-style-type: none"> • At individual levels 						
<ul style="list-style-type: none"> • At family or household levels 						
<ul style="list-style-type: none"> • At societal levels 						
4. Children and young people with disabilities who are most vulnerable to violence are being reached with our activities						Please list the groups of children with disabilities who you believe are most vulnerable to violence: How are they involved in your activities? Please list the strategies or approaches that you use:
5. We have strategies and approaches to:						
<ul style="list-style-type: none"> • ensure the dignity of children with disabilities 						
<ul style="list-style-type: none"> • promote self-reliance of children with disabilities 						
<ul style="list-style-type: none"> • facilitate active participation of children with disabilities in the community 						

KNOWLEDGE OR COMPETENCY	NOT STARTED	JUST BEGUN	HALF WAY THERE	GOOD	EXCELLENT	WRITTEN RESPONSE/ REFLECTION
6. We use the Convention on the Rights of Persons with Disabilities in our GBV work with children with disabilities.						Give an example of how a certain article in the Convention applies to your work:
7. We use different approaches and strategies with children with disabilities of different ages:						Please list the strategies or approaches that you use:
• as infants and young children						
• as children and adolescents						
• as young people						
8. We are able to communicate with children and young people with different types of disabilities.						Please describe how you might communicate with a child who is unable to move or speak: Please describe one challenge that you continue to face:
9. We have the knowledge and skills to work with families and caregivers of children and young people with disabilities.						Please describe one strategy or approach that you already use: Please describe one challenge that you continue to face:
10. We are able to support children with disabilities who are survivors of violence to access appropriate services and support.						Please describe the referral linkages, networking and partnerships that you draw on when supporting child survivors of violence with disabilities:
Our strengths and capacities – What we are good at:						
Our gaps and weaknesses – What we need to get better at:						
Capacity development goals – In the next 12 months, we would like to improve...						
1.						
2.						
3.						

TOOL 2: GENDER-BASED VIOLENCE AND CHILDREN WITH DISABILITIES – A TRAINING MODULE

Purpose of this training module

This training module is designed to support staff working with children and youth to:

Identify how social norms relating to age, gender and disability increase the risk of violence for children and youth with disabilities.

Develop strategies to foster disability inclusion in community-based protection mechanisms.



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How the training module should be implemented

This training module is designed to strengthen the capacity of staff and partners to incorporate disability inclusion into their work. It assumes that participants already have a basic understanding of gender-based violence, as well as the standards and principles for working with children. It is meant to be used in conjunction with any wider training on child protection and GBV that your organization conducts. Additional ChildFund International resources on GBV include:

- *Conceptual framework on gender-based violence against children*
- *Take action! Child- and youth-centered GBV prevention toolkit*

The training module is built around participatory activities, and takes approximately 5 hours to complete. The objectives, activities and suggested time allocation are summarized in the table below. Some additional tools, including images and sample case studies, are provided to assist in the facilitation of activities. Facilitators are encouraged to adapt these according to local contexts and to integrate activities from this module into other trainings on GBV and child protection.

Table 1: Contents of the training module

ACTIVITY	PURPOSE	TIME REQUIRED
<i>Activity 1: Vote with your feet</i>	To reflect on how personal experiences and values impact upon our work with children and youth with disabilities	30 minutes
<i>Activity 2: Understanding disability</i>	To develop a common understanding of disability	45 minutes
<i>Activity 3: Act like a man/ Act like a woman</i>	To identify how social norms and inequality relating to gender affects women, men, girls and boys with disabilities	60 minutes
<i>Activity 4: Who has the power?</i>	To reflect on power dynamics between girls, boys, young women and young men with disabilities and others – including family members, peers, community members and service providers	60 minutes
<i>Activity 5: Vulnerability to and resilience against GBV</i>	To identify the factors that make children and youth with disabilities more vulnerable to GBV To identify the factors that protect children and youth with disabilities from GBV	45 minutes
<i>Activity 6: Fostering, inclusion in community-based child protection mechanisms</i>	To identify barriers to access and participation of children with disabilities in community-based activities To develop strategies that promote access and inclusion of children and youth with disabilities in community-based activities	60 minutes

TOOL 2, ACTIVITY 1: VOTE WITH YOUR FEET

Purpose of activity

- To reflect on how personal experiences and values impact our work with children and youth with disabilities.

Activity description

Timing: 30 minutes

Place four signs around the room – “Strongly agree,” “Agree,” “Disagree” and “Strongly disagree.” Read the statements, then ask participants to move to the sign that reflects their own perspective on each statement. Alternatively, people may stay seated, and hold up signs to indicate their answers. Ask participants to discuss their different positions around the room.

This activity will take approximately 30 minutes to conduct, depending on the level of discussion. The discussion is the most important part of this activity, but **additional notes are provided in purple** to help the facilitator to summarize or recap each statement. This activity may also be conducted at the end of training activities to reflect change in knowledge and attitudes.

Statements

Read these statements, and ask participants to move to the sign or hold up the sign that reflects their own perspective on each statement.

Statement 1: It is OK to restrain a child with disabilities, if it is for their own safety.

Children with disabilities have a right to freedom from violence, abuse and exploitation. Families may sometimes resort to negative coping strategies, such as tying a child with disabilities up, locking them inside and even using medicine to keep them “calm.” There are many factors that may lead families to use restraint: perhaps they lack the skills to communicate effectively with their child; they may feel “shame” at having a child with disabilities; or have fears that the child will be harmed if they go outside the home. Often families will restrain adolescent girls with disabilities because of the risk of rape or sexual abuse that they face in the community. It is our job to work with families and the community to ensure a protective environment for girls, boys, young women and young men with disabilities both inside and outside the home.

Statement 2: Young people with intellectual disabilities need information about GBV, so that they can engage in healthy, consensual relationships.

Young people with disabilities, including those with intellectual disabilities, have the same sexual desires as those without disabilities. Many will want to have relationships, marriage and children in the future. Stigma and discrimination mean that they do not have the same opportunity as other young people to learn about sex, relationships and violence, through both formal and informal information networks. GBV education is particularly important for children and young people with intellectual disabilities, as studies show that they are 3.6 times more likely to experience sexual abuse than their non-disabled peers.¹² It is therefore critical that we provide opportunities for them to acquire the knowledge and skills to engage in healthy relationships, and to recognize and report violence if it does occur.

Statement 3: Children and young people with disabilities cannot make their own decisions.

Children and young people with disabilities have a right to be involved in decisions that affect them. While it is important to engage with the parents and guardians of persons with disabilities under the age of 18 years, they should still be involved in decisions, so that their interests and evolving capacities are recognized and highlighted through our work with them and the wider community. Persons with disabilities over the age of 18 years are adults, and therefore have a right to make their own decisions. Individuals do not lose their legal capacity to make decisions simply because they have a disability,¹³ and we should take measures to ensure that decisions are made in a way that reflects the rights, will and preferences of the individual, are tailored and appropriate to the person’s circumstances, and reviewed on a regular basis to ensure that all opportunities to participate in decisions are optimized.¹⁴

12 Lisa Jones, et. al. “Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies,” *The Lancet*, vol. 380 no. 9845 (2012): pp. 899-907.

13 United Nations, *From exclusion to equality. Realizing the Rights of Persons with Disabilities: Handbook for parliamentarians on the Convention on the Rights of Persons with Disabilities* (Geneva: United Nations, 2007). <http://www.un.org/disabilities/default.asp?id=212>

14 Article 12: Equal recognition before the law. United Nations, Convention on the Rights of Persons with Disabilities (Geneva: United Nations, 2006).

Statement 4: Children and youth with disabilities can contribute to GBV programs and activities.

Children and youth with disabilities are the best people to advise us on the barriers they experience, and to make suggestions for how we can address those barriers. We must include young women and girls with disabilities in our activities if we want to strengthen the agency of children in their communities, promote gender equality and end violence.

TOOL 2, ACTIVITY 2: UNDERSTANDING DISABILITY

Purpose of activity

To develop a common understanding of disability.

LEARNING POINTS

- Disability happens when a health condition interacts with societal barriers that make it difficult to do everyday things and participate in community life in the same way as others.

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

(Convention on the Rights of Persons with Disabilities, 2006)

- There are different kinds of disabilities. Some disabilities are obvious, like not being able to walk and thus using a wheelchair, and some are invisible, like a mental disability or being deaf. Some people have more than one type of disability.
- There are many different ways in which society may view or interact with persons with disabilities that can result in their exclusion or inclusion in our society.
 - » Charitable model: People may look at persons with disabilities as not having any capacity to help themselves and think they must be "cared for" or "protected."
 - » Medical model: People may think that persons with disabilities need to be cured through medical interventions before they can actively participate in the community.
 - » Social model: People instead look at the barriers that exist in the community and remove them so that persons with disabilities can participate like others.
 - » Rights-based model: Persons with disabilities have the right to equal opportunities and participation in society. We all have a responsibility to promote, protect and ensure this right is actualized, and persons with disabilities should be able to claim these rights.

While the medical and charitable model may seem well-intentioned, they result in children and youth with disabilities being even further marginalized and hidden from the wider community. They affect their power and status in relationships, households and the community, and their access to the same opportunities as other children and young people. Both of these approaches result in other people making decisions for children and youth with disabilities, and fail to recognize their capacities and contributions. It is better to use a social or rights-based model, which are the models promoted by the Convention on the Rights of Persons with Disabilities, and are also in line with approaches to strengthen the self-agency of children and youth.

Activity description

Timing: 15 minutes

Attachment 1: Types of disabilities

Ask participants: "What is disability? Who are people with disabilities?"

Ask everyone to draw a picture representing the different types of disabilities they know exist in the community. Stick these on the wall. Alternatively, you can use your own pictures of persons with different types of disabilities [*see Attachment 1: Types of disabilities*, page 23.]

If it is not raised, ask the group about persons who are isolated in their homes, or those with more “hidden” disabilities, like intellectual or mental disabilities. Highlight that today we are talking about the GBV concerns of persons with different types of disabilities and how they can access our programs.

Activity description

Timing: 30 minutes

Attachment 2: Quotes – Models of disability

There are many different ways in which society may view or interact with persons with disabilities that can result in their exclusion or inclusion in our society. Describe the four different models of disability:

- Charitable model
- Medical model
- Social model
- Rights-based model

Give a scenario (or show pictures) such as:

- A young woman using a wheelchair
- A man with intellectual disabilities
- Parents with a hearing-impaired daughter

Ask participants to give examples of the type of things people would say about these individuals when using different models of disability [[see Attachment 2: Quotes – Models of Disability](#) for examples – you may also give these quotes to the participants.]

What are the advantages and disadvantages of each approach?

How does each approach make the person with disabilities feel?

How does each approach contribute to equality and non-discrimination?

TOOL 2, ACTIVITY 3: ACT LIKE A MAN/ACT LIKE A WOMAN

Purpose of activity

To identify how social norms and inequality relating to gender affect women, men, girls and boys with disabilities.

LEARNING POINTS

- Persons with disabilities are exposed to violence and discrimination based on both gender and disability, which results in inequality and power imbalances in their relationships with spouses, family and wider community members.
- In some settings, community members believe that persons with disabilities are unable to, or should not, undertake tasks that are expected of other men and women. They may be denied the right to marry, to have children or to earn an income because of these perceptions, or face stigma and discrimination when engaging in those activities.
- Children and youth with disabilities are also affected by social norms and inequality, increasing their risk of violence. Types of violence and vulnerability to GBV will be different for girls and boys of different ages and with different types of disabilities, as it is influenced by societal norms relating to age, gender and disability.
- Children with disabilities, particularly girls with disabilities, may be denied the right to education, particularly in low-income settings where families may prioritize non-disabled children for limited resources. They may also have less access to the formal and informal networks that promote protective skills and knowledge relating to GBV and healthy sexual relationships throughout different life stages.
- Some children and youth with disabilities are dependent on others for daily care and activities. This may be used by others as a way of controlling or exercising power over the individual. It also hinders their ability to socialize, access services or move about freely in the community.
- Disability also affects others in the household. Women and girls may often assume additional caregiving responsibilities for family members with a disability. Hence, they may also be isolated and have reduced access to social and economic assets and support.

Activity description

Timing: 60 minutes

Introduce the activity by asking participants if they have ever been told to “act like a man” or “act like a woman” based on their gender. This activity will encourage participants to look more closely at these two phrases, what it means to be a man or a woman in society, and how this affects women, men, girls and boys with disabilities.

Separate participants into two groups. One group will focus on “Act like a man” and the other will focus on “Act like a woman.”

On one side of the flipchart paper the groups should write how society expects a man or a woman to act. This can include their behaviors and how they should look, as well as what they should feel and say. Some responses for Act Like A Man might include “physically strong” and “a protector,” whereas Act Like A Woman may include “homemaker” and “pretty or attractive.”

On the other side of the flip chart paper, ask participants to write down how society perceives a man or a woman with disabilities. Some responses for men with disabilities might include “weak” or “unproductive,” and responses for women with disabilities might include “undesirable” and “unfit as wives and mothers.”

Ask each group to present on their responses and facilitate a full group discussion on the following questions:

- What are the consequences for women and men who act outside of the gender “box”? How does it affect their power in relationships, households and communities?
- Do women and men with disabilities fit into these “boxes”? Why/Why not? Is it different for women and men with different types of disabilities (e.g., intellectual disabilities)? How does it affect their power in relationships, households and communities?
- Are the social norms for girls and boys different from those for women and men? If so, how do social norms about gender change according to the age of a person?
- What might happen to girls and young women with disabilities if they do not or cannot carry out the roles expected of them in society? Explore different categories, such as: social, recreational, educational, domestic, hygienic and cultural roles or activities. How might this affect their power in relationships with parents, peers, teachers, other care providers and the wider community?
- What might happen to boys and young men with disabilities if they do not or cannot carry out the roles expected of them? Explore different categories, such as: social, recreational, educational, domestic, hygienic and cultural roles or activities. How might this affect their power in relationships with parents, peers, teachers, other care providers and the wider community?
- What tasks might a man or a woman (parents/caregivers) need to adopt if a child has a disability? Who makes decisions about the allocation of caregiving within a household? Do women and men assume the same roles for caring for individuals with disabilities? How does this affect their power in relationships, households and communities?
- What tasks might children need to adopt or start doing if someone in their household has or acquires a disability? Do girls and boys assume the same roles for caring for individuals with disabilities? What might be the consequences for children who take on caregiving roles? How does this affect their power in relationships, households and communities?

TOOL 2, ACTIVITY 4: WHO HAS THE POWER?

Purpose of activity

To reflect on power dynamics between girls, boys, young women and young men with disabilities and others, including family members, peers, community members and service providers.

LEARNING POINTS

- In every society, there are dominant and subordinate groups. Most individuals have multiple and changing group memberships throughout their lives, as well as interactions where they have more or less power than others. Persons with disabilities tend to be treated like a subordinate group in society.

DOMINANT GROUPS	SUBORDINATE GROUPS
1. Have the power – they are the decision makers	1. Don't have power – other people make decisions for them
2. Define reality or "truth"	2. Have no voice
3. Controls resources and opportunities	3. Access to services and resources is mediated by others
4. Sets the standards and rules	4. Expected to fit in
5. Seen as "the norm"	5. Seen as "less than normal"

[Adapted from CARE Gender, Equity, and Diversity Training Materials, Module 1.]

- Most children and youth with disabilities, particularly women and girls, have experienced a long history of disempowerment and subordination – by family members, caregivers, partners and even service providers – who make decisions for them, control resources and opportunities and set the standards and rules about what is considered "normal." Many of these people perceive that they are acting in the "best interests" of the individual with disabilities, and therefore fail to reflect on their dominant position and how they use their power during their interactions.
- We must work with children and youth with disabilities to strengthen their self-agency, and wherever possible avoid reinforcing negative and harmful power dynamics between children with disabilities and others.

* CARE's Gender Equity and Diversity Training Materials. Copyright 2014 Cooperative for Assistance and Re-lief Everywhere, Inc. (CARE). Used with permission. <http://www.care.org/sites/default/files/documents/Gender%20Equity%20and%20Diversity%20Module%201.pdf>

Activity description

Timing: 60 minutes

Separate participants into four groups. Give each group a quote from the list below. They should discuss:

- Who has the power and how are they using this power in their interaction with the person with disabilities?
- What could they do differently to foster more positive power dynamics, and self-agency among children and youth with disabilities?

Ask each group to share their perspectives. The following notes in purple can assist in facilitating a large group reflection on each scenario.

Group 1:

"My daughter with intellectual disabilities is safer if she stays inside the house. So I don't let her go out – I keep the door locked."

— Mother of a girl with intellectual disabilities

In this scenario, the mother has the power. Sometimes parents, families and communities take actions based on the charitable model of disability. They believe that that they are acting in the best interest of the child, but instead this approach may reduce their access to the same opportunities as other children. We must engage with family members to explore the interests of the child, and at the same time as addressing their concerns about safety in the community. In this way we can foster more healthy power interactions between the mother and her daughter.

Group 2:

We would like to meet with some girls at a café or a place for just girls with and without disabilities – just girls, no adults. We need a space where we can meet. A place just for girls, no adults."

— Group of deaf girls presenting at an NGO planning workshop

In this example, the Deaf girls – often considered a subordinate group – have power to express their opinions and contribute to decision-making. We often run activities with just girls or just boys, so that they have a safe space to explore gender-related concerns. This also provides them with an opportunity to collectively mobilize around an issue or a topic that is important to them – we call this child and youth agency. Agency is a form of collective power to change things, and is an important goal for much of our work with marginalized groups. We want the most marginalized and excluded to have a voice over issues that affect them, and the space to share these views with others. In this case, the NGOs created space for the girls to have a voice – they have shared some of their power with the girls.

Group 3:

"The females who have intellectual disability also need education, because they have relationships."

— Group discussion with young deaf men

The young deaf men have an opportunity to share their opinion and to have a voice – they have some power. They are using their power to advocate for the rights of others. This is a positive sign. They are, however, talking about women, rather than supporting women to speak for themselves, which might be the next step moving forward.

Group 4:

"When I was talking to her mother about making a referral for a medical examination, Inaam became upset and started yelling. I think she may have behavioral problems."

— GBV counsellor

"We can't include him in other children activities. He will be teased and won't succeed like others."

— Facilitator of a child friendly space

Child protection and GBV actors also have power and are often in a dominant group when engaging with children and youth with disabilities. They may not realize that sometimes they are making decisions which further marginalize and subordinate someone with a disability. In these examples, the counsellor and facilitator are setting rules about what is considered "normal" behavior, defining standards about what type of participation is appropriate and even denying opportunities from the children and young people with disabilities.

Full group:

Close this activity by asking participants to reflect on their own experiences and interactions with girls, boys, young women and young men with disabilities:

- What kind of power relationship do they think they have with these individuals?
- What assumptions or stereotypes do they hold about children, adolescents and young adults with disabilities?
- What assumptions or stereotypes do they hold about those with different types of disabilities – for example, someone with an intellectual disability?
- What concerns or fears do they have about working with girls, boys, young women and young men with disabilities?

TOOL 2, ACTIVITY 5: VULNERABILITY AND RESILIENCE TO GBV

Purpose of activity

To identify the factors that make children and youth with disabilities more vulnerable to GBV.

To identify the factors that protect children and youth with disabilities from GBV.

LEARNING POINTS

Children and youth with disabilities are vulnerable to all forms of GBV. Factors related to disability that may increase vulnerability to GBV include:

- Stigma and discrimination – Children and youth with disabilities experiencing negative attitudes in their communities, which leads to multiple levels of discrimination and greater vulnerability to violence, abuse and exploitation, especially for women and girls with disabilities. It may also reduce their participation in community activities that promote protection, social support and empowerment. Discrimination on the basis of both gender and disability can also affect infants and young children, as some families may prioritize boys with disabilities more than girls with disabilities for appropriate care and services. Lastly, stigma and discrimination relating to disability also affect parent of children with disabilities, who may be exposed to the negative attitudes of their spouses, family and other community members. This disproportionately affects mothers of children with disabilities who assume primary caregiving roles in most settings.
- Perceptions about capacity of children and youth with disabilities - Perpetrators perceive that children and youth with disabilities will be unable to physically defend themselves or effectively report incidents of violence, which makes them a greater target for violence. This is particularly true for women and girls with physical disabilities, and children and youth with intellectual disabilities, who experience a number of barriers to reporting violence. If they experience violence, people may not listen to them or believe them, reducing their access to services, and adding to impunity for perpetrators.
- Isolation and a lack of community support – Children and youth with disabilities may be hidden by family members from the wider community because of their disability. Some families may resort to tying up their children and/or locking them inside the home to prevent them from moving around the community where families fear they may experience violence. Others find it difficult to move outside of their homes and meet other people. Isolation adds to the risk of violence for children and youth with disabilities both inside and outside the home, particularly for girls. A lack of community support and friendships can mean that they do not acquire the information and skills they need or have people to go to when they experience violence.
- Lack of information knowledge and skills – Girls, boys, young women and young men with disabilities often have little information about sex, healthy relationships and violence, which means that they are less able to protect themselves or to negotiate safe relationships in later life. This is particularly true for children and youth with intellectual disabilities who are consistently excluded from programs and activities, and information is usually not conveyed in a way that they can understand, making them more easily targeted by perpetrators of violence and hindering their access to support and assistance. Adolescent girls with disabilities may be excluded from protective peer networks and programs that would serve to strengthen important assets and support their transition into adulthood.
- Extreme poverty and lack of basic needs – Disability also has an impact upon households and communities, reinforcing poverty and hindering social and human development. Households may face added costs related to disability-specific services and have reduced opportunity for income generation as they assume additional caregiving responsibilities. Lack of income for basic needs increases the risk that children and youth with disabilities may be abused and exploited.
- Environmental barriers and a lack of transportation – Children and youth with disabilities may have difficulty accessing the same activities as other children and youth, due to a lack of transportation or inaccessible infrastructure. This reduces their opportunity to develop protective factors, such as education, peer networks and leadership skills, and adds to risk factors like isolation.

Option 1: Case Studies

Activity description

Timing: 45 minutes

[Attachment 3: Case studies](#)

Break into small groups. Give each group a case study to discuss [see Attachment 3: Case studies, p. 33]. Each case study represents a girl or boy with disabilities at different life stages. Each group should discuss the same questions:

- What types of violence is the child with disabilities experiencing in this case study?
- How are other people in the case study affected? In what ways?
- Identify three factors that make children with disabilities in the case study more vulnerable to GBV.
- Identify any factors in the case study that might protect children with disabilities from GBV.

Ask each group to present back the three factors that make the person with a disability vulnerable to GBV. Write these on a flip chart.

What factors increase vulnerability of children and youth with disabilities to GBV? Do these affect both girls and boys with disabilities in the same way? If not, how are they different?

What factors protect children and youth with disabilities from GBV? Do these affect girls and boys with disabilities in the same way? If not, how are they different?

Option 2: Power Walk¹⁵

Activity description

Timing: 45 minutes

[Attachment 4: Power walk](#) (page 26)

Two volunteers are each given a character – Abeba, a girl with a disability, and Aster, a girl without a disability. The rest of the group will read out different scenarios experienced by each character. The volunteers take steps forward or a step backwards according to how the scenario increases or decreases the risk of violence for the individual and their family members at different stages in their lives. Each girl may have both positive and negative things happening in a single scenario, and so they may take multiple steps forward or backwards accordingly. There may also be events that affect the other women and girls in the family, and this may have additional impact on the individual.

As the activity is being conducted, write up the factors that make girls with and without disabilities more vulnerable to GBV, and the factors that protect them from GBV at different stages in their life. Write the factors for Abeba and Aster in different colors, as this will help to compare in the discussion later. The following table may be a useful way to record this information during the activity.

	RISK FACTORS	PROTECTIVE FACTORS
As infants and young children (Life stage I: 0-5 years)		
As children and young adolescents (Life stage II: 6-14 years)		
As adolescents and young adults (Life stage III: 15-24 years)		

Summarize the activity by asking the group to reflect on:

- How are the risk and protective factors different for Abeba and Aster? How do they change at different stages in their lives?
- What kind of power exists in the relationships around them? How does this affect their vulnerability or resilience to GBV?
- Are there any other people in the stories of Abeba and Aster who may be affected or at risk of GBV?

¹⁵ Activity adapted from: *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings – A toolkit for GBV practitioners*. https://womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

TOOL 2, ACTIVITY 6: FOSTERING INCLUSION IN COMMUNITY-BASED CHILD PROTECTION MECHANISMS

Purpose of activity

To identify barriers to access and participation of children and youth with disabilities in community-based activities.

To develop strategies that promote access and inclusion of children and youth with disabilities in community-based activities.

LEARNING POINTS

- There are many things that prevent girls, boys, young women and young men with disabilities from being included in our activities, not just their health condition. Potential barriers include:
 - » Attitudinal barriers – Negative stereotyping of children and youth with disabilities, social stigma and discrimination by staff, families and community members.
 - » Communication barriers – From written and spoken information, including media, flyers and meetings, and complex messages that are not understood by children and youth with disabilities.
 - » Physical or environmental barriers – Such as buildings, schools, clinics, water pumps, roads and transport that are not accessible to children and youth with disabilities.
 - » Other barriers – Rules, policies, systems and other norms that may disadvantage persons with disabilities, particularly women and girls.
- Previous research suggests that attitudinal barriers have the most significant impact on inclusion of persons with disabilities in GBV prevention and risk mitigation – but they can also be the biggest facilitator! *
- Analyzing potential barriers is a first step in planning strategies and actions to include children and youth with disabilities in our programs.

** Women's Refugee Commission & International Rescue Committee, "I see that it is possible": Building capacity for disability inclusion in gender-based violence programming (New York: WRC, 2015). http://wrc.ms/disability_GBV*

Activity description

Timing: 45 minutes

Attachment 3: Case studies (page 25)

Part 1

Put four signs on the wall: "Physical barriers"; "Attitudinal barriers"; "Communication barriers"; and "Other barriers."

Give each group a case study [see Attachment 3: Case studies] and a community-based activity to discuss (e.g., Child protection committees; youth groups; safe spaces for adolescent girls; maternal and child health information sessions).

Ask participants to discuss:

- What barriers might the child or young person with disabilities and their caregivers face in participating in this activity?

Ask them to write each "barrier" on a separate sticky note. They should present these barriers and place them on the wall under the sign that relates to that type of barrier.

Recap this activity using the following questions for discussion:

- What barriers are preventing children and youth with disabilities from accessing our community-based protection activities? How is it

different for girls and boys with disabilities?

- Are caregivers or other family members and community members also affected? If so, how?
- What barriers do you think are actually the most common or most significant in this community?

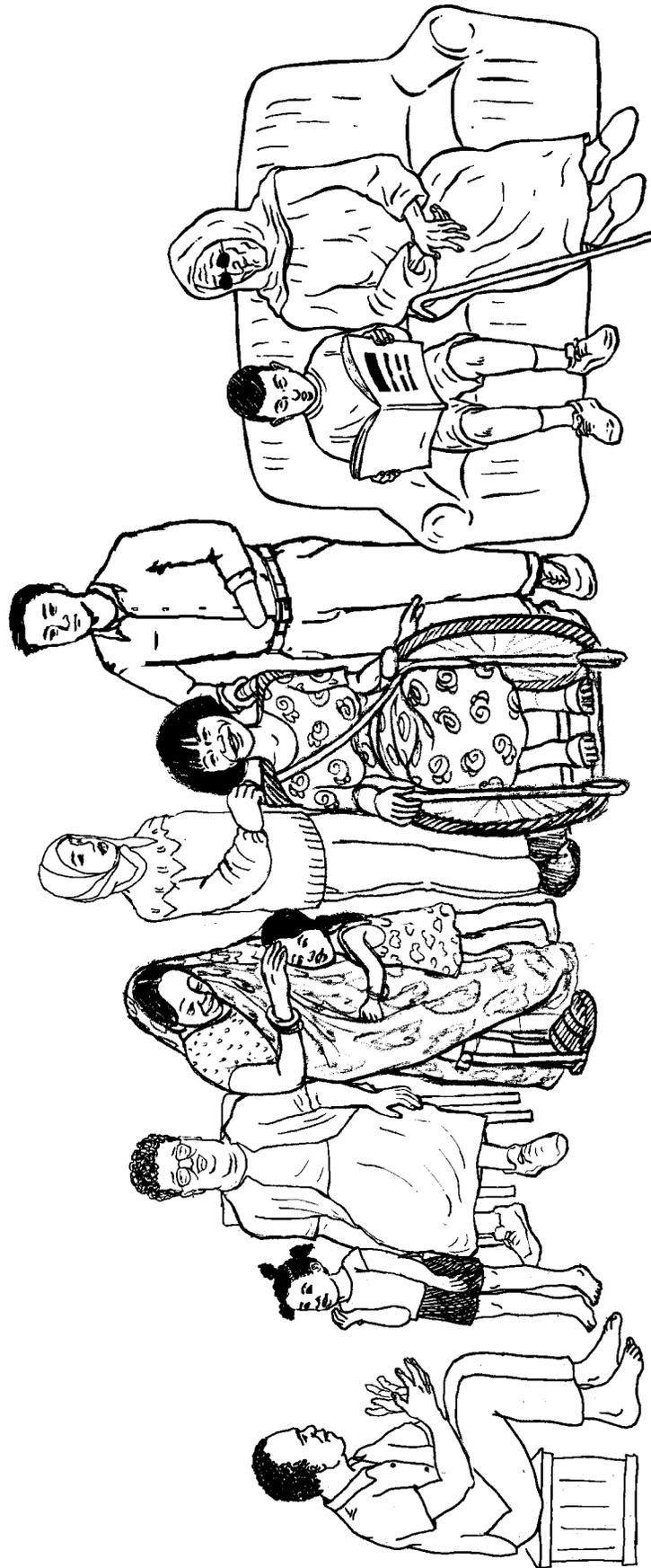
Allow other participants to comment and make suggestions. Leave the barriers on the wall for the next activity.

Part 2

In the same groups, ask participants to pick one barrier that children and youth with disabilities face in accessing community-based protection activities. They should then discuss:

One thing we could do to help to overcome this barrier (for example, we could organize for the girls to walk together to the women's center and escort girls who are blind).

One way in which children and youth with disabilities could contribute to our community-based activities (for example, the girls who are blind could run a class with the other girls on how to guide blind persons).



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TOOL 2 ATTACHMENT 2: QUOTES — MODELS OF DISABILITY

SITUATION	CHARITABLE MODEL	MEDICAL MODEL	SOCIAL MODEL	RIGHTS-BASED MODEL
A girl using a wheelchair attending an adolescent girls, safe space	"She can't come to our safe space. The other girls might tease her. It would be better if we had a special place for her and other girls like her."	"She can't participate in the activities in the safe space. Once she learns to walk, then she will be able to participate."	"We can think of some different activities in the safe space – activities that don't require moving around."	"This is a safe space for ALL girls! We will ask her about what changes need to be made."
Young man with an intellectual disabilities attending sexual and reproductive health training	"It is no use inviting him as he can't learn new things, and he will never get married or have children anyway. His family should take good care of him and make sure that no one abuses him."	"He needs a specialist doctor – these are the only people who can help him."	"Maybe he can come to the training with his brother, so that they can discuss the topics in more detail later."	"Let's ask him what he thinks of our training — it is important for us to know his opinion and ideas on how to improve it."
Mother of a child with disabilities who is isolated in her home	"It must be very sad having a child with disabilities. We should prioritize them for material assistance to help their situation at home."	"This child needs a therapist. Maybe we can refer her to one in the capital city."	"Let's run a GBV session in their home. This way the mother can still get information and also meet her neighbors."	"This child has a right to be in the same activities as the other children. Let's discuss this with her mother, and start exploring what activities might interest her the most."

Adapted from Making PRSP Inclusive. [http://www.making-prsp-inclusive.org/en/6-disability/6.1-what-is-disability/6.1-what-is-disability/6.1.1-the-four-models.html](http://www.making-prsp-inclusive.org/en/6-disability/6.1-what-is-disability/6.1.1-the-four-models.html)

TOOL 2 ATTACHMENT 3: CASE STUDIES

Case Study 1 – Selam

Selam is a 17-year-old woman living in a village in Ethiopia. She lives with her mother, father, five sisters and three brothers. Selam is unable to speak and needs assistance with her daily care. Her mother, Beletu, and her two younger sisters assist her with feeding, washing and toileting. One of her younger sisters has dropped out from school, as her mother is feeling tired and needs more support to take care of Selam. Selam smiles when her two younger sisters stay with her and play games in front of her. She cries when she feels hungry or thirsty – this is how her family knows that she would like food or water. Selam started menstruating when she was 12 years old, but she can't change her sanitary napkin on her own. Her mother and younger sister have taken care of her menstrual hygiene needs for the last five years. They have expressed that this is the most difficult task as Selam has grown bigger. Beletu doesn't feel comfortable leaving Selam with other people and worries about her safety. When other women visit her at the house, they talk to her about the awareness-raising sessions being conducted in the community by different organizations. She would like to attend such sessions, but can't because the sessions are conducted far away from her home, and there is nobody who can look after Selam.

Case study 2 – Sabeen

Sabeen is a 13-year-old Syrian refugee living in a camp in Jordan. She has an intellectual disability. Her mother says that she is "super active." She likes to dance and draw, and is always going to visit her neighbors. She always wants to learn something new. Sabeen used to go to school in the camp, but now she can't find someone to walk with her. Sabeen likes to go out, even when it is dark. One night, she went to her neighbor's house and when she came back, her mother noticed that she looked different. Her mother asked Sabeen what happened, and she explained that some boys took off her underpants. The boys said that next time they were going to "play husband and wife." Her mother has now stopped Sabeen from visiting neighbors where there are men and boys, because she feels Sabeen will do whatever these people say. Sabeen went to a group meeting with her mother where they talked about violence in the camp, but she didn't really pay any attention – she preferred to practice her drawing.

Case study 3 – Assefa

Assefa is a 9 year old boy who has difficulty moving and speaking. He lives with both his parents and his two older sisters in a city. They currently live in a house which is rented and of good standard, and his father is employed. He doesn't go to school. Instead, he spends most of his day inside the home, except when he goes to the "doctor" for therapy, and only plays with his older sisters. The family took Assefa to a children's group running near his home, but they said that they "don't have services for him." You observe that Assefa is clean and well dressed. While the adults are speaking, he is engaging with his sisters and communicating with them in his own way. He is able to crawl around on the floor to get toys and other things which interest him. By the end of your visit, Assefa is following you and the parents. He is listening to everything you say and then waves goodbye from the door.

Case study 4 – Inaam

Ahmed, Inaam and their baby have been in Lebanon for one year. Inaam is 16 years old. She was shot in the back in Syria and is now unable to walk. They are living in good accommodation which is on the ground floor and rent free, but they are now being asked to move out so the owner can live there in the future. Inaam has been seen by a physiotherapist since leaving the hospital, and has a wheelchair, commode, air mattress and walking frame, but her husband still has to carry her around the house, and she rarely goes outside. Inaam says that when Ahmed is away, she has time to think about her situation and she feels very sad. Her own family are here and living nearby. Her brother's wives used to visit regularly, but they have stopped coming – she thinks this is because they always have to clean the house when they come to visit, as she can't do it herself. She is also insulted by other people because she can't walk – people make fun of her and take advantage of her. She thinks her daughter is affected by what has happened to her – by the violence in Syria. Her family are coming all the time and asking if her husband will leave her, because she is now disabled – this hurts her too much.

Case study 5 - Abeba

Abeba is two years old and has a disability. She has not learned to sit or crawl, and is very small. You meet Abeba and her mother when they come to the health clinic to get vaccinations for her brothers. There are no records that Abeba had her own vaccinations. Her mother says that they were told Abeba would not survive because of her health problems, so she didn't think to bring her to the clinic. Abeba's father left the family one year ago to look for employment, but he has not been in contact with them since. The family recently moved to a new neighbourhood because they needed a home that would cost less to rent. Her mother doesn't have enough money to take Abeba to different service providers or early childhood activities, but she could bring her to the same activities as her brothers. She says this would work better for her and the family.

TOOL 2 ATTACHMENT 4: POWERWALK¹

✂ _____

1. ABEBA

Abeba was born with her disability – she has difficulty moving, and was slow to develop her speech. The doctors said that Abeba would never go to school, and so she spent most of her childhood inside the house.

✂ _____

2. ABEBA

Abeba’s mother helps her with daily care, like washing and going to the toilet. Her father recently left the family, and now Abeba’s mother must find a way to get income for the family. Abeba’s younger sister must stay at home to help her with things when their mother goes out for meetings.

✂ _____

3. ABEBA

Abeba’s mother now has a job. Abeba is home alone most of the day, but different relatives come throughout the day to help her go to the toilet or have lunch. Sometimes her cousin is late, and when Abeba complains, her cousin gets angry with her and refuses to take her outside. Abeba likes being outside in her wheelchair, and will talk to anyone who stops to say “hello.”

✂ _____

4. ABEBA

Abeba’s sister and another neighbor have started attending a group at the local women’s center. They brought a social workers to the house to talk to Abeba. Abeba gets to know the staff, and then decides that she would like to go to the center. The staff organize transportation so the three girls can travel together to the center. Abeba looks forward to these days being around the other girls, and is hoping to learn more about computers.

✂ _____

5. ABEBA (FINAL)

One day you meet with the girls to identify the activities they would like to do at the center. Abeba doesn’t speak at this meeting and all the other girls want to do hairdressing. They all say that Abeba will enjoy this, as they can all do her hair for her – she can be the client, because she doesn’t need to stand up to do that.

What power dynamics are happening here? How will you address these dynamics?

✂ _____

¹ Activity adapted from: *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings – A toolkit for GBV practitioners*. https://womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

⌘< _____

1. ASTER

When Aster was a baby, the doctor and nurses gave her mother information about development, and she had the opportunity to play with other children when her mother was visiting neighbors and friends. She finished her primary school education, but is now missing classes, as she has to undertake different chores in the home.

⌘< _____

2. ASTER

As a teenager, Aster is still in touch with her friends that she met at school. They meet sometimes in the shops and talk a lot on the phone. Some of her friends are now going to a community center to learn about accounting, and Aster would like to join them. Her friends give her lots of information that she shares with her parents. They say it is OK for her to go, as long as she is able to continue her other housework.

⌘< _____

3. ASTER

Aster has learned a lot in her accounting course and has made many new friends. Her brothers sometimes take away her phone to prevent her from talking to these friends, especially her friends who are boys. The other girls at the center sometimes have the same thing happen, and they discuss different ideas about how to talk to their families about this.

⌘< _____

4. ASTER (FINAL)

Aster has passed her accounting course and wants to find work. The teachers at the center give her some ideas of places to look for work and how the recruitment processes work. Aster talks to her aunty – she also has a job and has a lot of experience. Aster's aunty supports Aster when she discusses this idea with her family.

⌘< _____

TOOL 3: REFLECTION TOOL FOR STAFF¹⁶

Purpose of this tool

This tool is designed to support program staff to reflect on the process of disability inclusion that their GBV program has undertaken. It provides questions to guide a group discussion amongst staff to help them identify changes in their own knowledge, attitudes and practice that have allowed greater accessibility and participation for children and youth with disabilities. It also allows staff to identify persistent gaps, and further actions to be taken to strengthen these areas. This activity can be conducted as part of the monitoring and evaluation process of programs, including collection and analysis of Stories of Change from children and youth with disabilities and community workshops to share findings and plan next steps [*see Part 3: Child- and youth-led Participatory Assessment on GBV and Disability – Tool 7: Stories of Change*].

Instructions

Note: This group discussion format requires about 2 hours, so may be best spread over two blocks, with a break. Part C can also be finalized by groups outside of the discussion.

- Introduce all facilitators and translators.
- Present the purpose of the activity:
 - To identify changes in knowledge, attitudes and practices among staff relating to disability inclusion in GBV programs;
 - To share successes and ongoing gaps in capacity on disability inclusion;
 - To plan a vision for the future and next steps.
- Frame the activity as a reflective learning discussion with the intention of sharing what they have learned and identifying areas that need more attention. Ensure that people feel comfortable sharing and engaging with things that they have found difficult (there may need to be ground rules).
- Agree on confidentiality, and ensure that people are careful to share examples and stories that will not identify the individuals concerned, whether staff or beneficiaries.

Discussion questions and participatory activities

Part A: Our capacity – How has it changed?

1. Ask each person to think of 2-3 things that describe their capacity related to disability inclusion “before” the project (purple paper) and “now” (blue paper). Provide time for people to think and write these down.
(10 minutes)
2. If the group is small and participants know each other well known, you can invite people to read out their own statements and stick them on the wall under the signs “Before” and “Now.” For larger groups or those that are less comfortable with each other, you can collect statements and read them out anonymously, again sticking them on the wall under the signs “Before” and “Now.”
(30 minutes)
3. Large group discussion:
 - What differences do you see between the “Before” and “Now” groups?
 - What is the most important change that you see in the capacity of staff relating to disability inclusion (i.e. changes in knowledge, attitudes or practices)?
 - How or why do you think this change happened? Write these factors on green paper and stick them on the wall.
(30 minutes)

¹⁶ This tool is adapted from *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings — A toolkit for GBV practitioners*. https://womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

Note: This activity is more likely to elicit discussion on facilitators than barriers. If participants raise barriers, gaps or challenges in this discussion, then these can be documented on red paper and referred to in the next discussion.

Part B: Our capacity – What do we want for the future?

1. Large group discussion:
 - » What are some of the ongoing gaps/challenges/barriers for staff relating to disability inclusion?
 - » How and why do you think these did not change or still exist? Write these factors on red paper and stick them on the wall.(10 minutes)
2. Now ask participants to think of 2-3 things that they wish to feel more confident about regarding disability inclusion (yellow paper). Provide time for people to think and write these down.
(10 minutes)
3. If the group is small and well known to each other, then you can invite people to read out their own statements and stick them on the wall under the signs "The Future." For larger groups or those that are less comfortable with each other, you can collect statements and read them out anonymously, again sticking them on the wall under the signs "The Future."
(30 minutes)

Part C: Our key messages

1. Large group discussion:
 - How would you like to present your successes and recommendations for the future to other stakeholders? Some suggestions include conducting a stakeholder workshop where staff, communities and children and youth with disabilities share their successes and recommendations for the future.(15 minutes)

Conclude the discussion

- Thank staff for their participation and contributions.
- Congratulate them on their successes and progress.
- Clarify the next steps for staff capacity development.



Participatory activity with GBV practitioners – Capacity on disability inclusion "Before", "Now" and "The future."

PART 3: CHILD- AND YOUTH-LED PARTICIPATORY ASSESSMENT ON GENDER-BASED VIOLENCE AND DISABILITY

This section of the toolkit includes guidance and activities to facilitate child- and youth-led participatory assessments on gender-based violence (GBV) and disability. These tools will help staff and partners to gather information about the GBV-related needs of girls, boys, young women and young men with disabilities, as well as to identify community-led strategies to prevent or reduce the risk of violence. The tools seek to foster the participation of children and youth with and without disabilities in the design of protection and empowerment activities, and to foster protective peer networks through child- and youth-led activities.

The following table summarizes the participatory process and accompanying tools for each step:

Table 1: Summary of participatory process and accompanying tools

GETTING READY FOR PARTICIPATION		
Step 1: Raise awareness in the community	Objective: To inform people about your organization, the assessment and your desire to work with children and youth with disabilities	<i>Tool 1: Awareness-raising messages for the community</i>
Step 2: Information session for potential participants	Objective: To help parents, children and youth to better understand the topic and objectives of the assessment. They can meet you and ask questions, and also get to know each other and the different options for participation.	<i>Tool 2: Information session</i>
COLLECTING INFORMATION ON GBV AND DISABILITY		
Step 3: Group discussions with parents and caregivers of children with disabilities	Objective: To gather information on GBV and disability from parents and caregivers. This step can also facilitate consent from parents of persons under 18 years.	<i>Tool 3: Group discussions with parents and caregivers of children with disabilities</i>
Step 4: Participatory activities with children and youth with and without disabilities	Objective: To support children and youth with and without disabilities to collect information on GBV and disability, and to develop recommendations for programming.	<i>Tool 4: Disability inclusive participatory activities</i> <ul style="list-style-type: none"> • <i>Group activities</i> • <i>Discussion guide</i> • <i>Communication Toolbox</i>
Step 5: Home visits	Objective: To reach more isolated children and youth with disabilities, get a sense of the environment in which they live and explore communication preferences.	<i>Tool 5: Individual interviews and observation checklist</i> <i>Note: Communication toolbox can also be used during these interviews</i>
CHILD- AND YOUTH-CENTERED ACTION PLANNING		
Step 6: Community action planning workshop	Objective: Provide space for children and youth to share findings and recommendations on GBV and disability with parents and other stakeholders, and then to plan actions that will foster inclusion in existing programs and activities.	<i>Tool 6: Community workshop</i> <ul style="list-style-type: none"> • <i>Sample agenda</i> • <i>Community workshop documentation form</i>
WHAT CHANGE MATTERS THE MOST TO CHILDREN AND YOUTH WITH DISABILITIES?		
Evaluation: Collect "stories of change" from children and youth with disabilities	Objective: To involve children and youth with disabilities in evaluating how access and inclusion in GBV programs has changed.	<i>Tool 7: Evaluation – Stories of Change</i>

GENERAL GUIDANCE ON INCLUDING CHILDREN AND YOUTH WITH DISABILITIES IN GBV ASSESSMENTS

Purpose of this guidance note

This document provides an overview of the process and tools to use when including children and youth with disabilities and their caregivers in GBV assessments in communities. Engaging children and young people of different ages and abilities in discussions about how they experience exclusion and vulnerability, identifying risks and protective factors in the community and developing strategies that promote both protection and empowerment is a central component of ChildFund International's development practice.² Participatory approaches are critical when learning about GBV against children, as it can promote the mobilization of families and communities in prevention efforts, strengthen coordinated service delivery involving multiple stakeholders and foster protective identity, social networking and leadership among children and youth, giving them a greater voice and agency in the community.³

Who do we want to include in GBV assessments?

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

– Convention on the Rights of Persons with Disabilities (2006)

ChildFund International is especially interested in learning about the ideas of poor and/or other marginalized groups of children who are not normally heard and whose voices are important to building a strong community development and community-based GBV prevention program.⁴ Children with disabilities are a diverse group – they come from a variety of backgrounds, all with different life experiences, skills and capacities. We are interested in the perspectives of girls and boys of different ages and with different types of disabilities, including:

- Those with difficulty moving and walking (since birth or due to an impairment acquired later in life)
- Those with difficulty seeing, even when wearing glasses
- Those with difficulty hearing, even when using hearing aids
- Those with intellectual disabilities who may have difficulty understanding, learning and remembering new things
- Those with mental disabilities and mental health conditions
- Those with multiple disabilities, often confined to their homes and who may need assistance with personal care⁵

In GBV program assessments, it is particularly important to consult with women and girls, including those with disabilities and those who are caregivers, to understand their needs, perspectives and priorities. Women and girls often take on the role of caregiver for family members with disabilities, in addition to their other roles and responsibilities. In some situations, adolescent girls with disabilities may be unable to access education and other opportunities, because they are caring for a person with disabilities in their household. As such, caregivers may be isolated and at greater risk of violence, both inside and outside the home.

"Listening" to children with disabilities

All children – those with and without disabilities – have different needs, interests and capacities. Most "child-friendly" activities will be easily adapted to the different needs children with different types of disabilities. When "listening" to children with communication difficulties, it is critical to look at body language, gestures and facial expressions, all of which help us to understand what the child likes and doesn't like, their preferences and opinions.⁶ Take time, watch and listen. This is a process, not a one-time event. Each time you meet the child you will learn something new about them and understand better how they communicate and what they mean.

² *ChildFund, We've got something to say! Promoting child and youth agency: A facilitator's guide* (Richmond: ChildFund International, 2010).

³ ChildFund International, *Conceptual framework on gender-based violence against children* (2013).

⁴ See note 2.

⁵ Adapted from the Washington Group Short Set of Questions on Disability. http://www.cdc.gov/nchs/washington_group/wg_questions.htm

⁶ Elena Jenkin, Erin Wilson, Kevin Murfitt, Matthew Clarke, Robert Champain & Laine Stockman, *inclusive practice for research with children with disability: A guide* (Melbourne: Deakin University, 2015). <http://www.voicesofchildrenwithdisability.com>

Wherever possible, children and youth with disabilities should participate directly in our assessments. If an individual does not feel comfortable communicating with you on her or his own, or you cannot find an appropriate method of communication, you can also involve parents, caregivers and even siblings or friends. In these situations, it is important to still include the child with disabilities in discussions, so they can listen and communicate in any way possible whether they agree or disagree with the statements being made. Parents, caregivers and siblings or friends can also help you to identify different communication approaches with the child with disabilities. An important question to ask is:

How does [state the name of the person] tell you that she/he is unhappy or uncomfortable with something? What makes her/him happy or sad?

You can use this information to facilitate participation if verbal communication is not possible, and respect any indications that the participant is not comfortable or willing to continue.

A note about sign language: Like spoken languages, sign languages are different between countries and regions. Some children and young people may use unofficial sign language, and in these cases a family member or friend may need to do the interpretation. Ask them to teach you some simple signs (e.g., good, bad and thank you) and try to include these in your discussion with a child who is deaf or hearing impaired.

How do we include children with disabilities in GBV assessments?

ChildFund International uses a participatory action research approach to program planning, promoting the development of community-driven and community-owned actions, and the strengthening of child and youth agency.⁷ This approach is particularly important when working with communities that are not used to engaging children and youth with disabilities in community development processes and activities. In these settings, many children with disabilities may initially not feel confident to participate in an assessment or to share their opinions, or their parents, community leaders and peers may think they are not capable of participating. The participatory process also helps us to identify and mitigate potential risks, while concurrently promoting non-discrimination and fostering empowerment of marginalized groups. [[See Table 2 for more information about risk identification and mitigation](#)]

This approach provides opportunities for different levels of participation, which is also important to facilitate empowerment processes. By providing multiple opportunities for different levels of participation, we provide options and choice for children and youth with disabilities to both exercise and strengthen their self-agency. By recognizing and valuing all the different types of contributions they make – from just listening to sharing to expressing opinions, and even representing or supporting others – we promote change in the attitudes of others, including parents, community members and staff. Confidence is also built by providing different options for communicating concerns and ideas, and multiple opportunities to practice sharing these with others. The following process also provides opportunity for contributions from the wider community, promoting ownership and ongoing collaboration between stakeholders.

Step 1: Raise awareness in the community

As with all GBV assessments, it is critical to raise awareness in the community first, to share information about your program; inform people about the assessment and the desire to include girls, boys, young women and young men with disabilities; identify and address any myths and misconceptions about the assessment, including managing community expectations about follow-up activities; initiate community dialogue on the issue and strengthen ownership of follow-up actions. Staff can use the same approaches and strategies to raise awareness about including children and youth with disabilities, as with other activities that you run in the community. For example, you can contact community committees, parents, children's and youth groups, and any disability groups or organizations that you know are working in the community, to ask for their assistance in sharing information and identifying people who may be interested to participate. You could also form a small advisory group from these stakeholders, which can provide us with ideas and feedback about the proposed activities and even implement follow-up activities in the community after the assessment. [[See Tool 1: Awareness-raising messages for the community](#)]

⁷ ChildFund, *We've got something to say! Promoting child and youth agency: A facilitator's guide* (Richmond: ChildFund International, 2010).

Step 2: Information session for interested participants

Interested participants (e.g., children and youth with disabilities, parents of children and youth with disabilities, child and youth committees) can be invited to a briefing or information session to better understand the topic and objectives of the assessment. At this session, you can provide them with more information about the assessment activities that will be undertaken, including: (i) group discussions with parents and caregivers of children and youth with disabilities; (ii) participatory activities that children and youth with and without disabilities will conduct together; (iii) individual interviews through home visits to children and youth with more severe disabilities and caregivers; (iv) a community workshop so that those who participated can share their concerns and ideas with the wider community. It is important to present the different options available for participation and to invite suggestions from children with disabilities and their caregivers. For example, you can introduce the ["Communication Toolbox"](#) as a way that children and youth with different types of disabilities, and of different ages, can choose what works best for them, and/or what they feel most comfortable in undertaking. [[See Tool 2: Information session](#)]

Step 3: Group discussions with parents and caregivers of children with disabilities

Group discussions with parents and caregivers of children with disabilities can be used to collect information about infants with disabilities and children with disabilities who are under 5 years old; to better understand family-level factors that affect risk and protection from GBV; and to facilitate the participation of children and youth with disabilities in assessment activities, as parents become more aware of assessment objectives.

Each group discussion should have 8 – 10 people participating. Depending on time, potential parent and caregiver group discussions could include:

- Mothers of children and youth with disabilities
- Fathers of children and youth with disabilities
- Adolescent girls who are caring for persons with disabilities (these may be children or adults with disabilities)

Parents and caregivers should be encouraged to attend with any children with disabilities who require caregiving. A concurrent play-based activity can be facilitated with the children, identifying their skills and capacities that could support their inclusion in other children's activities. Highlighting these to parents at the end of the group discussion promotes respect for the evolving capacities of children with disabilities, and may open opportunities for them to engage early in activities that strengthen their agency in later years. [[See Tool 3: Group discussions with parents and caregivers of children with disabilities](#)]

Step 4: Participatory activities with children and youth with and without disabilities

Children and youth with and without disabilities should be identified to conduct a participatory assessment in the community: Girls and young women, and boys and young men, who you can then separate into age groups of 6 – 14 years (young adolescents) and 15 – 24 years (older adolescents and youth) to conduct concurrent activities. Ideally each group should have 8 – 10 participants, and half should be children and youth with disabilities.

The ["Communication Toolbox"](#) provides a range of different ways that children and youth can identify and express protection concerns and risks in the community; how these are different between girls and boys, and those with and without disabilities; as well as their suggestions for ways to mitigate these risks. Ask each group to pick two activities from the "Communication Toolbox," and then to discuss ways in which they might need to adapt these activities for those with different types of disabilities, including those who may be isolated in their homes.

A Discussion Guide is also included to facilitate discussions between the children and youth while undertaking activities – This will help them to identify and develop their needs, capacities, and ideas for programming.

Each group can also decide on how they want to share their concerns and ideas with others (e.g., through art work, story-telling or drama) and identify representatives that will come to the Community Workshop to share the opinions and ideas of the group. Depending on the scope and time available for the assessment, children and youth could conduct meet more than once to conduct the assessment and plan their messages for the Community Workshop. [[See Tool 4: Participatory activities with children and youth with disabilities](#)]

Step 5: Home visits

Individual interviews can be conducted with children and youth with disabilities and caregivers who are not able to participate in the group discussions and other activities. This method is most useful for participants who require more individualized communication approaches and/or feel more comfortable in the home environment. Individual interviews are structured around the protection concerns and risks in the community for children with disabilities; how these are different between girls and boys, and those with and without disabilities; as well as their suggestions for ways to mitigate these risks. Home visits also provide an opportunity to assess the challenges to access and inclusion for persons who were not able to participate (due to any number of barriers) in the other activities, and to identify household-level protective factors. With appropriate support, individual interviews can be conducted by partner staff and community committee members to gather information from and better represent this group in their work. Modified interview tools can also be used by parents, children and youth to strengthen outreach, peer support and networking. [[See Tool 5: Individual interviews and observation checklist](#)]

Step 6: Community action planning workshop

A Community Workshop is the final part of the assessment process. It involves bringing representatives from the different groups involved in the assessment – children and youth with and without disabilities; parents and caregivers of persons with disabilities; partner staff; community committees and leaders – to share information and ideas and promote collaborative action planning or next steps in the community. Such a workshop provides an opportunity for children and youth with disabilities to mobilize around issues, develop their communication skills and play a greater role in program decision-making. It can also change the attitudes of staff, family members and community leaders who, over time, increasingly recognize the capacity of children and youth with disabilities to contribute to community action.

It is critical to document needs, gaps and ideas that are presented by these different groups, so that these can form the basis of your programming. Remember that children and youth, boys and girls, as well as male and female caregivers will all have different perspectives and priorities. Hence, it is important to try to analyze and document the information that gather by age and gender. A summary sheet is included in this tool to help you document these different perspectives. [[See Tool 6: Community workshop](#)]

Evaluation: Collect "stories of change" from children and youth with disabilities

Children and youth with disabilities can participate not only in the assessment process, but also in evaluating what change matters the most to them from the GBV activities conducted by your organization. Children and youth with and without disabilities can be supported to document their own Stories of Change. This can help us to identify how access and inclusion has changed for girls, young women, boys and young men with disabilities, and how this is different between gender and age, having implications for prevention of GBV. It also provides another opportunity for children and youth to contribute to the program planning cycle. [[See Tool 7: Evaluation – Stories of Change](#)]

A note about informed consent

All ethical standards and consent processes for conducting GBV assessments also apply to assessments with children and youth with disabilities, and participation should be informed and voluntary. Individuals under the age of 18 years who are interested in participating (i.e., they assent to participate), should also have consent from parents or guardians. Three other considerations are important when getting informed consent/assent from girls, boys, young women and young men with disabilities:

- (i) Provide information about the assessment activities in several different forums, as well as at the beginning of the activity itself. This will give individuals with disabilities and their family time to consider the assessment activities and the different points at which they may, or may not, want to participate. This helps to ensure informed consent among participants, particularly among those with intellectual disabilities, who may require more time and discussion before making a decision.
- (ii) Some adults with intellectual disabilities may wish to have a trusted caregiver, family member or friend participate with them in the consent process and/or the assessment. You should let them decide if this support is necessary and who they would like to support them.
- (iii) Lastly, it is important to watch for signs that persons with communication difficulties are not comfortable participating in an activity (e.g., becoming distressed, agitated or crying), particularly when you are talking with their caregiver.

Risk identification and mitigation

The participatory process described above is critical to risk identification and mitigation in most communities. Some additional considerations, however, for children with disabilities include:

- Community awareness raising and assessments that involve children both with and without disabilities together will minimize the risk of added marginalization and stigmatization of persons with disabilities in the community.
- Be clear and upfront with participants about what services your organization can and cannot provide. Participants should understand that the purpose of the assessment is to better understand how children and youth with disabilities can be included in existing activities in the community, not to set up new or separate activities for children with disabilities.
- Start discussions with general topics and move towards more sensitive topics as the participants become more comfortable. Be aware that children with disabilities may experience violence perpetrated by parents and caregivers. Guide group discussions towards general, rather than personal conversations, so children do not feel pressure to disclose their own experiences of violence which may expose them to added risks.
- Be alert to any negative language used by caregivers and/or other children that may harm or disempower the person with a disability. If this happens, rephrase using positive language, and direct discussions toward skills and capacities, or things that children have in common with each other. Invite children with disabilities to teach you and others about the language they prefer throughout activities.
- Identify appropriate services for care, support and protection should any individuals disclose violence, and ensure that participants are aware of any mandatory reporting requirements for GBV against children. For more information, please see Take Action! Child- and Youth-Centered GBV Prevention Toolkit.⁸

It may be helpful to document potential risks, the likelihood that these risks might occur and the impact on individuals, families, the community and your program, as well as strategies to mitigate these risks. *Table 2* can be used to document this information and to prioritize which risks to which you should be responding.

Table 2: Risk register and mitigation plan

TYPE OF RISK	CAUSES	RISK ASSESSMENT			RISK RESPONSE	MITIGATION STRATEGY/ DESCRIPTION OF CONTROLS
		L	I	Total score		
Example: Girls, boys, young women and young men with disabilities might become further stigmatized because of their participation in the assessment.	GBV is already a sensitive topic in the community, and people may inaccurately assume that ALL girls, boys, young women and young men with disabilities are GBV survivors because of their participation in the assessment.	2	2	4	Mitigate	Community awareness-raising so there are no misunderstandings about the topic for the assessment. Involve children both with and without disabilities together in the assessment. Guide group discussions toward general, rather than personal conversations about risk of violence.

Legend

L stands for likelihood or probability of the risk happening. Numerical ratings are applied as descriptive categories. 3 means the risk will happen almost certainly; 2 means the risk is possible; and 1 means it is unlikely to occur.

I stands for impact. It refers to how severe the adverse effects of risks will be in achieving the objectives. Again, using conventions, it can be measured and rated in the following terms: 3 means high (catastrophic); 2 means moderate (disruptive); and 1 means low (bearable).

⁸ To access ChildFund guideline please contact global@childfund.org

TOOL 1: AWARENESS-RAISING MESSAGES FOR THE COMMUNITY

Purpose of this tool

This tool provides guidance on how to raise awareness with community members, including leaders, government partners, parents and, of course, girls, boys, young women and young men with and without disabilities. This will help you to start identifying interested participants and make families more comfortable to bring children and youth with disabilities out of their homes for such activities. It can also help to identify and address any myths and misconceptions about the assessment; to initiate community dialogue on the issue; and to strengthen ownership of follow-up actions.

Awareness-raising strategies

You can use the same approaches and strategies to raise awareness about this activity as with other activities that you run in the community. For example, you can contact community committees, parents, children's and youth groups, and any disability groups or organizations that you know are working in the community, to ask for their assistance in sharing information with and identifying people who may be interested to participate. You could also form a small advisory group from these stakeholders, which can provide you with ideas and feedback about the proposed activities and even implement follow-up activities in the community after the pilot.

Example: Key messages for the community

Introduce your organization and any partners that you will be working with on the assessment.

- We would like to learn more about the different types of protection concerns that girls, boys, young women and young men with disabilities experience in the community, including risk of violence and abuse, and ways that we can reduce these risks.
- We would like children and young people with disabilities, their parents and caregivers to participate in this assessment.
- We are interested in the perspectives of caregivers and girls, boys, young women and young men (up to 24 years old) with all different types of disabilities, including:
 - those with difficulty moving and walking (since birth or due to an impairment acquired later in life);
 - those with difficulty seeing, even when wearing glasses;
 - those with difficulty hearing, even when using hearing aids;
 - those with intellectual disabilities, who may have difficulty understanding, learning and remembering new things;
 - those with mental disabilities and mental health conditions; and
 - those with multiple disabilities, who are often isolated to their homes and who may need assistance with personal care.⁹
- We have a variety of activities, so that children and youth with different types of disabilities can choose what works best for them and/or what they feel most comfortable in undertaking during the assessment.
- It is completely voluntary, and interested individuals can choose to participate in some activities, but not others. They can also choose to participate with a trusted friend or family member (like a sister or brother).
- We have an information session on [insert date] for parents, children and youth who are interested, so they can learn more and ask questions about these activities before deciding whether or not they would like to participate.
- We will also have a community workshop where the participants can share what they learned with others after the assessment is complete, and together we can plan follow-up activities.

⁹ Adapted from the Washington Group Short Set of Questions on Disability. http://www.cdc.gov/nchs/washington_group/wg_questions.htm

TOOL 2: INFORMATION SESSION FOR POTENTIAL PARTICIPANTS

Purpose of this tool

This tool provides guidance for staff and partners planning the information session with potential participants. The information session provides an opportunity for children and youth with disabilities and their caregivers to learn more about the assessment, thereby contributing to the informed consent process, and for staff that will be facilitating the assessment to identify the different communication preferences of individuals. It can also play a critical role in supporting children and youth with and without disabilities to get to know each other, making them more comfortable in the following activities.



Getting to know each other at the information session.

© ChildFund Ethiopia

Example: Information session agenda

1. Introduce the organizations involved in the assessment and the child protection or GBV activities that you usually run in the community.
2. Explain the purpose of the assessment, and why you want to include girls, boys, young women and young men with disabilities – See Tool 1: Awareness-raising messages for the community (p. 50) for more detail.
3. Describe the different activities that will be conducted during the assessment. Use photos, as well as verbally describing this. See Annex 2: Sample PowerPoint Presentation.¹⁰
4. Separate parents and children for an activity (preferably in the same room). Have one staff member sit with parents and caregivers to answer their questions, and then another one run an ice-breaker with the children and youth, so they can get to know each other.
5. Share examples of activities from the "*Communication Toolbox*", including pictures, cameras and the Story in a Bag, so that children and young people with disabilities can start to explore what works best for them.



Practicing with tools from the Communication Toolbox.

© WRC/Emma Pearce

During this time, walk around to individuals who you may need to learn more about to facilitate their participation in the activities. These may include:

- Brothers and sisters who have attended together – Meet with them to discuss going into different groups for boys and girls. You may want to help them to get to know another boy or girl their own age who is also interested in participating in the activities.
- Children or young people using sign language interpreters – It is important to have interpreters who are age and gender appropriate for the follow-up activities. This may not always be possible, as many professional interpreters are adult men. You should discuss with girls and boys who use sign language about their preferences for this activity. They may prefer to have a friend or family member their own age join them instead of a professional interpreter. Alternatively, they may prefer other methods of communication, such as writing or the other activities in the *Communication Toolbox*.

¹⁰ <https://www.womensrefugeecommission.org/disabilities/resources/1291-youth-disabilities-toolkit-presentation>

- Any individual who looks uncomfortable or distressed – Gather information from them and their caregiver about what sorts of activities they like, and the type of environment where they feel most comfortable. Some children and young people with more complex disabilities may prefer an individual interview with a home visit.
6. Close the information session by bringing everyone back together as a large group, answer any further questions that children, young people and their caregivers may have, and clarify the next steps.

AN ICE-BREAKER ACTIVITY: VALUING DIFFERENCE

Divide the group in two and ask members to regroup based on differences or similarities of the following characteristics:

- all long hair/short hair
- all girls/boys
- all tall/not tall
- all who like sports/do not like sports
- all who play music/do not play music
- all shy/not shy

FACILLITATOR'S NOTE: The same people will regroup under the different characteristics. Signs and symbols can also be used, or children can indicate that they are part of the group in any way that they feel comfortable. This activity aims to develop an understanding and appreciation of human diversity.

Discuss with the entire group that diversity is a natural part of human life. Everybody has differences, whether that difference relates to color, gender, size, shape, religion, neighborhood or anything else. A disability is no different. It may limit a person's mobility (ability to walk) or his or her ability to hear, see, taste or smell, but it does not limit his or her strengths and abilities. Differences in a group are valuable. Those differences are where creativity and new ideas are born.

** Extracted from: UNICEF, It's About Ability: Learning Guide to the Convention on the Rights of Persons with Disabilities (New York: UNICEF, 2009). http://www.unicef.org/publications/files/Its_About_Ability_Learning_Guide_EN.pdf*

TOOL 3: GROUP DISCUSSIONS WITH PARENTS AND CAREGIVERS OF CHILDREN WITH DISABILITIES

Purpose of this tool

This tool provides guidance on conducting group discussions and includes a set of discussion questions for parents and caregivers of children with disabilities.

Composition of groups

Group discussions should be conducted with men and women separately to gather in-depth information about their specific and different experiences. Each group discussion should have 8 – 10 people participating. Depending on time, potential parent and caregiver group discussions could include:

- Mothers of children and youth with disabilities
- Fathers of children and youth with disabilities
- Adolescent girls who are caring for persons with disabilities (these may be children or adults with disabilities)

Timing of group discussion

Group discussions should not be longer than 90 minutes. If groups take longer than this to complete all activities in the Group Discussion Guide, you may wish to conduct Activities 1 – 3 on one day, and Activities 4 and 5 another day, if participants are willing and able to return.

Facilitation

Facilitation of groups will require at least one person to lead the discussion and one person to take notes. As much as possible, group discussions with women and girls should be facilitated by women (this includes the person leading the discussion, the note-taker and the translator) and group discussions with men and boys should be facilitated by men. It is important that everyone in the group have the opportunity to speak. This may mean that the facilitator interrupts or redirects the discussion and encourages participation to make sure everyone has the chance to say what they want.

This tool includes participatory activities that can be used to facilitate discussion. While some adults may prefer to communicate through verbal discussion, this may sometimes be dominated by one person. Integrating participatory activities throughout will break up the discussion and provide opportunity for individuals who are less “vocal” to contribute.

Concurrent activities with children with disabilities

Many children with disabilities will not feel confident at first to be separated from their parent or caregiver. So it is important to create a space in these group discussions for children with disabilities to be present, interact and contribute in any way they feel most comfortable. Try to conduct group discussions in a space which is large enough to have a concurrent activity running for children, but still close enough that they can see and/or hear their parents. As is culturally appropriate, have mats, chairs and materials (such as pens and paper) for the children to use. An adult facilitator should be available to conduct a play-based activity with the children and to document how they interact with each other and the activities presented. Children should not be pressured by their parents or the facilitators to use this space, but rather invited at multiple points throughout the discussion. At the end of the discussion, space should be created for children to share with their parents what they did in the activity. The facilitator should try to also describe to parents how children with more profound disabilities participated, even if it is through their behaviors, emotions and body language. This way we promote recognition of the skills and capacities of all children.

GROUP DISCUSSION GUIDE¹¹

- Introduce all facilitators and translators, and the organizations involved.
- Explain that the purpose of the meeting is to understand the different types of violence that girls, boys, young women and young men with disabilities are at risk of in the community, and ways in which we can reduce these risks and promote participation of children and youth with disabilities in our activities in the community.
- Explain that we will use this information to improve the activities that are already running in the community, so that children with disabilities can have more opportunity to participate with other children – not to set up new or separate services for children with disabilities.
- Remind participants that:
 - Participation is voluntary.
 - No one is obligated to respond to any questions if s/he does not wish.
 - Participants can leave the discussion at any time.
 - They should not share personal experiences, but can instead talk more generally about what they know happens in the wider community.
 - The information they provide will be used in a report, but we will not identify participants by name or other personal information about participants.
- If participants have personal experiences that they would like to share, we can arrange an individual meeting after this discussion and provide referrals to other available services and support should they be interested.
- Explain that we will be taking notes throughout the discussion. We will be writing down the information provided, but not the names of the people here. We will use this information in a report to improve programs for children here, as well as in other countries.



Group discussions with young women who are caregivers of persons with disabilities, and mothers of children with disabilities. © ChildFund Ethiopia

Participatory activities and questions for discussion

The discussion guide is broken down into four parts, representing key assessment areas. Each part comprises several questions that can be answered through activities or discussion.

Activity 1: Who are we talking about? (15 minutes)

Purpose: This activity will help gather information about what disabilities exist in the community and whether there are differences between men and women.

¹¹ Adapted from: "I see it is possible": Gender-based violence and disability toolkit for GBV practitioners. https://womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

Facilitation: Use pictures of persons with different types of disabilities and ask people to identify which ones are most common in their community. Ask the group to talk about persons who are isolated in their homes, or those with more “hidden” disabilities, like intellectual or mental disabilities. Ask the group: Do women and girls have disabilities that are different from the disabilities men and boys have?

Explain to the group that today we will be discussing the concerns of children with different types of disabilities, and how these concerns are different for girls and boys with disabilities at different stages in their lives.

See Annex 3: Pictures for group discussion¹²

Activity 2: Intersection of disability and gender across life stages (30 minutes)

Purpose: This activity will help identify how the community perceives women, girls, men and boys with disabilities and how this affects their roles, responsibilities and opportunities in the community. It will also help to understand the expectations of women, girls, men and boys with disabilities and the reality of their daily life, including the support they may or may not receive from others in the community.

Facilitation: You can use pictures of girls and boys, young women and young men with disabilities undertaking different activities to stimulate the discussion.

Questions for discussion:

- Is it expected that girls, boys, women and men with disabilities will undertake these tasks in this community? For example, are women with disabilities expected to be wives or mothers, and men with disabilities to be breadwinners in their families? Why/why not? How is it different for those with intellectual and/or mental disabilities?
- What might happen to girls and women with disabilities if they do not or cannot do the tasks expected of them? How do partners, parents, peers and other community members treat them?
- What might happen to boys and men with disabilities if they do not or cannot do the tasks expected of them? How do partners, parents, peers and other community members treat them?
- What happens when a baby is born with a disability? What happens when a child with a disability does not pass a milestone (e.g., crawling, walking, going to school) with his or her peers? How might the parents treat this child? How might this affect the relationships in a household (e.g., between the father and mother, or between siblings)? How might the community treat this child?

See Annex 3: Pictures for group discussion¹³

Activity 3: Violence against children and youth with disabilities (30 minutes)

Purpose: This activity will help identify different risks faced by girls, boys, young women and young men with disabilities in the community and their access to social networks.

Facilitation:

Questions for discussion:

- Do girls, boys, young women and young men with disabilities go to the same places as other children and youth? Why/Why not? What types of barriers do they experience? Are these barriers different depending on the type of disability (e.g., physical versus intellectual disability)? Are these barriers different depending on the age and gender of the child (e.g., an adolescent girl with disabilities versus a boy with disabilities)?
- Do mothers of children with disabilities go to the same places as other mothers are going? Why/Why not? What types of barriers do they experience?

¹² <https://www.womensrefugeecommission.org/disabilities/resources/1292-youth-disabilities-toolkit-pictures>

¹³ Ibid.

- In this community, where do you think girls with disabilities feel most safe? Where do you think they feel most unsafe? What makes this place safe or unsafe? Repeat this question, asking about boys with disabilities, young men and young women with disabilities, as well as mothers and their babies with disabilities.
- Can you describe the kinds of violence that children with disabilities face? How does it differ for girls and boys with disabilities? How does it differ according to the type of disability (e.g., physical versus intellectual disability)?
- What about youth with disabilities – what kinds of risks do they face in their relationships, in their household and in their community? How does it differ for young men and young women with disabilities? How does it differ according to the type of disability (e.g., physical versus intellectual disability)?
- What about mothers of babies with disabilities – what kinds of risks do they face in their relationships, in their household and in their community? Do babies with disabilities receive the same kind of care and attention? How is it different for baby boys and baby girls with disabilities?
- Are there other children and young people in this community who are caring for family members with disabilities? What kinds of risks might they experience? Is this different for girls and boys?

Activity 4: Support for child survivors with disabilities (15 minutes)

Purpose: This activity will help to identify barriers and facilitators to accessing services for children and youth with disabilities who have experienced violence.

Preparation: Develop short, contextually appropriate case studies about gender-based violence committed against children and youth with disabilities. Use these case studies to guide the questions below. It is important that these case studies are not linked to a specific story or child from the community. A few sample case studies are provided here, but should be adapted to your context.

Sample Case Study 1: A young girl who is deaf and can't speak left her home during the night to use the latrine. When she exited the latrine, a man grabbed her, pulled her behind the latrines and raped her.

Sample Case Study 2: A girl with intellectual disabilities is being tied up at home by her parents. Her mother says this is to stop her from running outside, where she might be abused. She can be very affectionate to strangers, and will do whatever other people tell her.

Sample Case Study 3: A young man with physical disabilities is living with his sister and brother-in-law. His sister frequently tells him that he is "useless" and a burden on the family. He tries to help by doing household chores, but other men sometimes tease him when they see him doing these activities.

Sample Case Study 4: A young woman who is blind – she has a boyfriend who keeps her a secret from his friends and family. When they argue about this, he says that she is "lucky" to have him and threatens to leave her.

Facilitation: Begin by explaining to the group, "We would like to ask you some questions about the services and assistance available for girls, boys, young women and young men with disabilities who experience violence. We are going to begin by sharing a fictional scenario with you, and we will ask you some questions." You may want to share more than one case study.

Questions for discussion:

- If the person with disabilities in the story reported that they experienced this type of violence, how do you think people would respond?
- Do children and youth with disabilities share experiences like this with other people? What makes it difficult for them to do so?
- Where could this person go to receive appropriate assistance? What kind of assistance and support could they receive?
- Is it likely that this survivor would seek such assistance? What might prevent them from seeking assistance?

Activity 5: Preventing violence against children and youth with disabilities (15 minutes)

Purpose: The purpose of this activity is to identify barriers and facilitators to children with disabilities accessing gender-based violence activities in the community, and to define some strategies to improve activities that prevent violence against this group.

Facilitation:

Questions for discussion:

- What things do children, families and communities do to protect girls, boys, young women and young men with disabilities from such violence?
- What activities are already running in your community to protect children and youth from violence?

Clarify and/or add any activities that your organization is undertaking to address GBV, and then ask the following questions:

- What are the things that prevent children and youth with disabilities from participating in these activities? Are these different between girls and boys with disabilities? Are these different for children with different types of disabilities?
- What could be done in this community to create a safe and protective environment for girls, boys, young women and young men with disabilities?

Conclude the discussion

If children with and without disabilities attended with parents and participated in the play-based activity, then you can invite them to share with the parents what they liked and didn't like about the activity.

Explain to participants that there will be a Community Workshop to share the findings from this assessment and to develop actions to improve activities for girls, boys, young women and young men with disabilities in the community. Invite the group to appoint two people to attend this workshop and share the concerns and ideas discussed in the meeting.

Share with participants the next steps in the assessment, including involving children and youth with disabilities in some participatory activities. These activities will provide a range of different ways that children and youth can identify protection concerns and risks in the community; how these are different for girls and for boys, and for those with and without disabilities; as well as their suggestions for ways to mitigate these risks. Give parents details about where and when children will be meeting to do this activity, and encourage them to share information with the parents of other children with disabilities.

Lastly, arrange a follow-up meeting for any participants who have personal concerns that they would like to discuss further, and provide follow-up support as appropriate.

TOOL 4: PARTICIPATORY ACTIVITIES WITH CHILDREN AND YOUTH WITH DISABILITIES

Purpose of the tool

This tool provides a description of the steps to undertake the activity, a discussion guide and a "[Communication Toolbox](#)" that staff can use to help children and youth identify protection concerns or risks in the community; how these are different between girls and boys, and those with and without disabilities; as well as their suggestions for ways to mitigate these risks. The activities are designed to provide different options for participation and/or communication on protection concerns, and to foster protective peer networking and agency among children with and without disabilities in the community.

Composition of groups

These activities are designed for children and youth over the age of six (6) years. We recommend having four groups:

Girls aged 6 – 14 years with and without disabilities

Young women aged 15 – 24 years with and without disabilities

Boys aged 6 – 14 years with and without disabilities

Young men aged 15 – 24 years with and without disabilities

Half of each group should be children and youth with disabilities. Some children and youth with disabilities may attend with siblings or other relatives without disabilities. These individuals should be kept in the same group regardless of age, but ideally they should be of the same gender, so that girls and boys will feel more comfortable to discuss their specific concerns.

Timing of activities

It is recommended that you conduct the activities with girls and young women concurrently on one day, and with boys and young men concurrently on another day. You can introduce the activity to them as a large group of girls and boys, split them up by ages for the activity itself, and then bring them back together to discuss what they learned. This will provide space and opportunity to explore the gender-related concerns of children of different ages, for younger people to share their perspectives with older people and to foster opportunities for peer mentoring from the youth in the community.

The participatory activities should be conducted across two separate days. This will provide time for the groups to document things at different times of the day; for the printing of photos taken by the children to use in discussions; and further planning for any presentations and contributions to the Community Workshop.

Facilitation

Activities with women and girls should be facilitated by women (this includes the person facilitating and the person taking notes) and activities with men and boys should be facilitated by men. Facilitation of groups will require at least one person to introduce the activity to the large group. Ideally there should be two people for each group – one to supervise and assist children who may decide to withdraw from the activity at any point, and one person to observe and take notes.

GROUP ACTIVITIES

- Introduce all facilitators and translators, and the organizations involved.
- Explain that the purpose of the activities today are to understand the different types of safety concerns that girls, boys, young women and young men with disabilities face in the community, how these are different for girls and boys of different ages and ways in which we can reduce these risks.

- Explain that we will use this information to improve the activities that are already running in the community, so that children with disabilities can have more opportunity to participate with other children – together, not separate!
- Participation is voluntary – Ask the group to describe what “voluntary” means to them. Some messages that you may like to use to explain or clarify are:
 - » Everyone here today can choose for themselves whether they want to participate in the activities.
 - » You can also choose which activities you want to participate in – you don’t have to participate in all of them.
 - » You can participate in any way you feel comfortable – even just listening to others and watching is OK.
 - » You stop at any time and go home. For those who need assistance to go home, you can talk to one of the facilitators.
- Explain that participants don’t have to share any personal experiences that might upset them or other people. It is also important that the group doesn’t talk about the personal experiences of other children that they know in your community. Instead, encourage the group to talk more generally about issues in the community for girls, boys, young women and young men with disabilities – where they feel safe, where they don’t feel safe – and the things we can do to change this.
- If participants have personal experiences that they would like to share, we can arrange an individual meeting after this discussion, and provide referrals to other available services and support if they are interested.
- Explain that you will be taking notes throughout the activity and the discussion. We will be writing down your concerns and ideas, but not the names of participants. We will use this information in a report to improve programs for children here, as well as in other countries.

Activity 1: Getting to know each other and valuing difference

Everybody has differences – we are all different ages, sizes and shapes, and we all have different things that we like or dislike. In this group we also have people who move, think or communicate in different ways. But everyone here has different strengths and abilities. Let’s see what we have in common and what is different. Move into groups according to:

- Who has long hair/short hair?
- Who goes to school/doesn’t go to school?
- Who likes sports/doesn’t like sports?
- Who likes music/doesn’t like music?
- Who can speak with hands/who can speak with their voice?
- Who can move with their feet/who can move with other parts of their body?
- Similar ages groups

Note: Signs and symbols can also be used to identify which group someone would like to join. Some children may prefer to raise their hands or indicate with gestures in any way that they feel comfortable about which group they identify with. This activity aims to develop an understanding and appreciation of human diversity, but also what children have in common. You can shape the activity to highlight the skills and capacities of different members of the group. Finish with grouping by similar ages, as this assists with the following activities.

Activity 2: Describe what we will be doing

Explain to the groups that we would like to talk today about the different concerns of girls, boys, young women and young men with disabilities. We want to know about:

- The activities that girls, boys, young women and young men with disabilities are expected to undertake in their households and communities.
- The important places in their community: these might be places where children and young people with and without disabilities spend a lot of time and/or where very important things happen.
- Things that make children and young people with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community.
- Ways we can make children and young people with disabilities safer in their relationships with other people, in their home and in their community.

Activity 3: Introduce the “Communication Toolbox”

There are lots of ways to contribute to this discussion and for children and young people to document or record their concerns and ideas. Let the participants decide what the best way is for the different people in your group. Introduce the “*Communication Toolbox*” that they can use. These include:

Drawing and artwork – Groups can make a poster using the pens, paper and other materials. Include stickers of different shapes and textures and/or tactile paint, so that children with vision impairments can recognize different parts of the poster.

The picture library – Images and photographs can be used to facilitate discussion. They can also be sorted into different groups under signs that you place on the wall. These signs can include symbols and facial expressions representing places they like/don’t like or feel safe/unsafe.

The sound library – A collection of short audio recordings of local sounds and interactions between people. They can listen to these recordings and pick ones they would like to use for the discussion.

Photography – The group can borrow a camera and take photos that will help them to share the concerns of girls, boys, young women and young men with disabilities. They can take pictures of places they like/don’t like or feel safe/unsafe. They can also take pictures of people and places that they trust and know that they can help.

A guided tour – The group can also walk around the community, documenting the places that they like/don’t like or feel safe/unsafe. They can take their own photos as they move around the community to help explain this.

Story in a bag – Give the children a bag with familiar objects in it that they can use to tell a story. These should be everyday objects, like a drinking cup, a toy or ball, or a pen and a book. These objects can represent different places and/or activities that children like or don’t like in the community, and can help them to communicate about the topic. Children can also add their own objects to the bag.

Table: Using tools with children with different types of impairments¹⁴

TOOL	PHYSICAL IMPAIRMENT	BLINDNESS AND LOW VISION	DEAF AND HEARING IMPAIRMENT	INTELLECTUAL IMPAIRMENT	COMMENTS
Drawing and artwork	✓	x Not suitable for children who are blind. ✓ May suit some children with low vision.	✓	✓	Tactile paint and colorful stickers may help children who are low vision to navigate a visual map.
The picture library	✓	x Not suitable for children who are blind. ✓ May suit some children with low vision.	✓	✓	This is especially useful with children with hearing disabilities, as well as those with intellectual disabilities.
The sound library	✓	✓	x Not suitable for children who are Deaf. ✓ May suit some children who are hard of hearing, if used with a headset.	✓	This is particularly useful with children who are blind. They may also want to record their own voice and reflections on places where they feel safe/unsafe.

¹⁴ Adapted from: Elena Jenkin, Erin Wilson, Kevin Murfitt, Matthew Clarke, Robert Champain & Laine Stock-man, *Inclusive practice for research with children with disability: A guide* (Melbourne: Deakin University, 2015). <http://www.voicesofchildrenwithdisability.com/>

TOOL	PHYSICAL IMPAIRMENT	BLINDNESS AND LOW VISION	DEAF AND HEARING IMPAIRMENT	INTELLECTUAL IMPAIRMENT	COMMENTS
Photography	✓	x Not suitable for children who are blind. ✓ May suit some children with low vision, as photographs can be easily enlarged.	✓	✓	Photography is a great way to capture the lived experiences of children with disabilities, both at home and in the public sphere. It may not be immediately apparent why a child has taken a certain photograph – explore this by looking for themes across photos, and asking questions of peers and siblings.
A guided tour	✓ Length of tour should be adapted to capacity of those in the group.	✓	✓	✓	All children have a right to move around their community – even those who require assistance can be included in this activity, as it will highlight the interaction of individual, relationship and community level factors that affect their access and inclusion.
Story in a bag	✓	✓	✓	✓	This is especially useful with children with more profound communication difficulties and for those with vision impairments who can use objects that they can feel to document their own experiences.

Activity 4: Picking and mixing tools

Ask the group to pick two activities from the "[Communication Toolbox](#)." They should think about which tools will help everyone in their group to participate or contribute in some way to the activity. They may want to identify different roles for people in your group based on the different skills that each person has. For example, some people may not feel so confident speaking, but they can take photos; others may need assistance to move their wheelchair around the community, but they can take good notes; maybe there is an object or place that they know makes another person in their group happy – they can collect that and put it in the Story in a Bag or visit that place in the Guided Tour.

Move away and give the group time to discuss, and to engage with the different tools. Let them look at the tools, touch them and talk about them. Then ask them to explain what they have chosen and how they might like to adapt and/or combine the activities.

Activity 5: Support the groups information and to document their ideas

Remind each group that today's activity is meant to document the different concerns of girls, boys, young women and young men with disabilities. We want to know about:

- The activities that girls, boys, young women and young men with disabilities are expected to undertake in their households and communities.
- The important places in their community: these might be places where girls, boys, young women and young men with and without disabilities spend a lot of time and/or where very important things happen.
- Things that make girls, boys, young women and young men with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community.
- Ways we can make girls, boys, young women and young men with disabilities safer in their relationships with other people, in their home and in their community.

Start the activity using the tools chosen by the group. The following Discussion Guide can help you gather more information during the activity and facilitate the group to identify their main concerns and ideas for change.

Activity 6: Sharing with others and formulating recommendations

Each group can then decide on how they want to share their concerns and ideas with others. You should bring the children and youth groups (e.g., the girls and young women's groups) back together to share with each other what they have learned. Ask each group to then:

- Identify one activity that children and youth with and without disabilities can do together in the future.
- Make one suggestion of how we can improve the activities that are already running in the community for children and youth with disabilities.

Ask each group to identify two representatives that will come to the Community Workshop to share the opinions and ideas of the group.

Activity 7: Contributing to program planning

Children and youth with and without disabilities should be invited to attend a Community Workshop where they can share what they learned through the assessment, their recommendations and ideas for activities that can be conducted and/or adapted. This is a critical step in the participatory action research cycle and over time strengthens both the capacity and agency of children. Children should be supported to participate in any way they feel comfortable – they may just want to listen, appoint an adult or a peer to speak for them, and/or make formal presentations and contributions. Create the space, and then support them to fill it!

DISCUSSION GUIDE

Prompting questions for discussion both during and after activities should include:

- The activities that girls, boys, young women and young men are expected to undertake in their households and communities:
 - » Are girls, boys, young women and young men with disabilities expected to undertake these activities? Why/why not?
 - » Does their responsibility change as children and youth with disabilities grow older? If so, how?
 - » Is it different for children and youth with different types of disabilities (e.g., intellectual disabilities)? If so, how?
 - » Do girls, boys, young women and young men with disabilities experience any concerns for their safety and security when undertaking these activities? If so, how?
- For important places in the community:
 - » What activities happen in these places?
 - » Who attends these activities – girls, boys, young women or young men with and without disabilities?
 - » What types of disabilities do children and youth have who attend these activities?
 - » What are some of the things that prevent girls, boys, young women and young men from being a part of these activities?
 - » What are some of the things that might help girls, boys, young women and young men with disabilities to be part of these activities?
- Things that make girls, boys, young women and young men with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community:



Adolescent girls with and without disabilities share poems about their experiences at a Community Workshop. © WRC/Emma Pearce

- » How do people treat children and youth with disabilities? Ask about their parents, their peers, and then other community members. Is it different for girls and boys, and for those with intellectual disabilities? If so, how?
- » How do children and youth with disabilities learn about safety and violence? What about sex and healthy relationships? Is it different for girls and boys, and for those with intellectual disabilities? If so, how?
- » What does a safe and healthy relationship look like for girls, boys, young women and young men with disabilities?
- » Where can girls, boys, young women and young men with disabilities go if they have experienced violence? Who do girls, boys, young women and young men with disabilities trust the most to talk to about personal issues?
- Ways we can make children and young people with disabilities safer in their relationships with other people, in their home and in their community:
 - » How can we make these places in the community safer for girls, boys, young women and young men with disabilities?
 - » What can we do to prevent violence against girls, boys, young women and young men with disabilities in their relationships with others, in their families and in the community?

TOOL 5: INDIVIDUAL INTERVIEWS AND OBSERVATION CHECKLIST¹⁵

Purpose of this tool

This tool provides guidance on how to gather information from children and youth with disabilities and their caregivers who may be isolated in their homes and unable to attend the other assessment activities. The tool includes questions to guide the interview and an observation checklist to help the interviewer get a sense of the environment in which the child lives and their preferred method of communication.

Composition of participants

Individual interviews are most suitable for children and youth with more complex disabilities or mental disabilities, who require more tailored and individualized communication approaches and/or feel more confident to communicate in familiar environments.

Location of the interview

The purpose of individual interviews is to reach those children, youth and caregivers who may not be able to participate in group discussions because they are isolated in their homes. You should ask the parents or caregivers about the most comfortable location in the home to interview them, but also to involve the child with disabilities in the process, bearing in mind what is culturally appropriate in your given context, and the age and gender of the child and caregivers involved.

Do no harm: Some children and caregivers may experience violence inside the home. It is important to check with those being interviewed where they would feel most comfortable and safe – This may be in their home or in another location. It is also critical to keep questions broad in nature, rather than asking about personal experiences of violence. You may also start with general topics relating to safety and security in the community and perhaps expand into more sensitive topics in follow-up visits.

Timing of activities

Individual interviews should not be longer than one hour, but will vary dramatically in length, depending on the age and attention span of the child involved, as well as how comfortable they are with you and how familiar you are with their communication preferences. Shorter interviews over multiple home visits can also help to establish trust and safely expand discussion into more sensitive topics over time.

Facilitation

Wherever possible, children and youth with disabilities should participate directly in the interview. It is possible to also use the [Communication Toolbox](#) during such interviews, which can help to foster the participation of individuals with more severe communication difficulties.

If an individual does not feel comfortable communicating with you on her or his own, or you cannot find an appropriate method of communication, you can also involve parents, caregivers and even siblings or friends of children with disabilities. In these situations, it is important to still include the child with disabilities in discussions, so they can listen and communicate in any way possible whether they agree or disagree with the statements being made. Parents, caregivers and siblings or friends can also help you to identify different communication approaches with the child with disabilities.

Interview guide

- Identify and approach the child or young person with a disability to introduce yourself. Greet them in the same way that you would greet other children in your community, considering social or cultural norms relating to age and gender.
- Talk directly to the child or young person to try to establish an optimal method of communication. If you are not sure about the best

¹⁵ Adapted from: "I see it is possible": Gender-based violence and disability toolkit for GBV practitioners https://womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

communication method, you can ask parents, caregivers and even siblings for advice about this.

- Ask if they would like to participate and whether they feel safe doing so. Give time for the individual to respond, and watch for signs that they do not want to or do not feel safe participating. For people with limited communication abilities, ask the caregiver (if present): How does [state the name of the person] tell you that she/he is unhappy or uncomfortable with something? What makes her/him happy or sad? Use this information to facilitate the interview if verbal communication is not possible and respect any indications that the participant is not comfortable or willing to continue.
- Introduce all facilitators and translators, and the organizations involved.
- Explain that the purpose of the meeting is to understand the different types of violence that girls, boys, young women and young men with disabilities are at risk of in the community, and ways in which we can reduce these risks and promote participation of children and youth with disabilities in our activities in the community.
- Explain that we will use this information to improve the activities that are already running in the community, so that children with disabilities can have more opportunity to participate with other children – not to set up new or separate services for children with disabilities.
- Remind the child and their caregivers that:
 - » Participation is voluntary.
 - » No one is obligated to respond to any questions if they do not wish.
 - » Participants can leave the discussion at any time.
 - » They should not share personal experiences, but can instead talk more generally about what they know happens in the wider community.
- If participants have personal experiences that they would like to share, we can arrange an individual meeting after this discussion, and provide referrals to other available services and support should they be interested.
- Explain that we will be taking notes throughout the discussion. We will be writing down the information provided, but not the names of the people here. We will use this information in a report to improve programs for children here, as well as in other countries.

Interview questions

The following interview questions are written to be directed to the individual with disabilities, but could also be used with women and girls who are caregivers of persons with disabilities to better understand their experiences, access and inclusion in the community.

1. Tell me a bit about yourself.
Additional prompts: What kind of things do you enjoy doing? How long have you been living here? Who lives in your household?
2. What kind of community activities do you participate in?
Additional prompts: Ask about education, children's and girl's groups, health, and livelihoods activities, as appropriate. What things do you like about these activities? What things do you find difficult about these activities?
3. Are there any places or activities in the community where you feel most comfortable or most safe? What makes these places comfortable or safe for you?
4. Do you have contact with other women/girls/men/boys your age? If so, who provides you support? Where do you go to meet them? If not, what are the challenges to meeting and socializing with other women/girls/men/boys your age?
5. Are there any places or activities in the community where you feel uncomfortable or unsafe? What makes these places uncomfortable or unsafe for you?

Additional prompts: Are there places or activities where children and young people with disabilities may be at risk of different forms of violence, including sexual abuse or exploitation? Are some children and young people with certain types of disabilities (like intellectual disabilities) more at risk? Are girls, boys, young women and young men at risk of different forms of violence? How is it different?

6. Where do you go or who do you talk to if you have problems and concerns?

Additional prompts: Have you heard about services for survivors who have experienced sexual violence? Do girls, boys, young women and young men with disabilities have difficulty accessing these services? If so, what are some of the barriers that they face in accessing these services?

7. Are there any programs or activities for women/girls/men/boys in the community that you would like to access or participate in? What has prevented you from accessing these services or activities in the past? How could we help you to participate in this activity or access this service?

Additional prompts: Ask about different GBV prevention activities that are running in the community, such as adolescent girls' groups, awareness-raising, campaigns and trainings.

Observation checklist

During an individual interview, it can be useful to make some notes about what you observe about the individual and their environment. This can help to determine other things in the child's home life and relationships that may affect their health, safety and well-being. It can also help to identify additional needs, concerns, and ways to support the child with a disability to participate in your program and access your services. The questions below may be useful for guiding your observations.

COMMUNICATION
How does the person communicate? Watch other family members to see how they interact with the person. Do they use speech, writing or gestures?
PHYSICAL
Describe the person's personal appearance and hygiene. Are they dressed in an appropriate way compared with girls and boys of a similar age in the household or community (e.g., Are they naked or partially clothed when others are fully clothed)? If not, ask caregivers for a blanket and/or clothing before continuing with the interview. Do they appear to have good hygiene (e.g., Are they more clean or less clean than other women or men in the household)? How are they moving around the room?
EMOTIONAL
How does the child express that they are happy, sad, comfortable or angry? Has there been any recent change in their behavior (e.g., mood swings; agitation; fear of other people; sleep and eating disturbances; withdrawal; changes in their usual communication; self-injury or inappropriate sexual behaviors)?
ENVIRONMENTAL
What is the current state of the individual's home? Is the home of the same quality and/or standard as nearby homes? What is the current state of their surrounding community? How close are they to important facilities (e.g., health centers, schools and community meeting points)?

Conclude the interview

- Thank the child, their parents and other members of the family for their time and their contributions.
- Ask the child and caregivers if they have questions.
- Provide information to the child and their family about the services and activities available through your organization and facilitate referrals to psychosocial support or other assistance, as requested.

TOOL 5: OBSERVATION CHECKLIST

COMMUNICATION

How does the person communicate? Watch other family members to see how they interact with the person. Do they use speech, writing or gestures?

PHYSICAL

Describe the person's personal appearance and hygiene. Are they dressed in an appropriate way compared with girls and boys of a similar age in the household or community (e.g., Are they naked or partially clothed when others are fully clothed)? If not, ask caregivers for a blanket and/or clothing before continuing with the interview. Do they appear to have good hygiene (e.g., Are they more clean or less clean than other women or men in the household)? How are they moving around the room?

EMOTIONAL

How does the child express that they are happy, sad, comfortable or angry? Has there been any recent change in their behavior (e.g., mood swings; agitation; fear of other people; sleep and eating disturbances; withdrawal; changes in their usual communication; self-injury or inappropriate sexual behaviors)?

ENVIRONMENTAL

What is the current state of the individual's home? Is the home of the same quality and/or standard as nearby homes? What is the current state of their surrounding community? How close are they to important facilities (e.g., health centers, schools and community meeting points)?

TOOL 6: COMMUNITY WORKSHOP

Purpose of tool

This tool provides a sample agenda for staff and partners to plan a Community Workshop at the end of the assessment. The Community Workshop should include community leaders, government partners, organizational staff and representatives from the different groups engaged in the assessment. It is a forum to share information learned throughout the assessment, and to put children and youth with and without disabilities and their caregivers at the center of program planning. Children and youth with and without disabilities can contribute also to the planning of the agenda of the workshop, often suggesting activities that are built around their skills and capacities.

Also included in this tool is a documentation form to help you to record and analyze the information presented by the different groups of children and youth with disabilities and their caregivers. It is critical that recommendations from each of these groups are documented and remain at the center of program action planning.

Example: Community workshop agenda

1. Introduce the organizations involved in the assessment and describe the child protection or GBV activities that you usually run in the community.
2. Explain the purpose of the workshop:
 - » To share information about the GBV concerns of girls, boys, young women and young men with disabilities and their caregivers.
 - » To hear ideas and recommendations from children and youth with disabilities and their caregivers about how we should adapt existing GBV and child protection activities in the community.
 - » To plan the changes that we will make to our activities to ensure girls, boys, young women and young men with disabilities have the same opportunity as others to access our programs and activities.

3. What did we do during the assessment?

Describe the different activities that were conducted during the assessment. You may like to use photos, as well as verbally describing this. You can also invite the children and young people to describe different activities and tools that were used, perhaps through “work stations” around the room that participants visit to learn about each of the activities.

4. What did we learn during the assessment?

Depending on the size of the group, this activity could be done in through group activities or a “Global Café” activity. Give representatives from each group from the assessment – female caregivers; male caregivers; girls with disabilities; boys with disabilities; young women with disabilities; and young men with disabilities – a space or location in the room. They can set up this space with tables and chairs, and place any posters or artwork on the walls that they developed during the assessment. Split the remaining participants into six groups who will spend 10 minutes with each participant group before rotating to the next one. Ask the workshop participants to record the main concerns and recommendations of each group, which they must share at the end of this activity to cross-check and validate with the representatives present.

5. What will we do next?

Summarize the recommendations from the representatives of each group and write these on flip chart paper so that everyone can see them and refer to them throughout this activity. Depending on the recommendations presented and the stakeholders present, you can divide participants in groups to develop actions to implement over the next 12 months. Examples of ways to divide the participants could be:

- Divide participants based on life stage actions – One group to develop actions to promote inclusion in children’s activities; another group to develop actions to promote inclusion in youth activities; and lastly a group to develop actions that support caregivers of young children with disabilities.

- Divide participants based on gender-related actions – One group to develop actions that promote inclusion of girls and women with disabilities; and one group to focus on actions that promote inclusion of boys and men with disabilities.
- Divide participants based on their area of programming – One group to focus on government-led initiatives (e.g., representation on child protection committees); one group to focus on partner-led initiatives (e.g., building the capacity of child protection committees); and one group to focus on community-led initiatives (e.g., community awareness raising).

It is important to clarify with all participants that these actions should focus on ways to adapt existing child protection and GBV programs so children and youth with disabilities are being included, NOT to develop new and separate programs for this group.

Next steps

Recap the actions being proposed and the next steps for program planning. Clarify with participants where any actions may not be realistic or outside the scope of your programming, and make suggestions of alternative partners that could be engaged for these wider issues.

Always finish with space for a contribution from children and youth with disabilities. Let them decide how they would like to fill this space. They may wish to perform a poem or a song that they have prepared together. Let them have the last word!

A poem: The woman

By Bethlehem Gosaye

A woman's challenges doesn't end.

But let us fight it together,

By being courageous and strong

We can be heroes by our liberty.

A woman is a sister and also a mother,

Who gives people life and also her love.

If you don't recognize this and respect her

I can tell you that, you will regret at the end of the day.

Community workshop: Documentation form

FEMALE CAREGIVERS		MALE CAREGIVERS	
Main GBV concerns	Recommendations	Main GBV concerns	Recommendations
YOUNG WOMEN WITH DISABILITIES		YOUNG MEN WITH DISABILITIES	
Main GBV concerns	Recommendations	Main GBV concerns	Recommendations
GIRLS WITH DISABILITIES		BOYS WITH DISABILITIES	
Main GBV concerns	Recommendations	Main GBV concerns	Recommendations

TOOL 6: COMMUNITY WORKSHOP DOCUMENTATION FORM

FEMALE CAREGIVERS		MALE CAREGIVERS	
Main GBV concerns _____	_____	Main GBV concerns _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Recommendations _____	_____	Recommendations _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
YOUNG WOMEN WITH DISABILITIES		YOUNG MEN WITH DISABILITIES	
Main GBV concerns _____	_____	Main GBV concerns _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Recommendations _____	_____	Recommendations _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
GIRLS WITH DISABILITIES		BOYS WITH DISABILITIES	
Main GBV concerns _____	_____	Main GBV concerns _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Recommendations _____	_____	Recommendations _____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOOL 7: EVALUATION – STORIES OF CHANGE

Purpose of this tool

Children and youth with disabilities can participate not only in the assessment process, but also in evaluating what change matters the most to them from the GBV activities conducted by your organization. Children and youth with and without disabilities can be supported to document their own Stories of Change. This can help us to identify how access and inclusion has changed for girls, young women, boys and young men with disabilities, and how this is different by gender and age, having implications for prevention of GBV. It also provides another opportunity for children and youth to contribute to the program planning cycle.

This tool can be used to document how children and youth with disabilities have been included in GBV activities and what has been the most important change for them. It can help program staff understand the actions that make their programs more accessible to and inclusive of people with disabilities and caregivers, and gather ideas about how next steps.

Combining tools and approaches

Children and youth with disabilities can be invited to prepare their own stories individually or as a group, using drawing and artwork, photos and even the Story in a Bag (p. 83) to communicate this story to others.

Process

In this activity, interested children and youth with and without disabilities are asked to think about and prepare their stories in advance of the group discussion, with the option of using photos and other participatory approaches to support their story-telling process.

Looking back over the past [#] months, what has been the most important change in access and inclusion for children youth with disabilities in GBV activities?

They think about this in terms of community change or a personal change. The story should reflect or describe this change and be something that they are happy to share with others. They can choose to verbally share their story, write it down, make a drawing or take photos. They can do it on their own or with a friend or family member.

Practice example



Story of Change: Sifa (16 years old)

"When I was in the Congo, I lost my leg. It was infected and they put me in the hospital. I remember overhearing conversations when I was there. They thought I was unconscious, but I could hear them talking, saying that I was a 'lost cause' and that it was not worth trying to save my life. I used to think about this often and it made me very upset.

When I first got connected with the International Rescue Committee (IRC) they advocated for me in many ways. First, they ensured that I got a prosthetic leg. It was so important to me then. I remember that feeling when I could first start to walk around with ease, and it made me feel like I was part of the community again.

After that, the team from IRC made sure that I could start to go to school again. Since going back to school I have made many friends. I work hard in school. I am a good student and I really enjoy studying. In school, I can work hard and I can prove that despite what they said in the hospital in the Congo, I am not 'worthless.' Instead, I am a girl with a lot to share and to offer.

Over the past year, I have most enjoyed going to awareness sessions. It is important to me that the community sees me as not just a girl without a leg, but as a person with rights and a future. I also really appreciate the materials from IRC, especially sanitary napkins and supplies, because often people forget that girls our age need them. With my new leg and my chance to have an education, I feel safer, smarter and less likely to be taken advantage of."¹⁶

¹⁶ *Stories of change: Building capacity for disability inclusion in GBV programming in humanitarian settings.* <https://womensrefugeecommission.org/programs/disabilities/research-and-resources/1110-disabilities-stories-of-change>

Story of change: Documentation form

Facilitator: _____

Note-taker (if applicable): _____

Date: _____ Location: _____

Translation: Yes No

If yes, the translation was from _____ (language) to _____ (language)

Description: _____

(e.g., adolescent girl with disabilities; female caregiver)

Instructions

- **Introduce all facilitators and translators.**

- **Present the purpose of the activity:**

"We want to find out how you have been included in GBV activities and what has allowed you to participate. We will ask you to share examples, stories and things you think other people should do in their programs. You can choose to share your story in any way you like. You could tell it to others or write it down; you could use a drawing; or take some photographs to help tell your story. You may like to do this on your own or with a friend or family member. It is your choice. We will then have a meeting where people can come to share these stories and learn from each other."

- **Get consent from participants:**

- » Children and caregivers should be asked about consent before the activity begins. Explain that participation in these exercises is completely voluntary. They can withdraw from the activity at any time, without giving reasons. Participating or not participating is not connected to their access to your programs and activities now or in the future.
- » Explain how the stories might be shared and used before anyone starts to share their story.

- **Agree on confidentiality:**

- » Be clear with participants that there is no need to share personal experiences of violence, and that they are welcome to talk about their general participation in services, activities and so on.

For children and young people with limited communication abilities, ask caregivers: How does [state the name of the person] tell you that she/he is unhappy or uncomfortable with something? What makes her/him happy or sad? Use this information to facilitate the interview if verbal communication is not possible and respect any indications that the participant is not comfortable or willing to continue.

Questions to guide story documentation¹⁷

TELL ME A BIT ABOUT YOURSELF. HOW LONG HAVE YOU BEEN LIVING HERE? WHO LIVES IN THIS HOUSEHOLD WITH YOU?

WHAT KIND OF COMMUNITY ACTIVITIES DO YOU AND YOUR FAMILY MEMBERS PARTICIPATE IN?

Ask probing questions relating to specific GBV activities that are running in the community.

17 Adapted from: R.J. Davies & J. Dart, *The 'Most Significant Change' Technique: A Guide to Its Use* (2004), www.mande.co.uk/docs/MSCGuide.pdf

TELL ME A STORY THAT DESCRIBES THE MOST IMPORTANT CHANGE OR OUTCOME FOR YOU SINCE PARTICIPATING IN THESE ACTIVITIES.

Alternative phrasing: Tell me a story about the outcome of these activities for you. How have they helped you? What has been most important to you?

WHAT MAKES THIS STORY IMPORTANT OR SIGNIFICANT FOR YOU?

Alternative phrasing: What makes you want to share this story with other people? What do you want them to understand about you?

WHAT ARE SOME OF THE THINGS THAT HELPED YOU TO PARTICIPATE IN THESE ACTIVITIES? WHAT ARE SOME OF THE THINGS THAT MADE IT HARD TO PARTICIPATE IN THESE ACTIVITIES?

Alternative phrasing: What do you like about these activities? What don't you like about these activities?

HOW (IF AT ALL) DID ORGANIZATIONS WORKING WITH CHILDREN AND YOUTH CONTRIBUTE TO THESE CHANGES?

Ask probing questions. What did our programs and staff do to help these changes happen? Can you tell me more about this?

WHAT WOULD YOU LIKE TO DO NEXT?

What kinds of activities or programs are you interested in now? What kinds of things would you like to participate in? What prevents you from participating? How could we help you to participate in this activity?

RECOMMENDATIONS

What ideas or suggestions do you have for ways we can improve the GBV program in this community for girls, boys, young women and young men with disabilities? What are the three key messages you want to give to people running GBV programs?

Conclude the discussion

Thank individuals for their participation and contributions.

Clarify the next steps for sharing stories with other stakeholders.

TOOL 7: STORY OF CHANGE: DOCUMENTATION FORM

Facilitator: _____

Note-taker (if applicable): _____

Date: _____ Location: _____

Translation: Yes No

If yes, the translation was from _____ (language) to _____ (language)

Description: _____

(e.g., adolescent girl with disabilities; female caregiver)

Instructions

- **Introduce all facilitators and translators.**
- **Present the purpose of the activity:**

“We want to find out how you have been included in GBV activities and what has allowed you to participate. We will ask you to share examples, stories and things you think other people should do in their programs. You can choose to share your story in any way you like. You could tell it to others or write it down; you could use a drawing; or take some photographs to help tell your story. You may like to do this on your own or with a friend or family member. It is your choice. We will then have a meeting where people can come to share these stories and learn from each other.”
- **Get consent from participants:**
 - » Children and caregivers should be asked about consent before the activity begins. Explain that participation in these exercises is completely voluntary. They can withdraw from the activity at any time, without giving reasons. Participating or not participating is not connected to their access to your programs and activities now or in the future.
 - » Explain how the stories might be shared and used before anyone starts to share their story.
- **Agree on confidentiality:**
 - » Be clear with participants that there is no need to share personal experiences of violence, and that they are welcome to talk about their general participation in services, activities and so on.

For children and young people with limited communication abilities, ask caregivers: How does [state the name of the person] tell you that she/he is unhappy or uncomfortable with something? What makes her/him happy or sad? Use this information to facilitate the interview if verbal communication is not possible and respect any indications that the participant is not comfortable or willing to continue.

Questions to guide story documentation¹

TELL ME A BIT ABOUT YOURSELF. HOW LONG HAVE YOU BEEN LIVING HERE? WHO LIVES IN THIS HOUSEHOLD WITH YOU?

WHAT KIND OF COMMUNITY ACTIVITIES DO YOU AND YOUR FAMILY MEMBERS PARTICIPATE IN?

Ask probing questions relating to specific GBV activities that are running in the community.

TELL ME A STORY THAT DESCRIBES THE MOST IMPORTANT CHANGE OR OUTCOME FOR YOU SINCE PARTICIPATING IN THESE ACTIVITIES.

Alternative phrasing: Tell me a story about the outcome of these activities for you. How have they helped you? What has been most important to you?

WHAT MAKES THIS STORY IMPORTANT OR SIGNIFICANT FOR YOU?

Alternative phrasing: What makes you want to share this story with other people? What do you want them to understand about you?

¹ Adapted from: R.J. Davies & J. Dart, *The 'Most Significant Change' Technique: A Guide to Its Use* (2004). www.mande.co.uk/docs/MSCGuide.pdf

WHAT ARE SOME OF THE THINGS THAT HELPED YOU TO PARTICIPATE IN THESE ACTIVITIES? WHAT ARE SOME OF THE THINGS THAT MADE IT HARD TO PARTICIPATE IN THESE ACTIVITIES?

Alternative phrasing: What do you like about these activities? What don't you like about these activities?

HOW (IF AT ALL) DID ORGANIZATIONS WORKING WITH CHILDREN AND YOUTH CONTRIBUTE TO THESE CHANGES?

Ask probing questions. What did our programs and staff do to help these changes happen? Can you tell me more about this?

WHAT WOULD YOU LIKE TO DO NEXT?

What kinds of activities or programs are you interested in now? What kinds of things would you like to participate in? What prevents you from participating? How could we help you to participate in this activity?

RECOMMENDATIONS

What ideas or suggestions do you have for ways we can improve the GBV program in this community for girls, boys, young women and young men with disabilities? What are the three key messages you want to give to people running GBV programs?

COMMUNICATION TOOLBOX

DRAWING AND ARTWORK

Summary

Children can choose to use drawing and artwork to communicate the protection concerns of children and youth with disabilities, and their ideas for the future. They can draw places and situations that children and youth with disabilities like/don't like and/or situations where this group might feel safe/unsafe. They can also use drawing or artwork to document their recommendations and vision for the future.

Combining tools and approaches

This approach can be easily integrated with other tools, such as the Picture Library for individuals who feel less confident with drawing. Sometimes it might be useful to write descriptors on picture that individuals have drawn to help capture the discussion around a topic.

Materials needed

Flipchart paper, pencils and markers of different colors, and any other art materials that may be available.

Process

1. Split the children into three groups or into pairs. Give each group flipchart paper and markers and ask them to draw the pictures that reflect the three questions under discussion:
 - » The activities that girls, boys, young women and young men with disabilities are expected to undertake in their households and communities.
 - » The important places in their community: these might be places where girls, boys, young women and young men with and without disabilities spend a lot of time and/or where very important things happen.
 - » Things that make girls, boys, young women and young men with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community.
2. Once complete, ask them to share their pictures with each other.
3. Ask them as a large group to make recommendations about:
 - » Ways we can make girls, boys, young women and young men with disabilities safer in their relationships with other people, in their home and in their community.
4. Ask the children to then document their ideas and suggestions through one more picture that can be shared in the Community Workshop.

Practice example

Young women with and without disabilities, including women who are Deaf and use sign language, chose a combination of artwork and photos to share their concerns: these included access to sexual and reproductive health information, which is important for women with disabilities who are entering into relationships. They recommended further awareness-raising among families and the community to ensure that women and girls with disabilities have access to counseling and life skill trainings.



Artwork and picture library. © WRC/Emma Pearce

THE PICTURE LIBRARY

Summary

In this tool, the child and/or children select photos or images from the Picture Library to help them explain their answers to the discussion questions. This tool is useful to prompt children and youth, including those with intellectual disabilities, about different aspects of their lives, “including those that they have not yet experienced (or may desire to experience) or may have difficulty articulating.”¹ The photos and images are a prompt to help the child talk or communicate about the topic.

It is important that the facilitator or staff member look for different ways in which the child might communicate, including facial expressions, emotions and gestures, and to document these. Some children may be unable to articulate in detail why they chose a certain photo or image, but their siblings and friends may be able to elaborate based on their familiarity with the individual.

Combining tools and approaches

This approach can also be integrated with other tools and approaches, including adding selected photos and images to a visual map of the community. Photos and images can also be sorted into different groups under signs that you place on the wall. These signs can include symbols and facial expressions representing places they like/don't like or feel safe/unsafe. Children and youth with disabilities can also take their own photos in the community, adding to the library, and they can write or tell a story using the selected photos.



Girls with and without disabilities sort photographs from the Picture Library. © ChildFund Ethiopia

Materials needed

A camera, photo printer (or a place you can get the photos printed), marker pens, flipchart paper and tape.

Preparation – Making a picture library

1. Travel around the local area and take clear and colorful photos of important places in the community, locations where children with and without disabilities spend time and where activities with children are being conducted. Consider the different roles that girls and boys assume at different ages in the community. Ensure that you have different locations and activities that will be relevant to girls and boys, as well as children of different ages and with different types of disabilities (e.g., some Deaf children may attend a school for the Deaf).
2. Collect images of girls, boys, women and men with different types of disabilities undertaking different roles in their households and communities. Include images of healthy and unhealthy relationships which may provide an opportunity to explore topics relating to sex and GBV. See Annex 4: Example Picture Library Images.²
3. Print each photo or image and give each one an identification number and descriptor. This is the photo library.

¹ *Inclusive practice for research with children with disability: A guide.* <http://www.voicesofchildrenwithdisability.com/>

² <https://www.womenrefugeecommission.org/disabilities/resources/1293-youth-disabilities-toolkit-library>

Process

1. Lay out the photos and images in front of the children and young people – let them touch and look at the photos and talk about them with each other.
2. Go through each of the three key topics, asking the children to select a picture that applies to each one:
 - » The activities that girls, boys, young women and young men with disabilities are expected to undertake in their households and communities.
 - » The important places in their community: these might be places where girls, boys, young women and young men with and without disabilities spend a lot of time and/or where very important things happen.
 - » Things that make girls, boys, young women and young men with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community.
3. Use the Discussion Guide (p. 69) to further explore the pictures chosen by each child – ask them to tell you about each picture they have chosen, what it means to them and why they have chosen it.
4. Ask the children to then select a picture that makes them happy. Explore why they chose this picture and discuss what it might mean for programming on GBV prevention. Ask them as a large group to make recommendations about:
 - » Ways we can make girls, boys, young women and young men with disabilities safer in their relationships with other people, in their home and in their community.

Do no harm: Images of violence may trigger additional emotional distress for survivors of GBV. Hence, it is important to always start with more general images of exclusion and marginalization, monitoring how individuals are interacting with these pictures, and watching for any signs of distress or withdrawal that may indicate that they are not ready to move onto more sensitive topics or discussions.

Practice example

Zeina is an adolescent girl with intellectual disabilities. Facilitators conducted an activity where she drew and used pictures to discuss what she likes and doesn't like. She picked out pictures reflecting basic needs and rights – like education and access to food – to go on the "like" side. I asked her about a picture depicting verbal violence between a man and a woman: She doesn't like this, and says that the girl can go to her mother or friends for help. She also said that we should try to speak to women like this and visit her, and help her to meet new people who will be her friends. Zeina didn't like a picture of young people interacting (normally a positive picture) because the girl with one leg reminded her of a friend in Iraq. The others used to look at her with shock and surprise, and this made her feel bad. Zeina also drew a picture of a plane and two people. She wants to see her siblings who are living in another country.



Images sorted under a happy face/sad face. © WRC/Emma Pearce

THE SOUND LIBRARY³

Summary

In this tool, we use short audio recordings of local sounds to help the child communicate about the topic. The child listens to the sounds and selects sounds that they would like to use to help explain their perspectives. This is a similar tool to the Photo Library; however, it provides audio prompts rather than visual prompts. There is no one right way to do this process — you can be creative. The sounds are just a prompt to help the child talk or communicate about the questions.

3 Adapted from: Elena Jenkin, Erin Wilson, Kevin Murfitt, Matthew Clarke, Robert Champain & Laine Stockman, *Inclusive practice for research with children with disability: A guide* (Melbourne: Deakin University, 2015). <http://www.voicesofchildrenwithdisability.com>

Combining tools and approaches

The children may choose to use the sound library in conjunction with drawing or writing about the topics of the sounds. Children can also record their own sounds when undertaking activities such as the Guided Tour, adding to the visual information that is being gathered through other activities. Children can be instructed on how to use the sound recording equipment and/or accompanied by a staff member or peer with these skills.

Materials needed

Audio recorder/player (with spare batteries) and headphones.

Preparation – Making a Sound Library

1. Travel around the local area and make short (e.g., 20 – 30 second recordings) of sounds that relate to GBV. Think about all the areas of a child's life that are relevant to the topic of GBV, such as health, housing, play, social life (friends), family life, food and drink, education, safety, transport, work, communication, culture, spiritual life and religion. Pay particular attention to getting sounds that will be relevant to girls and boys at different life stages.
2. Organize the sounds onto an audio file (e.g., a CD, a digital audio file on a computer or iPad, or a tape).
3. Make a list of all the sounds in order. Give each sound a number and a title (e.g., Cooking at home).

Note: Children or adults with vision impairments may be able to help you identify the most appropriate sounds to record. It may also be possible to find sounds similar to local sounds on the Internet. Usually, sounds recorded professionally and available on the Internet are of a higher recording quality and have less disruptive background noise. For an example of a sound library, please see: <http://www.voicesofchildrenwithdisability.com/vanuatu-sound-library/>.

Do no harm: Detailed audio descriptions of violence may trigger additional emotional distress for survivors of GBV. Hence, it may be more appropriate to work with children and youth to develop their own Sound Library that will document their responses which are important to them.

Process

1. Explain that you are going to ask some questions and that the child might like to listen to the sounds to help answer them. Show them how the audio recorder/player works and demonstrate the headphones. Help them become comfortable with wearing headphones. Practice use of the audio player and headphones with clearly recognizable sounds or music.
2. Go through each of the three key topics, asking the children to select a sound that applies to each one:
 - » The activities that girls, boys, young women and young men with disabilities are expected to undertake in their households and communities.
 - » The important places in their community: these might be places where girls, boys, young women and young men with and without disabilities spend a lot of time and/or where very important things happen.
 - » Things that make girls, boys, young women and young men with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community.
3. Use the Discussion Guide (p. 69) to further explore the sounds chosen by each child – ask them to tell you about each sound they have chosen, what it means to them and why they have chosen it.
4. Ask the children to then select a sound that makes them happy. Explore why they chose this sound, and discuss what it might mean for programming on GBV prevention. Ask them as a large group to make recommendations about:
 - » Ways we can make girls, boys, young women and young men with disabilities safer in their relationships with other people, in their home and in their community.

PHOTOGRAPHY

Summary

Photo elicitation techniques, such as Photovoice, can be used with members of marginalized groups in the community. The method encourages participants to tell his or her own story and their community point of view through photographic images of their community and lives.⁴ Such techniques have been successfully in participatory action research with persons with disabilities, including those with intellectual disabilities, to document barriers and facilitators to inclusion and formulate recommendations on decisions that affect them.^{5,6,7}

Combining tools and approaches

Photography is a very effective way of documenting risks or hazards in a community and provides visual evidence for children and youth with and without disabilities to share with programmers and decision-makers. As such, it can be effectively combined with the Guided Tour as detailed below (p. 80), or cameras can be sent away with individuals and groups to document important places and activities in their lives outside of this activity. In addition, photography has been an effective tool to girls and young women who are Deaf to document social activities that they enjoy, and develop actions for strengthening peer networks.⁸

Materials needed

A digital camera, preferably with a screen on the back; memory card and spare batteries; and photo printer (or a place you can get the photos printed).

- 4 S. Lorenz, & B. Kolb, "Involving the public through participatory visual research methods," *Health Expectations*, 12 (2009): pp. 262-274.
- 5 J.M. Jurkowski, "Photovoice as a participatory action research tool for engaging people with intellectual disabilities in research and program development," *Intellectual and Developmental Disabilities*, vol. 46 no. 1 (2008): pp. 1-11. http://www.researchgate.net/publication/5579735_Photovoice_as_participatory_action_research_tool_for_engaging_people_with_intellectual_disabilities_in_research_and_program_development (accessed 12 August 2014).
- 6 M. Tijm, H. Cornielje, & A.K. Edusei, "'Welcome to my life!' Photovoice: Needs assessment of, and by, per-sons with physical disabilities in the Kumasi metropolis, Ghana," *Disability, CBR and Inclusive Development*, vol. 22, no. 1 (2011): pp. 55-72. <http://dcidj.org/article/view/12/28> (accessed 12 August 2014).
- 7 Elena Jenkin, Erin Wilson, Kevin Murfitt, Matthew Clarke, Robert Champain & Laine Stockman, *Inclusive practice for research with children with disability: A guide* (Melbourne: Deakin University, 2015). <http://www.voicesofchildrenwithdisability.com/>
- 8 For an example, please see the WRC photo-essay at: <https://womensrefugeecommission.org/resources/photo-essays/87-creating-safe-spaces-and-strengthening-girls-social-assets-through-disability-inclusion>



Photo taken by a boy with intellectual disabilities.



Girls took photos of the toilets. This is a place where girls with and without disabilities feel unsafe and may experience sexual violence. They are also not accessible for girls with movement difficulties



Girls with disabilities share with older girls their photos that they took.
© WRC/Emma Pearce

Process

1. Show the children how to use the camera and give them a chance to practice with an example question, such as “take a photo that describes one thing you like about this location” and “take a photo that describes one thing you don’t like about this location.”
2. Discuss the importance of only taking pictures of people who give their permission. Get them to practice this with the staff and other children or young people in the current location.
3. Remind participants that we want to collect photos that describe three key topics:
 - » The activities that girls, boys, young women and young men with disabilities are expected to undertake in their households and communities.
 - » The important places in their community: these might be places where girls, boys, young women and young men with and without disabilities spend a lot of time and/or where very important things happen.
 - » Things that make girls, boys, young women and young men with disabilities feel safe or unsafe in their relationships with other people, in their home and in their community.
4. Invite the group to split up into pairs or smaller groups to work together in collecting photographs around each of these topics.
5. Let the children take the cameras away to work on this project. This can be done independently by older children, or with adult supervision for younger children.
6. Collect the cameras and print the photos so that they are ready for your next session with the group.
7. Lay out the photos in front of the children and young people – let them touch and look at the photos and talk about them with each other.
8. Go through each of the three key topics, asking the children to select a photo that applies to each one.
9. Use the Discussion Guide (p. 69) to further explore the photos taken by each child – ask them to tell you about each photo they have chosen, what it means to them and why they have chosen it.
10. Ask the children to then select a photo that makes them happy. Explore why they chose this photo, and discuss what it might mean for programming on GBV prevention. Ask them as a large group to make recommendations about:
 - » Ways we can make girls, boys, young women and young men with disabilities safer in their relationships with other people, in their home and in their community.

THE GUIDED TOUR⁹

Summary

This activity involves children and youth taking staff on a tour of their community, showing them the places where they spend most of their time, the places that they like/feel safe or dislike/feel unsafe. It is suitable for children with all kinds of disabilities, especially those with physical disabilities, as it provides a valuable opportunity for children to identify environmental barriers that may prevent participation, and to make recommendations on how to address these. It also allows exploration of safety issues that children with and without disabilities may experience when moving from one place to another.

It is critical to let children with disabilities and their peers identify the most important places and barriers to them. This will also vary by age and gender. For example, younger children with disabilities may feel comfortable to have friends carry them up the stairs to the classroom, but want a better path to get to the playground where they are able to socialize with other children and strengthen these valuable peer networks. For adolescent girls with disabilities, however, an accessible toilet or latrine and the stairs to the classroom may be more important.

⁹ Adapted from: Elena Jenkin, Erin Wilson, Kevin Murfitt, Matthew Clarke, Robert Champain & Laine Stockman, *Inclusive practice for research with children with disability: A guide* (Melbourne: Deakin University, 2015). <http://www.voicesofchildrenwithdisability.com/>

Combining tools and approaches

Children and youth can be given cameras to take photos of relevant locations, people and activities in the community as they undertake the tour. They can then use these pictures to document the map of their community that they will share with others.

Materials needed

Cameras; flipchart paper; pens and markers; and water and refreshments. Children with disabilities should attend with any aids and devices that they might use on a daily basis to move around their community.

Process

Establish a meeting location to start and end the activity. Give the children time to discuss the places that they want to visit to build their map.

Ask them to identify different roles for people in your group based on the different skills that each person has. For example, some people may not feel so confident speaking, but they can take photos; others may need assistance to move their wheelchair around the community, but they can take good notes.

Ask the children to start the tour, walking at a pace that suits all of the group. They may wish to visit homes, schools and community meeting places.

Probing questions to ask at each place: Why is this place important to you? What activities happen here? Are there any children or youth who can't come to these activities? If so, why? What makes this place safe/unsafe? Is it different for girls and boys? What would you recommend that we do to make this place safer? What pictures could you take to describe this problem to others?

Once the tour is finished, you can collect the cameras and print the photos.

Meet on another occasion with the photos. Participants can use these photos to make a poster or a presentation about their community and their recommendations.

An adaptation to strengthen collective action

When working with pre-existing groups of children and youth, you can expand this activity to foster peer networking with isolated children and youth, such as those with disabilities who may be unable to leave their home. Ask the group to think about other children and youth they know who can't move as well around the community. Probing questions could be: Where do they spend most of their time? Could we go and visit them on the tour to collect information from them and their family? What information would they like to collect from them? How can we keep them updated on activities that are happening in the community?



Boys with and without disabilities take photos during a Guided Tour. © ChildFund Ethiopia



Young men with and without disabilities conducting a Guided Tour. © WRC/Emma Pearce

Practice example

Young men with and without disabilities chose to undertake a Guided Tour. They reported that most men their age meet at the sports field. This is where they socialize with each other, and often exchange information about different issues. Through the guided tour, they were able to document some of the barriers to participation by men with disabilities. Through this process, they were able to establish and articulate recommendations on improving the accessibility of the built environment, particularly roads, schools and safe spaces for youth.

STORY IN A BAG¹⁰

Summary

Give the children a bag with familiar objects in it that they can use to tell a story. These should be everyday objects, like a drinking cup, a toy or ball, or a pen and a book. These objects can represent different roles and experiences that girls, boys, young women and young men with and without disabilities assume at different life stages. They can also be objects that represent places or activities that they like or dislike.

The objects are a prompt to help the child talk or communicate about the topic. It is important that the facilitator or staff member look for different ways in which the child might communicate, including facial expressions, emotions and gestures, and to document these. Some children may be unable to articulate in detail why they chose a certain object from the bag, but their siblings and friends may be able to elaborate based on their familiarity with the individual. It is also important to ask those individuals who know the child well:

How does [state the name of the person] tell you that she/he is unhappy or uncomfortable with something? What makes her/him happy or sad?

You can use this information to facilitate participation if verbal communication is not possible, and respect any indications that the participant is not comfortable or willing to continue.

Combining tools and approaches

Children can also be given the bag to take home and fill with their own objects, bringing them to the group activity with other children. Alternatively, objects can be collected throughout the Guided Tour, providing a different way for children and youth with vision impairments to remember and discuss locations visited. Lastly, we found the Story in a Bag was very useful for individual interviews with children and youth with more severe communication limitations, as it provided an individualized activity around which to base discussions with caregivers.

Materials needed

A bag and a variety of everyday objects collected by staff and/or children (e.g., a soccer ball; a sanitary pad; a piece of fruit; clothing; or a notebook and a pen)

Preparation – Making the Story in a Bag

1. Think about all the places and activities that may be relevant to safety and inclusion of children and young people in the community. Consider the different roles that girls and boys assume at different ages in the community, and have objects relating to these gender roles in the bag.
2. Travel around the local area and collect objects that relate to this (considering a broad range of areas of the child's life) and that are likely to be familiar to the child. Usually these will be everyday objects. For example, a pen and book, which might mean "school" or education to the child.
3. Find or make a bag to put the objects in and place the objects in the bag. Make a list of all the objects. Give each object a number and a title (e.g., 1. Pen). Include around 10 – 15 items for each exercise, taking care to consider the age, circumstances and abilities of the child to be interviewed.

¹⁰ Adapted from: Elena Jenkin, Erin Wilson, Kevin Murfitt, Matthew Clarke, Robert Champain & Laine Stockman, *Inclusive practice for research with children with disability: A guide* (Melbourne: Deakin University, 2015). <http://www.voicesofchildrenwithdisability.com/>

Process

1. Let the child explore the bag, pull out the objects and feel them, and talk about them with others before you start asking questions.
2. The child removes objects from the bag, identifies them and selects any that will help them to tell their story. There is no one right way to do this process, you can be creative.
3. You can go through the bag slowly, looking for objects that the child is most interested in. For example, if there is a shoe in the bag, they might want to try it on.
4. The child may want to identify each object (e.g., "This is a coconut"), and you should agree and affirm this or correct them gently if they are wrong. The child might want to comment on or describe the object (e.g., "It's hard with hair on the outside, I think this one is ripe."). You should affirm their description and perhaps add a little bit more (e.g., you might say, "Yes, I think it is a juicy one, if you shake it you can hear the coconut water inside.>").
5. Ask the child if there are other objects they would like to include in the bag. For example: "If this was a bag of things that told people what was important to you in life, what else would be in the bag?" Or "Is anything important missing from the bag?"

An adaptation to strengthen peer-to-peer communication

This can be a good activity to conduct in pairs – children with disabilities paired with a child without disabilities. Try to identify someone who is around the same age and with whom the child with disabilities feels comfortable. This may be a sister or a brother with whom they spend time. Explain that you would like them to tell us a story about what is important to them in terms of safety and inclusion in the community. Let them take the bag home with them to collect objects that will help them to tell the story when you meet on another day. Collecting objects and planning the story together can foster reflection of different types of communication and contributions to activities.



Using Story in a Bag to explain gender roles. © WRC/Emma Pearce

Practice example

Young women with and without disabilities in Ethiopia chose the Story in a Bag as a method of communicating their experiences relating to gender roles. After being introduced to the methodology during the first session, the young women went home, and returned the next day with their own objects. One participant described the significance of a football that she brought for the activity – When girls get to a certain age, they are told by others that they should not play sports with the boys. This is usually in adolescence, when they are expected to take on more traditional "women's roles" in the household.

ANNEXES

The annexes referred to in this toolkit are available online.

ANNEX 1: METHODOLOGY

Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors
ANNEX 1: PILOT METHODOLOGY

This document provides an overview of the methodology used for field piloting the tools with ChildFund staff and partners in Ethiopia. Tools and resources developed in this project are now available in the publication: Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors.

www.womensrefugeecommission.org/disabilities/resources/1290-youth-disabilities-toolkit-methodology

ANNEX 2: SAMPLE POWERPOINT PRESENTATION

Participatory Assessments with Children and Youth with Disabilities: What steps will we undertake?

www.womensrefugeecommission.org/disabilities/resources/1291-youth-disabilities-toolkit-presentation

ANNEX 3: PICTURES FOR GROUP DISCUSSION

www.womensrefugeecommission.org/disabilities/resources/1292-youth-disabilities-toolkit-pictures

ANNEX 4: SAMPLE PICTURE LIBRARY

www.womensrefugeecommission.org/disabilities/resources/1293-youth-disabilities-toolkit-library



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