

GENDER-BASED VIOLENCE AGAINST CHILDREN AND YOUTH WITH DISABILITIES

A Toolkit for Child Protection Actors

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





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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.

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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.¹ 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.²

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.³ 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 care⁴

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.⁵ 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.

¹ *ChildFund, We've got something to say! Promoting child and youth agency: A facilitator's guide* (Richmond: ChildFund International, 2010).

² ChildFund International, *Conceptual framework on gender-based violence against children* (2013).

³ See note 2.

⁴ Adapted from the Washington Group Short Set of Questions on Disability. http://www.cdc.gov/nchs/washington_group/wg_questions.htm

⁵ Elena Jenkin, Erin Wilson, Kevin Murfit, 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.⁶ 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](#)]

⁶ 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.⁷

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).

⁷ 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.⁸
- 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.

8 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.

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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.⁹
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.

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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*.

⁹ <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 who like sports/do not like sports
- all girls/boys
- all who play music/do not play music
- all tall/not tall
- 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 GUIDE¹⁰

- 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.

¹⁰ 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 discussion¹¹

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 discussion¹²

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?

¹¹ <https://www.womensrefugeecommission.org/disabilities/resources/1292-youth-disabilities-toolkit-pictures>

¹² 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 impairments¹³

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.

¹³ 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/>

Activity 4: Picking and mixing tools

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.

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 CHECKLIST¹⁴

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

¹⁴ 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

- 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 to 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?

- 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.

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)?

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 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 _____ _____ _____	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."¹⁵

15 *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 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?

Conclude the discussion

Thank individuals for their participation and contributions.

Clarify the next steps for sharing stories with other stakeholders.



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