

# Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors

## CHILD- AND YOUTH-LED PARTICIPATORY ASSESSMENT ON GBV AND DISABILITY

### 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.<sup>1</sup> 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.<sup>2</sup>

#### 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.<sup>3</sup> 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 care<sup>4</sup>

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

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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](http://www.cdc.gov/nchs/washington_group/wg_questions.htm)

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.<sup>5</sup> 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.

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.<sup>6</sup> 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.

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

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

### *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](#)]

### *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*.<sup>7</sup>

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.

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<sup>7</sup> To access ChildFund guideline please contact [global@childfund.org](mailto:global@childfund.org)

**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).





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