

GENDER-BASED VIOLENCE AGAINST CHILDREN AND YOUTH WITH DISABILITIES

A Toolkit for Child Protection Actors

**CAPACITY DEVELOPMENT TOOLS
ON DISABILITY INCLUSION
IN GBV PROGRAMMING**





ACKNOWLEDGEMENTS

These Capacity Development Tools on Disability Inclusion in GBV Programming are taken from *Gender-based Violence and Children and Youth with Disabilities: A Toolkit for Child Protection Actors*. The full toolkit, which includes Principles and Guidelines; Child- and Youth-Led Participatory Assessment; and a Communication Toolbox, is available at <http://wrc.ms/GBV-disab-youth-children-toolkit>

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CAPACITY DEVELOPMENT TOOLS ON DISABILITY INCLUSION IN GBV PROGRAMMING

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

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

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

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

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

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

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

Purpose of this tool

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

How to use this tool

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

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

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

Scoring scale

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

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

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

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

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

Purpose of this training module

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

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

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



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How the training module should be implemented

This training module is designed to strengthen the capacity of staff and partners to incorporate disability inclusion into their work. It

assumes that participants already have a basic understanding of gender-based violence, as well as the standards and principles for working with children. It is meant to be used in conjunction with any wider training on child protection and GBV that your organization conducts. Additional ChildFund International resources on GBV include:

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

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

Table 1: Contents of the training module

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

TOOL 2, ACTIVITY 1: VOTE WITH YOUR FEET

Purpose of activity

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

Activity description

Timing: 30 minutes

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

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

Statements

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

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

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

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

Young people with disabilities, including those with intellectual disabilities, have the same sexual desires as those without disabilities. Many will want to have relationships, marriage and children in the future. Stigma and discrimination mean that they do not have the same opportunity as other young people to learn about sex, relationships and violence, through both formal and informal information networks. GBV education is particularly important for children and young people with intellectual disabilities, as studies show that they are 3.6 times more likely to experience sexual abuse than their non-disabled peers.¹ It is therefore critical that we provide opportunities for them to acquire the knowledge and skills to engage in healthy relationships, and to recognize and report violence if it does occur.

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

Children and young people with disabilities have a right to be involved in decisions that affect them. While it is important to engage with the parents and guardians of persons with disabilities under the age of 18 years, they should still be involved in decisions, so that their interests and evolving capacities are recognized and highlighted through our work with them and the wider community. Persons with disabilities over the age of 18 years are adults, and therefore have a right to make their own decisions. Individuals do not lose their legal capacity to make decisions simply because they have a disability,² and we should take measures to ensure that decisions are made in a way that reflects the rights, will and preferences of the individual, are tailored and appropriate to the person’s circumstances, and reviewed on a regular basis to ensure that all opportunities to participate in decisions are optimized.³

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

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

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

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

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

TOOL 2, ACTIVITY 2: UNDERSTANDING DISABILITY

Purpose of activity

To develop a common understanding of disability.

LEARNING POINTS

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

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

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

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

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

Activity description

Timing: 15 minutes*Attachment 1: Types of disabilities*

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

Ask everyone to draw a picture representing the different types of disabilities they know exist in the community. Stick these on the wall. Alternatively,

you can use your own pictures of persons with different types of disabilities [[see Attachment 1: Types of disabilities.](#)]

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

Activity description

Timing: 30 minutes

Attachment 2: Quotes – Models of disability

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

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

Give a scenario (or show pictures) such as:

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

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

What are the advantages and disadvantages of each approach?

How does each approach make the person with disabilities feel?

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



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

Purpose of activity

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

LEARNING POINTS

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

Activity description

Timing: 60 minutes

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

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

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

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

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

- What are the consequences for women and men who act outside of the gender “box”? How does it affect their power in relationships, households and communities?

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

TOOL 2, ACTIVITY 4: WHO HAS THE POWER?

Purpose of activity

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

LEARNING POINTS

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

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

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

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

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

Activity description

Timing: 60 minutes

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

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

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

Group 1:

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

— Mother of a girl with intellectual disabilities

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

Group 2:

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

— Group of deaf girls presenting at an NGO planning workshop

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

Group 3:

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

— Group discussion with young deaf men

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

Group 4:

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

— GBV counsellor

“We can’t include him in other children activities. He will be teased and won’t succeed like others.”

— Facilitator of a child friendly space

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

Full group:

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

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

TOOL 2, ACTIVITY 5: VULNERABILITY AND RESILIENCE TO GBV

Purpose of activity

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

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

LEARNING POINTS

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

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

Option 1 : Case Studies

Activity description

Timing: 45 minutes

Attachment 3: Case studies

Break into small groups. Give each group a case study to discuss [see Attachment 3: Case studies, p. 33]. Each case study represents a girl or boy

with disabilities at different life stages. Each group should discuss the same questions:

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

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

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

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

Option 2: Power Walk⁴

Activity description

Timing: 45 minutes

Attachment 4: Power walk

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

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

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

Summarize the activity by asking the group to reflect on:

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

⁴ Activity adapted from: *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings – A toolkit for GBV practitioners.* https://womensrefugeecommission.org/?option=com_zdocs&view=document&id=1173

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

Purpose of activity

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

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

LEARNING POINTS

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

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

Activity description

Timing: 45 minutes

[Attachment 3: Case studies](#)

Part 1

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

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

Ask participants to discuss:

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

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

Recap this activity using the following questions for discussion:

- What barriers are preventing children and youth with disabilities from accessing our community-based protection activities? How is it different for girls and boys with disabilities?
- Are caregivers or other family members and community members also affected? If so, how?

- What barriers do you think are actually the most common or most significant in this community?

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

Part 2

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

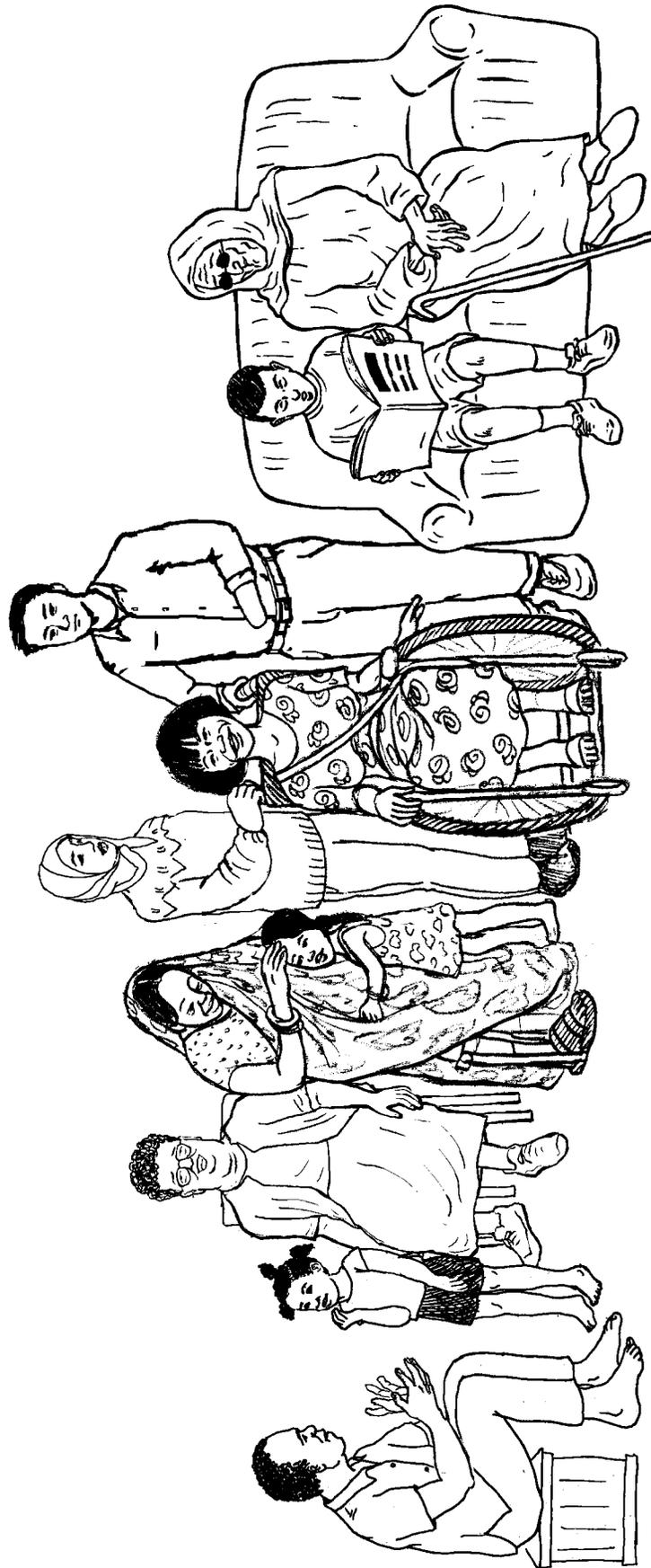
One thing we could do to help to overcome this barrier (for example, we could organize for the girls to walk together to the women's center and escort girls who are blind).

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



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

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TOOL 2 ATTACHMENT 2: QUOTES — MODELS OF DISABILITY

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

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

TOOL 2 ATTACHMENT 3: CASE STUDIES

Case Study 1 – Selam

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

Case study 2 – Sabeen

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

Case study 3 – Assefa

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

Case study 4 – Inaam

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

Case study 5 - Abeba

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

TOOL 2 ATTACHMENT 4: POWERWALK¹

⌘ _____

1. ABEBA

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

⌘ _____

2. ABEBA

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

⌘ _____

3. ABEBA

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

⌘ _____

4. ABEBA

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

⌘ _____

5. ABEBA (FINAL)

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

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

⌘ _____

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



1. ASTER

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



2. ASTER

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



3. ASTER

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



4. ASTER (FINAL)

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



TOOL 3: REFLECTION TOOL FOR STAFF⁵

Purpose of this tool

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

Instructions

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

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

Discussion questions and participatory activities

Part A: Our capacity – How has it changed?

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

⁵ This tool is adapted from *Building capacity for disability inclusion in gender-based violence programming in humanitarian settings — A toolkit for GBV practitioners*. https://www.womenrefugeecommission.org/?option=com_zdocs&view=document&id=1173

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

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

1. Large group discussion:
 - » What are some of the ongoing gaps/challenges/barriers for staff relating to disability inclusion?
 - » How and why do you think these did not change or still exist? Write these factors on red paper and stick them on the wall.
 (10 minutes)

2. Now ask participants to think of 2-3 things that they wish to feel more confident about regarding disability inclusion (yellow paper). Provide time for people to think and write these down.
 (10 minutes)

3. If the group is small and well known to each other, then you can invite people to read out their own statements and stick them on the wall under the signs "The Future." For larger groups or those that are less comfortable with each other, you can collect statements and read them out anonymously, again sticking them on the wall under the signs "The Future."
 (30 minutes)

Part C: Our key messages

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

Conclude the discussion

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



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



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