

# Gender-based Violence against Children and Youth with Disabilities

## A Toolkit for Child Protection Actors

### ANNEX 1: PILOT METHODOLOGY



## Acknowledgements

Childfund International (CFI) is a 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.

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

This methodology is an annex to the the publication: *Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors*, <https://www.womensrefugeecommission.org/disabilities/resources/1289-youth-disabilities-toolkit>

Cover photo: Visiting children with disabilities and their families at home. © WRC/Emma Pearce

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## Background

Children with disabilities are those that 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.*”<sup>1</sup> Studies suggest that children with disabilities are at a greater risk of experiencing physical and sexual violence than children without disabilities.<sup>2</sup> They may be hidden in communities due to stigma and discrimination, and excluded from school and other educational opportunities. Adolescent girls and boys with disabilities, particularly those with intellectual disabilities, may be excluded from activities that increase their knowledge about violence, sex and healthy relationships, as well as from peer networks that might protect them from violence.<sup>3</sup> Girls, boys, young women and young men with disabilities have unique insights into critical issues that shape their daily lives and the obstacles they face. They also have a variety of skills and capacities to contribute to children’s and youth programming, but are rarely consulted in program design and planning.

To address this gap, ChildFund International (CFI) and the Women’s Refugee Commission (WRC) worked together to design and pilot participatory tools that can be used by field partners to reflect on and address the capacity development needs of staff on disability inclusion; identify the gender-based violence (GBV) prevention and response needs of children and youth<sup>4</sup> with disabilities; and foster their participation in both planning and implementation of activities to prevent and reduce the risk of violence.

The project was implemented in four phases:

1. Mapping existing tools and resources through a literature scan, interviews with ChildFund staff and partners, and consultations with GBV, child protection and disability actors, including participatory researchers.
2. Drafting a collection of capacity development and participatory assessment tools for field piloting.
3. Piloting and evaluating capacity development and participatory assessment tools with ChildFund partners in Ethiopia.
4. Revision and standardization of tools for dissemination with other ChildFund national offices and interested stakeholders.

This document provides an overview of the methodology used for field piloting the tools with

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

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

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

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

ChildFund staff and partners in Ethiopia. Tools and resources developed in this project are now available in the publication: *Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors*.<sup>5</sup>

## Objectives of the field pilot

The field pilot sought to:

- Engage ChildFund Ethiopia staff, partners and communities in the design of the participatory assessment and capacity development tools.
- Gather information about effectiveness of the draft participatory assessment and capacity development tools.
- Establish an ongoing process of reflective learning and collaborative action planning on disability inclusion among ChildFund Ethiopia staff, partners and communities.

## Summary of tools piloted

***A self-assessment tool for staff:*** This tool was designed 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 to support staff to reflect individually, and then as a group, about their own knowledge, attitudes and practices relating to children and youth with disabilities and GBV, and the areas that they wish to strengthen in the future.

***Participatory assessment tools:*** This package consists of a collection of tools to support staff and partners to involve children with and without disabilities and their caregivers throughout a participatory action research cycle. It details six key steps in the participatory action research cycle:

1. Community awareness raising
2. Information sessions – to support informed consent processes
3. Group discussions with parents and caregivers – includes participatory activities for parents and caregivers, as well as a concurrent play activity for children who accompany them
4. Participatory activities with children with and without disabilities – includes a “Tool Box” of different ways to collect and share information from which children can select and adapt
5. Individual interviews through home visits – with an observation checklist
6. Community workshop – for sharing ideas, concerns and action planning with stakeholders.

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5 <https://www.womensrefugeecommission.org/disabilities/resources/1289-youth-disabilities-toolkit>

## Pilot methodology

**A self-assessment tool for staff:** CFI and WRC introduced this tool to staff from 13 CFI-partner organizations through a participatory activity during the two-day orientation on GBV and disability. Partner staff were then invited to take the tool and use it with their respective organizations. CFI and WRC then evaluated the tool in the Training and Action Planning Workshop at the end of the field visit by:

1. analyzing the information collected through a sorting activity that defined strengths, gaps and common goals for collaborative action planning among partner organizations;
2. a group activity to gather partner staff feedback on the tool itself – how they used it; what they liked about it; what they recommend be changed about the tool.

Training activities: The two-day orientation on GBV and disability also provided an opportunity to conduct sensitization and training activities with ChildFund and partner staff. CFI and WRC conducted a very brief evaluation at the end of this orientation to identify which activities partner staff found most useful for integration into training packages to be developed in later stages of the project.

**Participatory assessment tools:** Community awareness raising was conducted by ChildFund staff and partners prior to the field visit. All other steps proposed in the participatory action research process were implemented during the field visit. Children and young people with all different types of disabilities – physical, hearing, vision, intellectual and multiple disabilities – were involved in the pilot activities.

Draft tools for group discussions with parents and caregivers, participatory activities with children with and without disabilities, and individual interviews through home visits were used by partner staff as appropriate at each step. CFI and WRC evaluated each step in the process and the tools used through the following activities:

1. Observations of activities as they were being undertaken – Key questions: How was the tool being implemented? How are children with and without disabilities participating?
2. Verbal debriefs with partner staff after each activity had been undertaken – Key questions: What worked? What would they change? How were the findings different for girls and boys, women and men?
3. Written feedback from partner staff who facilitated activities – Key questions: What parts of this activity worked well? What would you change if you were to do it again? And rating against pre-defined evaluation criteria.
4. A group activity with a group of children with and without disabilities who participated in the activities – Key questions: Which activities did they like the best? What would they recommend that we change?

## Limitations

All group discussions and activities with children and caregivers were undertaken by partner staff in Amharic, without interpretation in English for WRC and CFI staff. Hence, the effectiveness of the tools and activities was largely determined through the presentations made by children, youth and parents in the Community Workshop, and from the debriefing with partner staff after each activity.

Partner staff had varying levels of experience in using participatory methodologies, but this is likely to be a feature across ChildFund partners globally. Hence, the findings of this pilot remain valid, despite the different levels of expertise among staff.

Gender-based violence was a new topic for the partners and the communities with which they work. Hence, both staff and participants had less experience in delving into more sensitive topics. Nonetheless, the hope was that the tools would at least help to identify child protection risks for girls and boys, young women and young men with disabilities, and how they are different for each of these groups.

Lastly, the piloting of participatory activities with children, young people and parents happened over a one-week period. With more time, staff and partners, CFI and WRC could have collected more information and participation levels would have continued to grow. However, in the interest of ensuring that the tools are realistic for implementation in existing child protection programming, the choice was to limit the time frame for those activities. This should, however, be seen not as a one-off activity, but rather as a cycle of ongoing engagement on GBV and disability being facilitated by partners with the community.



Getting to know each other at the information session.

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## Key findings

### A self-assessment tool for staff

Thirteen partners completed the self-assessment tool and submitted it for use in the activities of the Training and Action Planning Workshop. In the group tool evaluation activities, partner staff provided the following feedback and recommendations on how it should be further adapted in the next steps of the wider project:

<b>Self-assessment tool</b>	
<b>Simplicity</b>	Partner staff reported that the tool was “clear and easy to understand,” but expressed a preference for different rating levels (e.g., from 1 – 5 rather than 0 – 5).
<b>Effectiveness</b>	Partner staff reported that the self-assessment tool facilitated reflection among staff, and helped to “see our programs in a gender, disability and age lens.”
<b>Adaptability</b>	The partners used three main approaches to piloting the tool with their own staff: <ol style="list-style-type: none"><li>1. Staff completed the form individually; the forms were then collated by managers and completed as a single document for the organization.</li><li>2. Managers and child protection focal points met to complete the form for the organization.</li><li>3. Staff completed the form individually and then came together to share as a group. In some organizations, staff used the same participatory activity as CFI and WRC conducted in the earlier workshop to introduce the tool.</li></ol>
<b>Participation</b>	Partner staff discussed the advantages and disadvantages of each approach to implementation of the tool, highlighting the importance of participation of staff in the reflection process, but also recognizing the increased time that a participatory process like this requires.
<b>Utility</b>	As above, most partners felt the participation of staff was important to identify the knowledge, attitudes and practices across the organization, but a small number were unable to implement it in full due to time constraints and competing demands.

## Participatory assessment tools

Partner staff who completed the feedback forms rated the combined tools on simplicity, effectiveness, adaptability, participation and utility, where 0 = “Not at all” and 10 = “Yes, completely.”

- **Simplicity** – Could you read these tools and know what to do? Average score = 9.3
- **Effectiveness** – Did these tools help you to gather information on disability inclusion and GBV? Average score = 8.7
- **Adaptability** – Did these tools support you to try different methods and approaches with children with different types of disabilities? Average score = 9.0
- **Participation** – Did these tools promote the participation of children and youth with disabilities? Average score = 9.3
- **Utility** – Could you use these tools in other parts of your programming? Average score = 8.3

Analysis of feedback from partner staff, children, youth and parents, and observations as the activities were being piloted, demonstrated the following findings about each activity. Also included are recommendations on how these activities should be adapted in the next steps of the wider project.

<b>Information session</b>	
<b>Simplicity</b>	No draft tool developed for this activity. Partner staff would like a tool.
<b>Effectiveness</b>	This activity effectively introduced the topic and different types of participation available for children and young people with disabilities. It also started the consent process with children and their caregivers, and helped children to start to get to know each other, which appears to have carried over to the follow-up activities.
<b>Adaptability</b>	This activity needs to have verbal, visual and participatory methods threaded throughout. The Tool Box should also be available for children to familiarize themselves with the options provided, and to give them the chance to provide suggestions of alternative methods.
<b>Participation</b>	The tool for this activity will need to include more detailed guidance on looking for and consulting with children who require more specific adaptations to participate in follow-up activities (e.g., a Deaf girl with a male sign interpreter; a young female caregiver with a man with severe intellectual disabilities).



<b>Information session (continued)</b>	
<b>Utility</b>	<p>This activity could also include wider information about services and programs running for children, as parents and excluded children may be unaware of the core activities that an organization conducts.</p> <p>Partner staff also reported that this activity could be used to share “success stories” about children with disabilities. This was also recommended by children.</p>

<b>Group discussions with parents and caregivers</b>	
<b>Simplicity</b>	Some staff adapted the tool to be a more traditional group discussion, expressing a reluctance to use participatory activities with adults.
<b>Effectiveness</b>	Male caregivers did not reflect on gender differences as much as other groups. Partner staff report that activities 2 through 4 yielded the most information relating to GBV risk and protective factors.
<b>Adaptability</b>	Parents reported in feedback that there is a need to better capture the needs of children with intellectual disabilities. There may be a need to make this more prominent in the probing questions in the tool.
<b>Participation</b>	Staff reported that the tool worked well to get participants to “express the problems, needs and possible solutions.” Activity 1 worked well in getting caregivers to think about the wider situation of children with disabilities, rather than their own situations. Parents also expressed that “asking consent of parents” and these “opening discussions” as positive features in the process.
<b>Utility</b>	<p>The tool is currently too long and unlikely to be implemented by partners over a two-day period.</p> <p>Partner staff reported that this tool was particularly useful in facilitating exchanges among adolescent girls, and that this could foster a form of “peer support.”</p> <p>Questions and activities in this tool could be integrated into positive parenting activities.</p>

<b>Participatory activities with children and youth</b>	
<b>Simplicity</b>	<p>ChildFund staff and partners found the tools simple to use, and started preparing materials and resources for the photo library and Story in a Bag with no additional prompting. It may be logistically beneficial, however, to separate into a “preparation” step, followed by a “facilitation” step.</p> <p>Partner staff initially dismissed the Guided Tour as inappropriate for some children with disabilities, highlighting a need to strengthen the piece about children making their own decisions on which activities to use from the Tool Box.</p> <p>Partner staff mentioned that the tools were simple; however, one staff member suggested that the GBV concepts were new and a little complex.</p>
<b>Effectiveness</b>	<p>Both the girls and the boys groups were able to highlight gender-related risks, including risk of sexual violence for their own groups, as well as for other groups.</p> <p>Surprisingly, young women found the Story in a Bag to be a really useful tool to discuss gender norms, adding their own objects to the bag.</p> <p>The tools seemed to facilitate more recommendations from children and youth relating to infrastructure and other “hard” outputs, rather than community-based protection mechanisms and/or child and youth agency. This may be because community mapping was used as the template for participatory activities.</p>
<b>Adaptability</b>	<p>Partner staff suggested that some children with vision and intellectual impairments may also like to use a “sound library.” Children also suggested that role-play and poetry would be a good method for sharing information with others. There is a need to consider different accommodation for sign interpretation during these activities, as sign interpreters are usually adults (and male) and this can affect the interactions in the group.</p>
<b>Participation</b>	<p>Staff recognized that these tools allowed children to “express their inner feelings.” Children with disabilities, however, recommended that staff should “ask children and youth what tools they want to use” and that activities should let them “share their special talents.”</p> <p>While most children with disabilities liked being in the same group as children without disabilities, there was one recommendation to also conduct activities with groups of children with specific disabilities before bringing them into a mixed group.</p>
<b>Utility</b>	<p>Partner staff suggested that some of the methods in the “Tool Box” could also be used in the individual interviews with children and youth with disabilities. Parents liked that the activities “explored talents” of children with and without disabilities. Partner staff also reported that this activity could be used to share “success stories” about children with disabilities. This was also recommended by children.</p>

<b>Individual interviews with home visits</b>	
<b>Simplicity</b>	Partner staff were able to use the tool to identify different ways of communicating with the children with disabilities and to engage them throughout the interview process. This did, however, require a briefing prior to the activity.
<b>Effectiveness</b>	Partner staff felt that the tool needed more probing questions to gather information about different types of violence over different life stages of the child. Engaging wider family in the interview – both mothers and fathers – highlighted their different perspectives to caregiving.
<b>Adaptability</b>	Parents reported in feedback that there is a need to better capture the needs of children with intellectual disabilities. There may be a need to make this more prominent in probing questions in the tool.
<b>Participation</b>	Several staff also used Story in a Bag to facilitate engagement of children with disabilities in the interview process, something not then articulated in the tool and a really great addition from the staff.
<b>Utility</b>	<p>Partner staff felt that the questions about what makes the child happy were the most valuable, providing staff with greater insight into the lives of children with whom they have had ongoing engagement.</p> <p><i>“I got something special today – for example, ‘what makes you happy’ – now I know more about him. This tool helped me to learn more about the child. I have seen him several times, but this time I learned more about him.”</i></p>

<b>Community Workshop</b>	
<b>Simplicity</b>	No draft tool was developed for this activity. CFI and WRC facilitated with partner staff to develop a workshop agenda with appropriate participatory and group activities.
<b>Effectiveness</b>	<p>Partner staff reported that a lack of time may have limited the action-planning component of the workshop.</p> <p><b>Author note:</b> <i>Due to a lack of interpretation, I was unable to track how effectively recommendations from children, parents and youth were adopted in the final action plans presented by other stakeholders.</i></p>
<b>Adaptability</b>	<p>Children and youth appointed representatives with and without disabilities to represent them in this workshop. These children used the artwork developed throughout the participatory activities in their presentations.</p> <p>“Free space” needs to be included in the agenda for added contributions from children and youth that they may have developed outside of the participatory activities. For example, in this workshop, the girls wanted space to share poems they had written.</p>

<b>Community Workshop (continued)</b>	
<b>Participation</b>	<p>Children participating in this activity had physical, vision and intellectual disabilities. Those who were more confident in speaking largely represented the group.</p> <p><i><b>Author note:</b> In the Training and Action-planning Workshop that was conducted towards the end of the field visit, girls without disabilities adopted a really nice approach to supporting their friend with intellectual disabilities to participate in the presentations. They got her to select a photo and then the “speaker” would describe what this photo meant to the group.</i></p>
<b>Utility</b>	<p>This activity should feed directly into program planning, including adaptations to make existing activities more inclusive of children with disabilities. Some of the actions developed in this workshop may, however, have been more focused on disability-specific interventions (e.g., “a recreation center for children with disabilities”), highlighting the need for more ongoing reflective practice among staff and stakeholders to facilitate change in attitudes relating to disability and child protection issues.</p>

**Training activities**

Participants in the orientation on GBV and disability identified the following activities as being most useful:

- analyzing power dynamics and how these relate to GBV against children and youth with disabilities (referenced 7 times in the feedback activity);
- the Power Walk activity, which explored the protective and risk factors faced by girls with and without disabilities at different life stages (referenced 7 times in the feedback activity);
- “Vote with your feet” (referenced 6 times in the feedback activity).



Girls with and without disabilities presenting to stakeholders at the Community Workshop. © WRC/Emma Pearce

## Conclusion

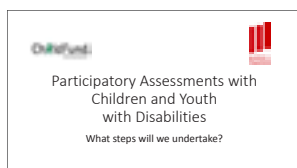
Drawing on the finding of this field pilot, the WRC and ChildFund International developed the publication *Gender-based Violence against Children and Youth with Disabilities: A Toolkit for Child Protection Actors*.<sup>6</sup> The toolkit consists of three parts:

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



### Toolkit

<https://www.womensrefugeecommission.org/disabilities/resources/1289-youth-disabilities-toolkit>



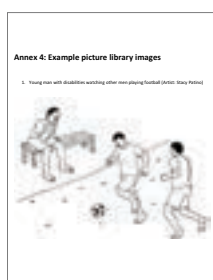
### Annex 2: Sample PowerPoint Presentation

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



### Annex 3: Pictures for group discussion

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



### Annex 4: Sample Picture Library

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

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6 <https://www.womensrefugeecommission.org/disabilities/resources/1289-youth-disabilities-toolkit>

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