

Communications and Improving Accessibility of Services

Inclusive Terminology and Messages¹

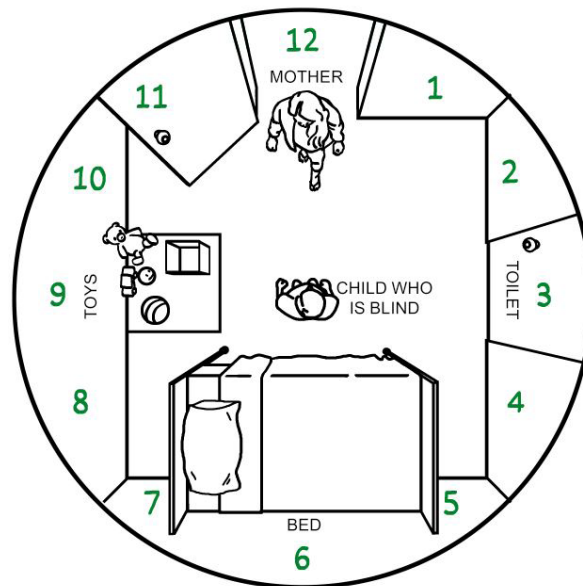
The terminology used to address survivors with disabilities or to talk about them in materials can either diminish or empower them.

- Use person-first terminology (e.g., ‘child with a disability’, not ‘disabled child’; ‘girl who is blind’ or ‘girl with a vision impairment’ rather than ‘blind girl’).
- Do not use terms that have negative connotations, such as *suffer*, *suffering*, *victim* or *handicapped*. Say ‘wheelchair user’ rather than ‘wheelchair bound’ or ‘confined to a wheelchair’.
- Use ‘persons without disabilities’, rather than ‘normal’ or ‘regular’ persons.
- Do not use acronyms to refer to children with disabilities (CWD) and persons with disabilities (PWD).
- Use appropriate terminology for different types of disabilities: physical, visual/vision, hearing, intellectual and psychosocial impairments.
- Represent community diversity through pictures of women, girls, men and boys with disabilities in child protection information both related and unrelated to disability.
- Depict persons with different types of disabilities among groups of children rather than by themselves or separated from the group.
- Portray survivors with disabilities actively participating in activities (e.g. attending safe spaces, temporary learning spaces).

Communicating with Survivors with Disabilities²

- When possible, talk to and try to get information directly from the survivor with a disability and not only through their caregivers.
- Be patient. Do not make assumptions. Confirm understanding of what the person has expressed.
- Ask permission if offering to guide or touch the person or their assistive devices, such as wheelchairs or white canes.
- Persons with hearing disabilities (deaf or hard of hearing) often use sign language. If the person or caregiver does not know sign language, use body language, visual aids or key words, and speak slowly and clearly.

- When speaking to a person who can lip-read, keep eye contact and do not cover the mouth.
- For persons with visual disabilities (blind or low vision):
 - Describe the surroundings (e.g., child-friendly space) and introduce people present.
 - Use the 'clock method' (see Figure 1 below) to help persons locate people and items (e.g., 'the toilet is at three o'clock' if directly to their right or 'the toys are between eight and ten o'clock' if they are on the left).



- If the person has difficulty communicating or understanding messages, use clear verbal communication and consider the following:
 - Use objects that represent different activities to support the person's understanding and capacity to anticipate what will come next and help take a decision.
 - Support persons to develop a book, a board or cards with pictures or drawings related to feelings and responding to questions. This can be used to communicate about issues, health, food or play.

Adapting Information for Survivors with Disabilities³

Produce GBV-related information in different formats. This will help ensure that survivors and caregivers with physical, intellectual, hearing and visual disabilities can access and understand information.

- Formats that are accessible for people with visual disabilities (blind and low vision) include large print, text messages on phones (most

smartphones have free voiceover applications), Braille, radio and audio announcements.

- People with screen-reading software on their computers can also access electronic information (e.g., emails, word formats).
- Formats that are accessible for people with hearing disabilities (deaf and low hearing) include information in print, text messages, captions and sign language interpretation for meetings or television announcements.
- Formats that are accessible for people with intellectual disabilities include simple language and visual signs, such as pictograms, drawings, pictures and photos on printed materials

Accessible Infrastructure⁴

These accessibility tips relate to identifying and overcoming physical barriers in the environment and infrastructure.

- Accessibility is built around the RECU principle: persons with any type of disability can Reach, Enter, Circulate and Use any protection-related facility in a continuous movement (e.g., without facing barriers).
- Use simple language, pictures, color contrast, pictograms and tactile elements.
- Conduct accessibility audits of child-friendly spaces and all child protection facilities.
- Involve survivors with disabilities in accessibility audits. Move through the environment and facilities with persons with different types of disabilities to identify obstacles and elicit their suggestions for improvements.

Scenario

Scenario⁵: A single woman has difficulty moving and cannot find a decent job / has little income through selling recycled plastic. One day a man comes to her and offers her help. She takes his food and money. After a week, he says that he will no longer help her unless she has sex with him. At that time, she has sex with him.

Questions:

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

- “What can be done to address these barriers and facilitate access?”

Case Study– Sabeen⁶

Sabeen is 13 years old and 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, but now she can’t find someone to walk with her. Sabeen likes to go out even when it is dark. One month ago, Sabeen 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 that Sabeen will do whatever these people say. Sabeen went to a group meeting with her mother where they talked about violence with other women, but she didn’t seem to pay any attention – she preferred to practice her drawing.

**Below is a sample initial case action plan for Sabeen. Case workers should use all standard agency action planning and follow-up tools when working with survivors and those who are at risk of GBV. CASE ACTION PLAN*

Goal / Action Point	Who	By when
Determine if Sabeen needs and wants medical follow-up: ▪ Have multiple meetings with Sabeen and her mother – separately and together – to build trust and learn more about the incident, and how better communicate with Sabine, and what other interests she has. ▪ If Sabeen was raped, discuss the possible health issues and type of medical services that may be available to her. ▪ Identify psychosocial support needs of both Sabeen and her mother. ▪ With consent, make appropriate referrals for health and psychosocial support.	Case Worker	Within the first week

▪ Meet with providers in advance to ensure unnecessary questioning of Sabeen. ▪ Identify if Sabeen would like you to attend with her to these first appointments.		
Sabeen increases awareness about GBV: ▪ Case Worker and community workers collaborate to develop an adapted GBV awareness session – working one-on-one with Sabeen with the objective of helping her to better understand the difference between good and bad touching, and identifying trusted people she can go to with questions and / or concerns. ▪ Case Worker continues to meet regularly with Sabeen and her mother to develop and then reinforce key lessons (e.g. how to mitigate risks, who are the people she can and cannot trust, who does she tell if she has a problem...)	Case Worker leads w/ actions from community workers and Sabeen Case Worker leads w/ actions from Sabeen	Within three weeks Weekly for up to 8 weeks
Sabeen wants to participate in activities with other adolescent girls: ▪ Identify local adolescent girls' activities and take Sabeen to each of them to learn more – She can then decide which one she would prefer. ▪ Work with Sabeen to identify a trusted friend who might also	Case Worker Case Worker and Sabeen's mother	Within three weeks

attend these activities with her. ▪ Identify safe transportation options. ▪ Brief adolescent girls group facilitators on the Sabeen's skills and capacities – what she likes and doesn't like. ▪ Transition into group – Monitor and follow up.	Case Worker and facilitators Case Worker, Sabeen's mother and facilitators Case Worker	
Sabeen is attending school: ▪ Case Worker and Sabeen's mother liaise with local school to help develop a plan for escorting Sabeen to and from classes – explaining to school leadership to importance of her being enrolled and building stronger peer networks.	Case Worker & Sabeen's mother	Within two months
The community is more engaged in promoting security and mitigating protection risks for children in the community: ▪ Community workers in the immediate area plan GBV awareness raising sessions that specifically target adolescent boys in the community. ▪ Organizations of persons with disabilities are engaged to conduct awareness raising on the rights of persons with intellectual disabilities.	Community Workers DPOs	Within two months Within two months

References and Resources

- IRC/WRC (2015a) [*"I see that it is possible" Building capacity for disability inclusion in Gender-Based Violence Programming in Humanitarian Settings.*](#)
- IRC/WRC (2015b) [*Building capacity for disability inclusion Gender-Based Violence Programming in Humanitarian Settings – A Toolkit for GBV Practitioners.*](#)
- WRC (2018) [*Guidance on Disability Inclusion for GBV Partners in Lebanon: Case Management of Survivors & At-risk Women, Children and Youth with Disabilities.*](#)

- WRC (2016) [Gender-based Violence Against Children and Youth with Disabilities Toolkit](#)
- UNICEF (2017) [Including children with disabilities in humanitarian action – Child Protection](#).
- Age and Disability Consortium (2018). [Humanitarian inclusion standards for older people and people with disabilities](#).



¹ Adapted from UNICEF (2017) Including children with disabilities in humanitarian action – Child Protection

² Adapted from UNICEF (2017) Including children with disabilities in humanitarian action – Child Protection

³ Adapted from UNICEF (2017) Including children with disabilities in humanitarian action – Child Protection

⁴ Adapted from UNICEF (2017) Including children with disabilities in humanitarian action – Child Protection

⁵ Adapted from the GBV and Disability Toolkit <https://gbvresponders.org/response/disability-inclusion-2/>

⁶ Adapted from Guidance on Disability Inclusion for GBV Partners in Lebanon: Case Management of Survivors & At-risk Women, Children and Youth with Disabilities, <https://www.womensrefugeecommission.org/populations/disabilities/research-and-resources/1587-disability-inclusion-gbv-lebanon-case-management>