

**DISABILITY INCLUSION IN CHILD PROTECTION AND GENDER-
BASED VIOLENCE PROGRAMS**

Guidance on Disability Inclusion for GBV Partners in Lebanon:

**Outreach, Safe Identification, and Referral of Women, Children
and Youth with Disabilities**

February 2018

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This resource is a product of a partnership project between the Women’s Refugee Commission (WRC) and UNICEF Lebanon entitled **“Strengthening child protection and gender-based violence prevention and response for women, children, and youth with disabilities”**. The overall goal of the project is to improve violence prevention and response programming for at-risk groups of women, girls, and boys with disabilities. It builds on existing initiatives of gender-based violence (GBV) and child protection (CP) actors to systematically advance disability inclusion across the CP and GBV prevention and response sectors in Lebanon.

This resource has been developed based on the findings of a needs assessment conducted in 2017 which:

- Assessed and analyzed existing guidance, tools and training resources related to GBV, CP and psychosocial support (PSS) for disability inclusion;
- Identified gaps and opportunities to strengthen the inclusion of women, children and youth with disabilities in community-based PSS and Focused PSS initiatives, and GBV prevention and response activities; and,
- Defined the capacity development needs and priorities of selected GBV and PSS actors on disability inclusion.

Other resources developed in the project include:

- Disability Inclusion in Gender-Based Violence Programs: Guidance for GBV Partners in Lebanon – Case Management of Survivors & At-Risk Women, Children and Youth with Disabilities
- Disability Inclusion in Psychosocial Support Programs in Lebanon: Guidance for Psychosocial Support Facilitators

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1. INTRODUCTION

Approximately 15 per cent of any community may be persons with disabilities.¹ There may be even higher rates of disability in communities affected by crisis or conflict,² as people acquire new impairments from injuries and/or have reduced access to health care. In Lebanon, it is estimated that 900,000 persons are living with disabilities.³ Persons with disabilities are one of the most vulnerable and socially excluded groups in any crisis-affected community. They may be hidden in homes, overlooked during needs assessments and not consulted in the design of programs.⁴ While gender-based violence (GBV) affects women, girls, men and boys, the vast majority of survivors globally are women and girls.⁵ Persons with disabilities have difficulty accessing GBV programs, due to a variety of societal, environmental and communication barriers, increasing their risk of violence, abuse and exploitation.⁶

The Lebanon Crisis Response Plan (LCRP) 2017 – 2020 recognizes that children with disabilities are at a higher risk of violence, abuse and exploitation, both inside the home and in the wider community, with women and girls with disabilities being among the most vulnerable to GBV. Both the LCRP and the Ministry of Social Affairs National Plan to Safeguard Children and Women in Lebanon 2014 – 2015 highlight commitments to strengthening national protection, child protection (CP) and GBV systems ensuring that women, girls and boys at risk and survivors of violence, exploitation and abuse have access to improved and equitable prevention and response services.^{7 8}

A needs assessment conducted in 2017 confirmed that women, children and youth with disabilities in Lebanon and their caregivers are facing a range of GBV-related risks including:

- **Child marriage among girls with disabilities:** GBV actors, women with disabilities and caregivers report that girls with minor disabilities are more likely to be pressured into an early marriage before they are perceived as *“less desirable”* due to both their age and disability.
- **Exploitation of women and adolescent girls with disabilities and female caregivers:** Women and adolescent girls with disabilities report examples where family members have forced them to engage in begging on the street, which exposes them to the risk of sexual abuse. Additionally, female caregivers (mothers and wives of persons with disabilities) may be seen as *“easy targets”* for exploitation due to either shifting gender roles (e.g. wives are working out of home in place of husband with a disability) or due to growing economic stress in the household.
- **Intimate partner violence (IPV) against women with disabilities:** IPV was a pervasive problem for women with and without disabilities. Women with disabilities may be more likely to experience IPV because of extreme disempowerment in their relationship.
- **Sexual harassment by male community members:** Women with disabilities report facing constant harassment in the community, often by male taxi drivers or street vendors. They attribute this type of harassment to these men assuming that they did not have husbands or males to protect them, and that *“there would be less repercussions”*.⁹

Despite these increased risks, women, children and youth with disabilities report a lack of information and awareness on GBV-related activities and how to access case management services, due to both physical and attitudinal barriers to accessing such services.¹⁰

Frontline workers, including community volunteers and mobilizers, play a critical role in ensuring that women, children, and youth with disabilities have information about GBV, and that those at-risk of GBV are safely identified and referred for support and follow-up.

1.1 Purpose of the Resource

Guidance on Disability Inclusion for GBV Partners in Lebanon: Outreach, Safe Identification and Referral of Women, Children, and Youth with Disabilities is designed to support frontline workers, community volunteers and mobilizers who are working in GBV prevention and response, and their supervisors, to foster inclusion of persons with disabilities in their community activities. It includes guidance, key actions and tools to improve accessibility of existing community processes and activities relating to GBV.

1.2 How to use this Resource

This resource complements, and should not be used in isolation to, existing GBV prevention and response procedures, guidance and training in Lebanon, including:

- Inter-Agency Standard Operating Procedures (SOPs) for SGBV Prevention & Response in Lebanon (2014)
- Standard Operating Procedures (SOPs) for the Protection of Juveniles in Lebanon – Operational toolkit (2015)
- GBV Core Concepts Training, Community Mobilization Training, and Risk Assessment & Response Training

The material presented in this guidance should be adapted and integrated into existing guidance, tools and trainings. It features boxes to inform frontline workers and supervisors of key actions they should take, as well as to direct them to sample tools and suggested training materials.

2. UNDERSTANDING DISABILITY

It is important for all GBV actors to recognize persons with disabilities, and to understand different approaches that can be applied when working with persons with disabilities in the community.

2.1 Concept of disability

The definition of disability continues to evolve over time. It is important to remember that persons with disabilities are not a homogenous group; they have different capacities and needs and contribute in different ways to their communities.¹¹

The national Lebanese Law 220/2000 defines a person with a disability as *“a person whose capacity to perform one or more vital functions, independently secure his personal existential needs, participate in social activities on an equal basis with others, and live a personal life that is normal by existing social standards, is reduced or non-existent because of partial or complete, permanent or temporary, bodily, sensory or intellectual functional loss or incapacity, that is the outcome of a congenital or acquired illness or from a pathological condition that has been prolonged beyond normal medical expectations.”*¹²

Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD) states:

“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.”¹³

An impairment is a problem in the body’s structure or function.¹⁴ Impairments may be physical, intellectual, psychosocial and sensory.

- **Physical Impairments:** This includes individuals who are difficulty moving. Some individuals with physical disabilities will use assistive devices, such as a wheelchair or crutches, to conduct daily living activities.
- **Sensory Impairments:** This includes individuals who are deaf or have difficulty hearing, as well as individuals who are blind or have low vision (finding it hard to see even when wearing glasses).
- **Intellectual Impairments:** This includes individuals who have difficulty understanding, learning and remembering new things. For example, people with cognitive or developmental disabilities.
- **Psychosocial Disabilities:** This includes individuals who experience mental health difficulties which, in interaction with discrimination and other societal barriers, prevent their participation in community on an equal basis with others.¹⁵

Disability, however, is not just a health problem or impairment. Societal attitudes and a person’s environment have a huge impact on their experience of disability and their access to our activities.

- **Attitudinal Barriers:** Negative stereotyping, social stigma, and discrimination by staff, families and community members all affect a person with disabilities access and inclusion in society.
- **Communication Barriers:** Information may be presented in formats that are not accessible for persons with disabilities, including those with visual, hearing and intellectual/ psychosocial disabilities.
- **Environmental or Physical Barriers:** Buildings, roads and transport may not be accessible for persons with disabilities.
- **Policy & Administrative Barriers:** Rules, polices, systems and other norms may disadvantage persons with disabilities, particularly women and girls.

Improving access and inclusion for people with disabilities requires interventions to remove these different types of barriers in our GBV activities.

2.2 Models of Disability

There are different ways in which society may view or interact with persons with disabilities that can result in their exclusion or inclusion in our society. There are four different approaches or “models” that describe how members of society view or interact with persons with disabilities:

- **Charitable Model:** People may look at persons with disabilities as not having any capacity to help themselves and so 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:** In this model, people instead look at the barriers in the community and remove these so that persons with disabilities can participate like others.
- **Rights-based Model:** In this model, persons with disabilities have the right to equal opportunities and participation in society. It also emphasizes that we all have a responsibility to promote, protect and ensure this right, and that persons with disabilities should have capacity to claim these rights.

Both the charitable and medical models result in other people making decisions for persons with disabilities and keeping them separate from society. The social and rights-based models, however, are aligned with the guiding principles for GBV prevention and response and should therefore guide the work of development and humanitarian actors, as well as governmental entities, with persons with disabilities, their families and communities.

Previous needs assessments in Lebanon have highlighted that family members, communities and service providers often view persons with disabilities through medical or charitable models, failing to recognize social factors, such as age and gender, that may increase their vulnerability to gender-based violence, requiring inclusion in prevention and empowerment efforts, and / or referral to case management agencies for appropriate follow-up.¹⁶

2.3 Rights of Persons with Disabilities

The move towards a rights-based approach for working with persons with disabilities has gained significant international momentum over the past decade with adoption of the United Nations Convention of the Rights of Persons with Disabilities (CRPD). Persons with disabilities have a right to protection in situations of risk or in humanitarian crisis and should be able to both access services and participate in GBV programs and activities on an equal basis with others.¹⁷ Persons with disabilities have a long history of discrimination and disempowerment by family members, caregivers, partners, and even service providers. GBV actors can play a central role in supporting women, children and youth with disabilities to make their own decisions and addressing the barriers they experience in their relationships, households and communities. GBV actors must use a rights-based approach when working with persons with disabilities, ensuring women, children and youth, with or without disabilities, have the same access to their programs, services and support.

Understanding Disability

Key Actions

- GBV actors should use the social and rights-based models to improve access and inclusion of women, children and youth with disabilities in GBV programs and services.
- Trainers and supervisors should focus on discussing the types of barriers that prevent women, children and youth with disabilities from accessing GBV services and activities – not impairments.
- GBV agencies are encouraged to develop training collaborations with local and national DPOs, as they are the in-country experts on the rights of persons with disabilities in Lebanon.

Useful Tools

- *Tool 1: Organizations of Persons with Disabilities (DPO) Contact List*

3. EXPLORING INTERSECTION BETWEEN GENDER & DISABILITY

Frontline workers and community volunteers or mobilizers have the most intimate knowledge of the dynamics in the communities in which they work and how this may impact in GBV risks. As frontline workers are often tasked with raising awareness in the community on issues of gender and inequality, it is important that they also have a strong understanding on the intersections between gender and disability and how this might impact the GBV risks of women, children and youth with disabilities in their communities.

Women, children and youth with disabilities are not more vulnerable to violence because of their impairment, but rather because they are perceived as different, have less power and status, are marginalized and are even directly targeted for violence.¹⁸ There are many factors that increase the vulnerability of persons with disabilities. However, the root causes of violence against persons with disabilities are the same as for other people:

- Abuse of power
- Inequality
- Disrespect for human rights

While GBV affects women, girls, boys and men, the vast majority of survivors of GBV are women and girls.¹⁹ For women and girls with disabilities, the intersection of gender and disability increases their vulnerability to violence.

3.1 GBV-related risks for women, children and youth with disabilities & caregivers

Women, men, girls and boys with disabilities experience different types of GBV risks. This section provides some important global statistics on disability and violence, as well as specific findings from a needs assessment conducted in Lebanon in 2017.

Global statistics and estimates

- **15% of any population will be persons with disabilities – 19% among the female population and 12% among the male population.**²⁰
- **Over 20% of refugees may also be persons with disabilities.**²¹
- **Persons with disabilities are 4-10 times more likely to experience violence than non-disabled peers.**²²
- **Children with disabilities 3-4 times more likely to experience all forms of violence than their non-disabled peers, and 3 times more likely to experience sexual violence.**²³

GBV Risks for Women, Children and Youth with Disabilities and Caregivers in Lebanon²⁴	
Women with Disabilities	<ul style="list-style-type: none"> ▪ Women with disabilities may face higher risks of exploitation. There are examples in Lebanon where family members have forced them to engage in begging on the street, which exposed them to sexual abuse. ▪ Women with disabilities have higher risk of intimate partner violence because of extreme disempowerment in their relationship. ▪ Women with disabilities also face persistent and aggressive harassment in the community. They attribute this type of harassment to men assuming that they do not have husbands or males to protect them, and that <i>“there will be less repercussions.”</i>
Girls with Disabilities	<ul style="list-style-type: none"> ▪ GBV actors, women with disabilities, and caregivers report that child marriage amongst girls with disabilities as a risk. They report that girls with minor disabilities are more likely to be pressured into an early marriage, before they became “less desirable” due to both their age and disability. ▪ Girls with disabilities are also at higher risk of sexual abuse, especially if they are engaged in begging on the street.
Boys with Disabilities	<ul style="list-style-type: none"> ▪ Boys with disabilities, especially those with intellectual disabilities, may be at higher risk of sexual abuse than their non-disabled peers.
Young men with Disabilities	<ul style="list-style-type: none"> ▪ While there are less reports of GBV against men with disabilities in Lebanon, young men with new disabilities have described a lack of information about sexual and reproductive health and changes in their roles in relationships, households and communities – this can result in harassment from others if they are not perceived to meet the gender expectations.

Female Caregivers	<ul style="list-style-type: none"> ▪ Finally, female caregivers (mothers and wives of persons with disabilities) may be seen as “easy targets” for exploitation due to either shifting gender roles (e.g. wives are working out of home in place of husband with a disability).
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3.2 Factors that increase risk of GBV for women, children and youth with disabilities

Age, gender, type of disability, displacement status, and other factors that are unique to each context and community, will contribute to increased risk of GBV for women, children and youth with disabilities. The following factors related to disability may increase vulnerability to GBV:²⁵

- **Stigma and discrimination:** Persons with disabilities experience 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.
- **Perceptions about capacity of persons with disabilities:** Perpetrators perceive that persons 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 persons with intellectual disabilities, who experience barriers to reporting violence and/or negotiating safe sexual relationships. People may not listen to them or believe them, especially when it is a survivor with a psychosocial or intellectual disability, which reduces their access to services, adding to impunity for perpetrators of such violence.
- **Loss of community support structures and protection mechanisms:** This is particularly important for refugee women, children, and youth with disabilities who are sometimes separated from their immediate and extended families, as well as their communities, due to displacement. Some families may resort to tying up people with intellectual disabilities, and / or locking their family members inside the home to prevent them from moving around the community where they fear they may experience violence.
- **Poverty and increased socio-economic stress:** Families of persons with disabilities often have more expenses related to health and rehabilitation services or because caregivers are unable to work. Furthermore, refugees with disabilities may have less income generating opportunities. This adds to the risk of violence inside the home, as well as abuse and exploitation by service providers or community members, particularly for female caregivers of persons with disabilities.
- **Environmental barriers and a lack of transportation:** Persons with disabilities sometimes rely on other community members to access services and assistance, which increases risk of exploitation and abuse, and makes it difficult to access GBV response services in a confidential way.
- **Isolation and a lack of community support:** Some persons with disabilities may be hidden by family members. Others find it difficult to move outside of their homes and meet other people. A lack of age and gender appropriate friendships or peer networks can mean that they do not

acquire the information and skills they need or have people to go to when they experience violence. It also means that violence is often perpetrated in private, with few options to report or seek outside assistance.

- **Lack of information, knowledge, and skills:** Persons with disabilities often have little information about GBV and personal safety, which means that they are less able to protect themselves. This is particularly true for women and girls with intellectual disabilities, who may be excluded from community-based GBV activities. Information is usually not conveyed in a way that they can understand, making it more difficult for them to seek assistance.

Exploring the Intersection between Gender & Disability

Key Actions

- Consult directly with women, children and youth with disabilities and their family members to better understand specific risks they face in the communities where you work.

Useful Tools

- *Tool 2: Gender, Disability & Inequality Training* is a participatory activity to support frontline workers to build awareness of how gender and disability may increase the risk of GBV, particularly for women and girls with disabilities.

4. ADDRESSING ATTITUDES & ASSUMPTIONS RELATED TO PERSONS WITH DISABILITIES

Social norms discriminate against and stigmatize people with disabilities. They may be ostracized or neglected in their communities and fear seeking support from family and community members. Service providers may also exclude persons with disabilities based on beliefs that GBV prevention and response services are not relevant to or appropriate for persons with disabilities, or out of fear of engaging with persons with disabilities.

Below are some common assumptions that are often made by service providers, caregivers, and community members about persons with disabilities, along with the facts and findings that challenge these assumptions.

Common Assumptions	Findings & Facts
<p>A person's disability defines their identity as an individual.</p>	<p>Persons with disabilities are women, girls, sisters, brothers, cousins and parents. They have unique skills and capacities and many roles that they play in their families and communities. It is important to let persons with disabilities define which group or characteristic they identify with the most.</p> <p><i>"I always want to tell new people that I am more than my disability and that I have many characteristics that define me better than just my disability. For example, nationality, my religion, the fact that I am a woman and a wife and someone who teaches religious lessons to children – all of these things make up my identity."</i> - Women with a sensory disability in Lebanon</p>
<p>You can tell if someone has a disability by looking at them.</p>	<p>Some disabilities are visible – for example if a person uses a wheelchair. Many disabilities, such as psychosocial and intellectual disabilities, may not be visible. However, people with these types of disabilities may still be stigmatized in communities and experience discrimination.</p>
<p>Persons with disabilities can't make their own decisions.</p>	<p>Adults with disabilities have the right to make their own decisions and know what the best option is for them. Even people with more profound communication difficulties may understand everything that is being said to them, and with appropriate support, may be able to indicate their wishes and preferences to others.</p> <p><i>"They started to yell at my family for bringing me and making me 'suffer'. I got very defensive and told them 'I am the one who wanted to go, they didn't want to take me, and I convinced them to. This was my choice because I wanted the chance to meet other people and learn from the training.'" - Older woman with a physical disability in Lebanon</i></p>
<p>Women, children, and youth with intellectual disabilities do not need knowledge and awareness about GBV.</p>	<p>Persons with intellectual disabilities need knowledge and awareness of GBV, as they are at higher risk of experiencing sexual abuse than their non-disabled peers.²⁶ They also have the right to safe and healthy sexual relationships.²⁷</p> <p>Persons with intellectual disabilities can learn new things and participate in our activities, with just some small changes to the</p>

	<p>way we work and share information. For example, pictures can also be used to communicate messages to people with intellectual impairments – these are sometimes called “Easy to Read” documents.</p>
<p>Persons with disabilities need a lot of additional support and adaptations to participate in our activities.</p>	<p>Most persons with disabilities require very few adaptations to participate in our activities. They just need to be invited and given the chance to participate. Individuals with disabilities are the experts in the type of support and adaptations needed and can advise you appropriately.</p> <p><i>“I tell people not to feel badly for me and not to baby me ... I go to the park and do things on my own – sometimes I need help with my wheelchair, but that’s about it.” – Young woman with multiple disabilities in Lebanon</i></p>
<p>Persons with disabilities are safer in residential facilities.</p>	<p>Globally, research demonstrates that persons with disabilities who are living in residential institutions are at higher risk of sexual violence than those living in the community.²⁸</p>
<p>Persons with disabilities will be harmed or get sick from coming to our activities or services.</p>	<p>Most persons with disabilities are not sick or in pain. During the needs assessment in Lebanon, none of the people consulted reported harm from attending GBV prevention and response activities. Instead, they shared that attending these activities had a positive impact on their mental and physical health and helped them to expand their peer networks.</p> <p><i>“Sometimes parents or staff get are worried about keeping these people safe – however, we have never had anyone get sick or injured while they are here – most are really happy to be invited and the parents are seeing the benefits.” – Staff member from SDC in Mount Lebanon</i></p> <p>Concerns that staff may have about the health or harm can be directly addressed with the person with the disability - they can share strategies that they use to avoid injuries in their everyday life.</p>

It is important that all GBV staff engage in learning activities that reflect on their attitudes and assumptions about persons with disabilities. Supervisors can encourage this process by having staff engage in an initial activity to assess their attitudes and assumptions, and from there start open conversations about their ideas and beliefs in relation to persons with disabilities.

Addressing Attitudes & Assumptions

Key Actions

- Supervisors should conduct learning activities with GBV staff to reflect on attitudes and assumptions about persons with disabilities.

Useful Tools

- *Tool 3: Frontline Worker Attitudes Relating to Disability & GBV* can be used by supervisors to assess the existing attitudes and assumptions on disability, and to start an open conversation with staff around working with persons with disabilities.

5. FOSTERING EMPOWERMENT OF WOMEN, CHILDREN, AND YOUTH WITH DISABILITIES

Persons with disabilities have often experienced a long history of discrimination and disempowerment by family members, caregivers, partners, and even service providers. Working to empower persons with disabilities in the community should be a key goal for frontline workers and all staff at GBV organizations. By informing persons with disabilities of their rights and working to break down barriers in the community, frontline workers can play a key role in decreasing the vulnerability of women, children and youth with disabilities to GBV.

5.1 Understanding the rights of persons with disabilities

Frontline workers must remember that all persons with disabilities are rights-holders who should have a full say in the decisions that affect their lives. When working in the community, it is the responsibility of GBV organizations and frontline worker to develop actions that allow persons with disabilities to exercise their right to participation. Frontline workers must uphold the policy of non-discrimination by ensuring that persons with disabilities are invited to, and supported to participate in the same programs and activities as all other community members. It is especially important to prioritize women and girls with disabilities for GBV prevention activities – to reduce their risk of GBV – this should be a core part of frontline work and not seen as not something special or separate.

While frontline workers have a role to play in the promotion of the rights persons with disabilities, persons with disabilities should also be put at the center of promoting their own rights and (where possible) should be supported to play a leadership role in community awareness raising activities. It is recommended that frontline workers and other GBV staff develop advocacy strategies which draw attention to issues related to disability, gender, and GBV prevention; identify persons with disabilities in the community to contribute to awareness raising initiatives; and engage with local organizations of persons with disabilities (DPO) to expand the reach of messages.

5.2 Recognizing skills, capacities, and contributions of persons with disabilities

Frontline workers can play an important role in encouraging persons with disabilities to develop their skills and make meaningful contributions to their communities. Frontline workers should remember that persons with disabilities are not a homogenous group; they have different capacities and needs, and contribute in different ways to their families, households and communities.²⁹

Organizations of persons with disabilities (DPOs) can provide valuable information on the rights of persons with disabilities in Lebanon, including the disability-specific programs and assistance that may be available. These groups have individuals with a range of skills and expertise that can be drawn on in community awareness raising. For more information about the types of activities that DPOs can conduct with community members, please see the following video from the Lebanese Association for Self-Advocacy (LASA) – an organization of persons with intellectual disabilities and their families:

<https://www.youtube.com/watch?v=TYGNk1RuZ-o>

At a community level, frontline workers, volunteers, and mobilizers can identify members with disabilities who have skills, whether it be creative skills such as drawing or drama, or communication skills, such as capacity to facilitate discussions with community members. Collaborate on activities so that you are profiling the skills and capacities of this group, over time influencing community attitudes towards persons with disabilities.

Lastly, it is also important to look for skills and capacities at an individual level, especially among people with more profound physical and communication disabilities. Identifying how someone communicates, what they like and dislike, and what they can and can't do can help you to identify strategies for their inclusion into community activities. Furthermore, building trust with individuals and their families can enhance disclosure processes, and foster safer identification of those at-risk or experiencing violence.

Some general principles that will help you to identify the skills, capacities and communication preferences of individuals with disabilities include:³⁰

- Focus on the person first, not their disability or health condition.
- Assume capacity. Look at what they can do, not just what they cannot do. This gives the frontline workers many more options for communication and participation.
- Treat adults with disabilities as you would other adults, paying attention to gender issues.
- Always talk to caregivers in front of the person with disabilities, attempting to engage them at different points in the discussion – Remember, some people who can't speak can still understand everything that is being said.
- Take time, watch and listen. Identifying skills and capacities is a process, not a one-time event.

Each meeting you will learn something new that will help to better understand the person's strengths and how the person communicates.

- Pay attention to any way in which the individual wishes to communicate. This could be through gestures and sometimes their emotions. It is okay, however, to say, "I don't understand."
- When you understand, acknowledge this with the individual. In the past, they may have been dismissed by others when trying to communicate their feelings and experiences. Reassure them that they are believed and validate any experiences and emotions they may share.
- Some persons with intellectual and psychosocial disabilities can exhibit a wide range of behaviors. This is sometimes the way they communicate with others.
- Be sensitive to any negative language being used by family members towards the persons with a disability, and present a positive example, rephrasing in positive language as appropriate.

Fostering Empowerment of Women, Children and Youth with Disabilities

Key Actions

- Build a relationship with local and national DPOs that could support with community awareness raising activities.
- Identify local community members with disabilities who can participate in and even lead community activities.
- Engage directly with people with different types of disabilities, including those with more severe communication difficulties, identifying their skills, capacities and communication preferences.

Useful Tools

- *Tool 1: Organizations of Persons with Disabilities (DPO) Contact List*
- *Tool 4: LASA Video – Meaningful Programs for Engaging Refugees with Disabilities* in Lebanon demonstrates how persons with intellectual disabilities can both participate in and lead community activities.
- *Tool 5: Identifying Skills and Capacities of Persons with Disabilities* provides suggested questions to help frontline workers establish more effective communication with individuals with profound communication impairments, as well as to identify skills and capacities that can be used to foster participation and inclusion in community activities.

6. INCLUDING PERSONS WITH DISABILITIES IN COMMUNITY-BASED GBV PROGRAMMING

As detailed in previous sections of this guidance, persons with disabilities are present in all communities, but are often isolated in their homes and / or face high levels of exclusion when trying to access public places and community activities. This section describes steps that should be taken to effectively engage women, children and youth in community activities.

6.1 Identifying persons with disabilities and caregivers in the community

Frontline workers, community volunteers and mobilizers should take steps to identify and reach women, children and youth with disabilities for community awareness raising and GBV prevention initiatives. This includes persons with different types of disabilities, such as:

- Those with difficulty moving and walking (since birth or due to an impairment acquired later in life);
- Those with difficulty seeing, even when wearing glasses;
- Those with difficulty hearing, even when using hearing aids;
- Those with intellectual disabilities who may have difficulty understanding, learning and remembering new things;
- Those with psychosocial disabilities and mental health conditions;
- Those with multiple disabilities, who are often confined to their homes and who may need assistance with personal care.

Community mobilizers and GBV program staff can use the same approaches and strategies to identify and reach persons with disabilities, as you do with other members of the community.

- i. **Community leaders and groups*** – You can liaise with key people and different groups in the community who might be helpful in identifying women, children and youth with disabilities to engage in community-based GBV activities. These groups could include:
 - Community Committees, including women’s associations
 - Parent’s, children’s, and youth groups
 - Disability and health service providers
 - Community Leaders
 - Local organizations of persons with disabilities
- ii. **Other program participants*** – Existing program participants may have family members and / or neighbors who have disabilities. You can ask participants in community activities if they know of women, children and youth disabilities that we can meet and engage in activities.
- iii. **Home visits*** – Lastly, house-to-house visits are essential to reaching persons with disabilities and their caregivers who are isolated in their homes with information about GBV prevention and response. It is also a good way to build trust with individuals and caregivers and identify any additional support individuals might need to access community activities. Even if an individual declines to participate in activities during the first home visit, you should return later to answer

any questions, and / or to share information about new programs and activities as they are available.

A note about home visits: Home visits should not be used to identify survivors of GBV. Do not ask any questions about personal violence while visiting individuals with disabilities and their families in their homes. Instead you should share information about community-based activities that you are conducting and invite them to these activities. Please see awareness-raising messages targeting women, children, and youth with disabilities for more guidance on how to invite these individuals to your activities.

6.2 Targeted messages for women, children and youth with disabilities & caregivers

Frontline workers, community volunteers and mobilizers play a critical role in providing accurate information about the GBV services available and contact details of service providers. Many persons with disabilities and their family members in Lebanon have expressed that they lack information about available GBV services. Many persons with disabilities and their caregivers also lack knowledge and awareness about GBV risks and may therefore not prioritize participation in GBV prevention activities. Hence, frontline workers need to also raise awareness about the risk of GBV faced by women, children and youth with disabilities and their caregivers.

Frontline workers should integrate the following into community awareness raising on GBV, and share directly with persons with disabilities and their families when they meet them:

- Informing and educating community members that persons with disabilities, particularly women and girls, have an increased risk of experiencing GBV.
- Informing and educating community members of the strategies that can reduce risk of violence, abuse and exploitation among women, children and youth with disabilities.
- The different types of attitudinal barriers, including negative stereotyping of persons with disabilities, social stigma and other forms of discrimination, that reduce their access to programs and activities.
- Promoting the rights of persons with disabilities in their communities. Messages about persons with disabilities should also be integrated into awareness raising sessions that have to do with respecting rights.
- Specific messages relating to non-discrimination and inclusion, so that parents, caregivers, and individuals with disabilities know that community-based GBV activities are for them as well.
- Specific messages that GBV case management services are available for all survivors, including survivors with disabilities.

These messages should be disseminated after you have built trust with the community – not in the initial outreach phase when it may be too sensitive and / or harmful to disseminate messages on GBV.

See Tool 6: Inclusive Outreach Messages for sample messages addressing each of these points.

6.3 Identifying and addressing barriers to our GBV activities

Persons with disabilities often face barriers when trying to participate in GBV prevention activities or to access GBV response services. The main barriers identified by women, children and youth with disabilities are:

<p style="text-align: center;">Attitudinal Barriers:</p> <p>Negative stereotyping of persons with disabilities, social stigma and discrimination by staff, families and community members.</p> <p>Service providers may also exclude persons with disabilities based on beliefs that GBV prevention and response services are not relevant to or appropriate for persons with disabilities, or out of fear of engaging with persons with disabilities.</p> <p>Example: There is a common myth is that people with disabilities are asexual, and thus they may not receive adequate education about sexuality, healthy relationships and personal safety.</p>	<p style="text-align: center;">Communication Barriers:</p> <p>From written and spoken information, including media, flyers and meetings, and complex messages that are not understood by persons with disabilities.</p> <p>These barriers are exacerbated if an individual has been isolated from the community, making them unable to access informal information networks.</p> <p>Example: When important information about GBV awareness is not presented in formats that are accessible for persons with disabilities, including those with visual, hearing and intellectual and psychosocial disabilities, persons with disabilities may not recognize abuse when it occurs or may not know where to access support.</p>
<p style="text-align: center;">Environmental or Physical Barriers:</p> <p>Such as buildings, water pumps, roads and transport that are not accessible for persons with disabilities. Furthermore, health clinics, Social Development Centers and women’s centers that are not accessible to wheelchair users or those with other mobility challenges, may also convey a message that services are not welcoming of persons with disabilities.</p> <p>Example: GBV prevention activities and response services may be physically inaccessible due to long distances, lack of accessible transportation or the costs associated with reaching facilities.</p>	<p style="text-align: center;">Policy & Administrative Barriers:</p> <p>Rules, polices, systems and other norms that may disadvantage persons with disabilities, particularly women and girls.</p> <p>This is a challenge for survivors with disabilities as they may face greater difficulties returning to a facility due to more limited resources, less independence and obstacles in accessing transportation.</p> <p>Example: If a survivor with disability is asked to return at a later date or go through lengthy administrative processes when trying to access services.</p>

Frontline workers can play a critical role in increasing access to GBV programs by working in collaboration with persons with disabilities to identify and remove as many barriers as possible. The following are some suggested steps that frontline workers to can take to help identify and remove barriers to community-based GBV activities. These steps should be undertaken after you have built trust with the community through initial outreach and are planning the GBV activities that you will run with the community. They should also be undertaken while GBV activities are being implemented in the

community, so that you can monitor access and inclusion of persons with disabilities and respond to any new barriers that may arise.

Step 1: Consult with women, children and youth with disabilities and caregivers to identify barriers and potential solutions

Each community will have specific barriers. Frontline workers should host open meetings with community members with disabilities and their caregivers to learn more about the specific barriers they face when trying to access GBV prevention programming. Where possible, frontline workers can also make visits to homes of persons with disabilities who may not be able to attend a meeting outside of the house. The following questions can help frontline workers to learn more about the obstacles and barriers faced:

- *What barriers are preventing access to services or inclusion of persons with disabilities in our activities? How is it different for women, girls, boys and men with disabilities?*
- *Does this barrier only affect the person with disabilities? Are caregivers or other family members and community members also affected?*
- *What can we do to address these barriers? What types of support is needed to improve access and inclusion of women, children and youth with disabilities in GBV activities?*

Step 2: Develop a plan for addressing barriers

Next, the frontline worker should reflect on the barriers/obstacles that were shared by the community members and identify appropriate responses that they can implement. For each barrier consider the following questions:

- *What is one thing we could do to help to overcome this barrier?*
- *Is this suggestion feasible to implement now in our program or activity?*
- *Does this suggestion require additional support (e.g., time, funds or expertise) to implement?*

Step 3: Document and detail the plan

Frontline workers should work with the community members in the consultation to develop specific details on how, who and when will each of the actions will take place. They should be written down in a shared document (or for persons who are visually impaired or who do not read, they can be audio recorded). Some solutions may also need consultation with program staff and supervisors. For each action accepted by the group, consider the following questions:

- *Who will take the lead on this initiative?*
- *How will we know if it is working?*
- *How can we make sure that persons with disabilities give us feedback if it isn't working, or if they have more ideas on how to improve the initiative?*

Step 4: Review the plan and adjust accordingly

Frontline workers should continue to work with community members to identify which strategies work and which barriers need additional actions to address them. Some strategies may take time, such as advocating to an organization that won't accept a person with a disability into their program activity. Set realistic timelines and do not be discouraged if certain strategies take time – persistence is key!

Safety Audits

Community mobilizers and GBV program staff should also consider integrating a specific question related to persons with disabilities into the existing Safety Audit Tools under the community observation section. This will allow for frontline workers conducting safety audits to think about persons with disabilities during this activity and to develop interventions to address their specific needs and barriers.

For example: *Have you seen/identified person with disabilities in the communities? If so, what types of persons with disabilities have you observed? E.g. Physical Disabilities, Sensory Disabilities, Intellectual Disabilities. CONSIDERATIONS: What barriers and obstacles exist for these persons with disabilities in this specific community?*

6.4 Making persons with disabilities feel welcome in our GBV activities

There are a few simple actions that that frontline workers can take to make persons with disabilities feel welcome in GBV activities. Below are a few practical tips to assist frontline workers at each phase of activity preparation and facilitation.

Before the Activity

- **Invite persons with disabilities and their caregivers:** Many persons with disabilities are simply not invited to activities. Invite them – reassure them that this activity is also for them – and answer any questions.
- **Transport & Escorting:** Work in advance to ensure that the people with disabilities who have been invited have an accessible, safe and secure way to get to and from the activity. Work with the individuals, family and other group members to see what can be done to assist them if they have concerns about this – Can they come together with one of their own family members? Can a program staff member or another participant in the activity escort them? Is there a way that the program can provide secure transport for them?
- **Talk to individuals with disabilities about any adaptations needed:** Ask individuals with disabilities about any adaptations needed to participate in the activity. For example, if a person who is a wheelchair user is attending, then you may need to make sure there is enough space for them to move around the room and remove a chair so that they have a clear seat at table. If a participant is deaf, ask for their advice on the best form of communication – Would they like a sign language interpreter? Or do they prefer another means to share information with them (i.e. through writing or typing messages)? If someone gets easily distressed, agitated or over-stimulated, discuss how they might indicate to you about this, and what strategy you will use –

Would they like a quiet place to go to? How often would they like to take breaks? Or would they like to bring someone they trust with them?

During the Activity Facilitation

- **Get to know participants and how they communicate:** Speak to them directly and politely ask if there is anything you can do to ensure that they get the best possible experience. If you have difficulty communicating directly with someone, then you can also ask for advice from caregivers or peers about their communication skills and preferences. Facilitators should take time to watch, listen, talk, and interact with individuals to learn more about them, what their preferences are, and their skills and capacities. This is especially important when working with adults, children and adolescents with more profound communication difficulties.
- **Recognize different types of contributions:** Participation will look different for every individual and vary according to their personal preferences, the type of activity and how familiar they are with the facilitators and other participants (e.g. just listening to sharing and expressing opinions, and even representing and supporting others).

After the Activity

- **Seek feedback from persons with disabilities:** Ask participants with disabilities about what worked well for them in the activity. Also, ask them what improvements could be made next time for them to have a better experience.
- **Collect Information:** In activities and programs that use standard evaluation or feedback forms for participants, try to capture disability in the demographic information section on these forms. This will allow programmers and facilitators to reflect in more detail on the experiences of persons with disabilities in the program.
- **Document Success:** Try to document success when possible. Showing positive examples of persons with disabilities participating in programs can serve as a great advocacy tool – it can also be an empowering experience for the person to share their own story. Work with program staff members who lead these types of activities to ensure the documents are created following all appropriate agency policies.

Reaching and Including Persons with Disabilities in Community-Based GBV Activities

Key Actions

- Conduct home visits to identify women, children, and youth with disabilities and their caregivers for community-based GBV activities. DO NOT ASK ANY QUESTIONS ABOUT PERSONAL EXPERIENCES OF VIOLENCE.
- Raise awareness about GBV and disability in the community, and target women, children, and youth with disabilities for GBV prevention activities.
- Invite women, children and youth with disabilities to activities that are appropriate for both their age and gender.
- Work directly with persons with disabilities and their caregivers to develop practical strategies that address barriers and allow persons with disabilities to participate in activities.

Useful Tools

- *Tool 6: Inclusive Outreach Messages* for sample messages that can be adapted to your given community or context.
- *Tool 7: Inclusive Information, Education and Communication (IEC) Materials* is a simple guide to adapting materials for people with different types of impairments.

7. SAFE IDENTIFICATION & REFERRAL OF SURVIVORS WITH DISABILITIES

Frontline workers are key to ensuring that community members are well informed about important services in their area and that referral pathways work for all persons in need of services. According to the Inter-Agency Standard Operating Procedures for SGBV Prevention and Response in Lebanon, frontline workers should *“inform and train persons with disabilities as well as their families and caregivers on how to recognize, avoid and report acts of SGBV.”*³¹ The information provided in this section complements existing standard operating procedures, and should not be used in isolation of these. In the unlikely event that a frontline worker is having difficulty implementing the standard operating procedures with a survivor and / or someone at-risk, they should immediately contact their supervisor for additional support.

7.1 Identifying persons with disabilities who are at risk

According to the Inter-Agency Standard Operating Procedures for SGBV Prevention and Response in Lebanon, *“while frontline workers may come across survivors of SGBV and/or disclosure they should not carry out proactive identification activities (i.e. looking for SGBV survivors, asking about past abuse, pushing to disclosure), and only limit their functions to safe and ethical referral to services for survivors who approach them and seek help.”* This principle should be upheld by frontline workers at all times, and the following guidance is provided solely to assist frontline workers to identify persons with

disabilities in their communities who may be at higher risk of GBV than others, in order to target them for participation in prevention activities.

Each agency may have their own specific criteria for determining individuals and families who are of 'high risk' and some agencies may automatically place persons with disabilities into this category. However, it is important to note that not all persons with disabilities should automatically be considered high risk. Some persons with disabilities will have strong family support systems, a steady economic situation, good access services, solid peer support networks, and appropriate assistive devices that remove certain disabling barriers – all which can help decrease GBV risks.

However, there are certain situations that may put persons with disabilities at higher risk of violence, abuse and exploitation. In Lebanon, the following groups of people have been found to be particularly at risk:

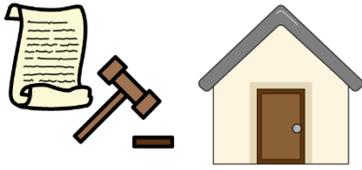
- Women and girls with disabilities who are living outside of families and/or those who lack supportive peer networks.
- Women, men, girls, and boys who have intellectual disabilities, as well as those who are deaf or have severe hearing impairments, as they tend to be the most excluded from society and face higher levels of discrimination. There is a risk that perpetrators will target these individuals, assuming that these survivors will not be believed if they report abuse.
- Female caregivers of children with disabilities – particularly single women caring for children with disabilities – who face high risks of sexual exploitation.
- Female caregivers of male spouses with disabilities, particularly those with new injuries, as these women may be forced to take on new roles in household and new tasks in the community that the husband may no longer be able to fulfill.
- Adolescent girls with disabilities are often excluded activities and lack information and supportive peer networks – they are high risk of early marriage and can face specific GBV risks.

Frontline workers should use their intimate knowledge of the communities that they serve to help identify persons with disabilities who are at risk – beyond just the groups of people listed above – and work to target these people in community-based GBV prevention activities.

7.2 Handling disclosures of violence

Direct disclosures of violence: When frontline workers are handling direct disclosures from survivors with disabilities, they must respect all the same guiding principles (i.e. ensure safety; respect confidentiality; respect wishes, choices, rights and dignity; and ensure non-discrimination) as they would with any other survivor. Frontline workers should provide accurate information to the survivors about the services available. This information may need to be shared in a range of formats depending upon the individual's communication preference. It is important to use simple language to describe such services to persons with intellectual disabilities.

Please see the example below of an Easy-To-Read description of case management:



They can get free support with things like health, the law and a safe place to live.



Someone will help them with this. For example, someone called a **case worker**. They know how to give people the right support.



They know about the support people can get.

Extracted from: Women's Refugee Commission (2017) Working with adults and children in Lebanon who have been hurt or treated very badly. The Picture Communication Symbols ©1981–2016 by Mayer-Johnson LLC a Tobii Dynavox company.

The frontline worker should obtain consent from the survivor with disabilities before moving forward with any referrals. Most persons with disabilities who are directly disclosing violence will be able to consent with no adaptations or only small adaptations in communication. For example, if the survivor is deaf, the frontline worker can try to communicate through writing, and / or engage a trained, professional sign-language interpreter (if the person knows sign language).

If the survivor is an adult with a disability, the frontline worker **should not** disclose any information to the survivor's caregiver. Some survivors with disabilities may disclose to you with a trusted caregiver and / or support person present. In this situation, do not separate the survivor from their support person – instead ask if they are happy to proceed with the discussion with these individuals present, or would prefer to discuss in private. If you are having difficulty communicating with a survivor AND they do not have a trusted support person with them, then you should contact your supervisor for advice.

In the event that a caregiver discloses that their child with a disability has experienced an incident of GBV, or a child self-discloses, all standard steps from the Inter-Agency SOPs for SGBV Prevention and Response in Lebanon; the Standard Operating Procedures for the Protection of Juveniles in Lebanon (and the annexed guidance on working with children with disabilities); and Law 422 should be followed

at all times. No exceptions to these SOPs should be made in the case of children with disabilities. If a frontline worker is unclear of how to proceed with a specific case they should immediately contact their supervisor for assistance (ideally, without disclosing any confidential information on the case).

Reports about an incident of GBV affecting a third party and/or you suspect abuse from observation: In accordance with Inter-Agency Standard Operating Procedures for SGBV Prevention and Response in Lebanon, *“no referrals can be made by frontline workers as the consent of the survivor herself is necessary.”* Frontline workers should provide accurate information about services available and contact details of service providers to the third party disclosing information and encourage them to pass this information along to the SGBV survivor or woman/girl at risk. Also discuss with the individual any support that may be available to assist the survivor to reach appropriate services.

Frontline workers can also provide information about non-GBV-related services, such as psychosocial support activities and / or health and rehabilitation services. These services may be safer for a survivor with disabilities to access if they are living with and / or in close contact with the perpetrator.

It is important to recognize that allies and trusted support people supporting survivors with disabilities to make decisions and seek help may also have their own needs. They may be family members who have witnessed violence, experienced their own violence, and / or be feeling difficult emotions as a caregiver. As such, it is important to also give the third party individual information about GBV services that are available to support them.

Safe identification and Referral of Survivors with Disabilities

Key Actions

- Let adult survivors with disabilities make their own decisions. Try different approaches to communicate information about services and assistance for survivors of GBV.
- Provide information on GBV services and assistance to support people and protective caregivers who may be with the survivor when they disclose and / or disclose violence as a third party.
- Have a list of non-GBV-related services that you can recommend for survivors with disabilities who may be living with a perpetrator.
- Work with survivors and protective caregivers or support people (with the survivor’s permission) to have appropriate and safe transportation to requested services.

Useful Tools

- *Tool 8: Do’s and Don’ts of Safe Identification and Referral of Survivors with Disabilities* provides considerations for frontline workers when identifying and referring survivors with disabilities.

8. TIPS FOR COMMUNICATING WITH PERSONS WITH DISABILITIES

In most cases, persons with disabilities can communicate directly with staff with no adaptations, or relatively small adaptations. In other cases, it may be more difficult to determine the best way to communicate with the individual, and additional steps may be required. It is important when working with persons with disabilities that you take time to watch and listen. Each time you meet the person you will learn something new about them and understand better how they communicate and what they mean.³²

Below are some tips for frontline workers on ways to adapt verbal and non-verbal communication when interacting with persons with disabilities.³³

8.1 Use respectful language

Different language is used in different contexts to describe disability and to refer to persons with disabilities. Some words and terms may carry negative, disrespectful or discriminatory connotations and should be avoided in our communications. The *Convention on the Rights of Persons with Disabilities* is translated into many languages, including Arabic, and can be a useful guide to correct interpretation of different disability terms.³⁴

Organizations of persons with disabilities (DPOs) can also provide guidance on the terminology preferred by persons with disabilities in a given country. Additionally, the national Lebanese Law 220/2000 can provide additional helpful guidance proper terminology.

DPO leaders in Lebanon have suggested the following terms to be the most respectful and most commonly accepted terms in Arabic:

Person with disability	شخص ذو إعاقة
Person with physical disability	شخص ذو إعاقة حركية
Person with intellectual disability	الشخص ذو إعاقة ذهنية
Person with mental/psychosocial disability	الشخص ذو إعاقة فكرية
Person with hearing impairment	ذوي الإعاقة السمعية
Down syndrome	تثلث الصبغية 21 / متلازمة داون
Autism	التوحد
Person with autism	الشخص ذو توحد
Support person	الشخص الداعم
Person with visual impairment	شخص لديه إعاقة بصرية،
Blind Person	شخص كفيف أو مكفوف
Person with low vision	شخص ضعيف البصر

The table below also has some suggestions on tips for ensuring respectful language:

AVOID...	CONSIDER USING...
<p>Emphasizing the impairment or condition before the person</p> <p>For example: Disabled person</p>	<p>Focus on the person first, not their disability</p> <p>For example: Person with disabilities</p>
<p>Negative language about disability</p> <p>For example:</p> <ul style="list-style-type: none"> • “suffers” from polio • “in danger of” becoming blind • “confined to” a wheelchair • “crippled” 	<p>Instead use neutral language</p> <p>For example:</p> <ul style="list-style-type: none"> • “has polio” • “may become blind” • “uses a wheelchair” • “has a disability”
<p>Referring to other people as “normal” or “healthy”</p>	<p>Try using “persons without disabilities”</p>

8.2 Use a strengths-based approach

Do not make assumptions about the skills and capacities of persons with disabilities – this can negatively affect the way we communicate and interact. Remember that persons with disabilities are people first and foremost. Just like all people, they have different opinions, skills and capacities. Look at what the person with a disability can do. This can often give us insight into how they can communicate and participate in your activities.

8.3 General guidance

Remember that you have many skills that you can use with persons with disabilities. Every day you are listening to, communicating with and supporting women, girls, boys and men who are all different in their own ways. All of us use speech, writing, pictures and posters, and activities, as well as emotions and gestures, to both convey and understand information. Different approaches may work better with each individual. Ask persons with disabilities and their caregivers for advice about their preferred communication method, and then try different things.

- Greet persons with disabilities in the same way you would with other people – For example, if culturally appropriate offer to shake hands, even if they have an arm impairment.
- Speak directly to the individual with disabilities, not to their interpreter or assistant/caregiver.

- When speaking for a length of time, try to place yourself at eye level with that person if they are not already at the same height (e.g., by sitting in a chair or on a mat).
- Treat adults with disabilities like you treat other adults – Discussions and activities should be age appropriate and then adapted for communication needs of the individual.
- Ask for advice. If you have questions about what to do, how to do it, what language to use or the assistance you should offer – ask them. The person you are working with is always your best resource.

Tips for Communicating with Persons with Disabilities

Key Actions

- Adapt communication strategies when working with persons with different types of disabilities – Ask persons with disabilities and their caregivers for advice and try different approaches.

Useful Tools

- *Tool 9: Tips for communicating with People with Different Types of Impairments*
- *Tool 10: Easy-To-Read Information about GBV*

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- ¹ World Health Organization & World Bank (2011) World Report on Disability. http://www.who.int/disabilities/world_report/2011/en/
- ² Handicap International & HelpAge International (2014) Hidden Victims of the Syrian Crisis: Disabled, Injured and Older Refugees. http://d3n8a8pro7vhmx.cloudfront.net/handicapinternational/pages/454/attachments/original/1397045203/Hidden_Victims_of_the_Syrian_Crisis—disabled_injured_and_older_refugees.pdf?1397045203
- ³ This estimate is determined using a global estimate that 15% of any population will be persons with disabilities (WHO & World Bank, 2011), and that the population of Lebanon is approximately 6 million people (World Bank, 2016, <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=LB>).
- ⁴ Women’s Refugee Commission (2014) Disability inclusion: Translating policy into practice in humanitarian action. <http://wrc.ms/disability-inclusion-translating-policy-into-practice>
- ⁵ International Rescue Committee (2014) GBV emergency response and preparedness: Participant handbook, page 7. <http://gbvresponders.org/wp-content/uploads/2014/04/GBV-ERP-Participant-Handbook-REVISED.pdf>
- ⁶ Women’s Refugee Commission & International Rescue Committee (2015) “I see that it is possible”: Building capacity for disability inclusion in gender-based violence programming in humanitarian settings. <http://wrc.ms/i-see-that-it-is-possible>
- ⁷ Government of Lebanon & the United Nations (2017) Lebanon Crisis Response Plan 2017-2020. <http://www.3rpsyriacrisis.org/wp-content/uploads/2017/01/Lebanon-Crisis-Response-Plan-2017-2020.pdf>
- ⁸ Building Resilience and Development Programme: The MoSA National Plan to Safeguard Children and Women in Lebanon 2014-2015.
- ⁹ Women’s Refugee Commission & UNICEF (2017) Disability Inclusion in Child Protection and Gender-Based Violence Programs. Training Needs Assessment Report: Gender-Based Violence (GBV) Programs, November 2017.
- ¹⁰ Women’s Refugee Commission & UNICEF (2017) Disability Inclusion in Child Protection and Gender-Based Violence Programs. Training Needs Assessment Report: Gender-Based Violence (GBV) Programs, November 2017.
- ¹¹ UNHCR. (2011). Working with persons with disabilities in forced displacement. <http://www.unhcr.org/publications/manuals/4ec3c81c9/working-persons-disabilities-forced-displacement.html>
- ¹² UNESCO (2013) Social Inclusion of Young Persons with Disabilities (PWD) in Lebanon. http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Beirut/images/SHS/Social_Inclusion_Young_Persons_with_Disabilities_Lebanon.pdf
- ¹³ The United Nations (2006) Convention on the Rights of Persons with Disabilities. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- ¹⁴ World Health Organization (n.d.) Health Topic: Disabilities. <http://www.who.int/topics/disabilities/en/>
- ¹⁵ Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings. (2017) https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf
- ¹⁶ WRC (2013). Disability Inclusion in the Syrian Refugee Response in Lebanon. <http://wrc.ms/disability-inclusion-syrian-refugees>
- ¹⁷ The United Nations (2006) Convention on the Rights of Persons with Disabilities. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- ¹⁸ Andrea Hollomotz, “Disability, oppression and violence: Towards a sociological explanation,” *Sociology*, vol. 47 (2013): pp. 477-493. Originally published online 23 November 2012.

<http://journals.sagepub.com/doi/abs/10.1177/0038038512448561>

¹⁹ International Rescue Committee (2014) GBV emergency response and preparedness: Participant handbook, page 7. <http://gbvresponders.org/wp-content/uploads/2014/04/GBV-ERP-Participant-Handbook-REVISED.pdf>

²⁰ World Health Organization & World Bank (2011) World Report on Disability. http://www.who.int/disabilities/world_report/2011/en/

²¹ Handicap International & HelpAge International (2014) Hidden Victims of the Syrian Crisis: Disabled, Injured and Older Refugees. http://d3n8a8pro7v7hmx.cloudfront.net/handicapinternational/pages/454/attachments/original/1397045203/Hidden_Victims_of_the_Syrian_Crisis—disabled_injured_and_older_refugees.pdf?1397045203

²² World Health Organization & World Bank (2011) World Report on Disability. http://www.who.int/disabilities/world_report/2011/en/

²³ Jones et al. (2012) Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies, *The Lancet*, 380 (9845), pp. 899-907. [http://dx.doi.org/10.1016/S0140-6736\(12\)60692-8](http://dx.doi.org/10.1016/S0140-6736(12)60692-8)

²⁴ Women's Refugee Commission & UNICEF (2017) Disability Inclusion in Child Protection and Gender-Based Violence Programs. Training Needs Assessment Report: Gender-Based Violence (GBV) Programs, November 2017.

²⁵ Women's Refugee Commission & International Rescue Committee (2015) Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings: A Toolkit for GBV Practitioners. <http://wrc.ms/iseethatitispossible-gbv-toolkit>

²⁶ World Health Organization & World Bank (2011) World Report on Disability. http://www.who.int/disabilities/world_report/2011/en/

²⁷ The United Nations (2006) Convention on the Rights of Persons with Disabilities. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

²⁸ World Health Organization & World Bank (2011) World Report on Disability. http://www.who.int/disabilities/world_report/2011/en/

²⁹ UNHCR. (2011). Working with persons with disabilities in forced displacement. <http://www.unhcr.org/publications/manuals/4ec3c81c9/working-persons-disabilities-forced-displacement.html>

³⁰ Women's Refugee Commission & International Rescue Committee (2015) Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings: A Toolkit for GBV Practitioners <http://wrc.ms/iseethatitispossible-gbv-toolkit>

³¹ Inter-Agency Standard Operating Procedures (SOPs) for SGBV Prevention and Response in Lebanon (2014)

³² Women's Refugee Commission & International Rescue Committee (2015) Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings: A Toolkit for GBV Practitioners. <http://wrc.ms/iseethatitispossible-gbv-toolkit>

³³ Women's Refugee Commission & International Rescue Committee (2015) Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings: A Toolkit for GBV Practitioners. <http://wrc.ms/iseethatitispossible-gbv-toolkit>

³⁴ The United Nations (2006) Convention on the Rights of Persons with Disabilities (Arabic). <http://www.un.org/disabilities/documents/convention/convoptprot-a.pdf>