

TOOL 7: DO'S AND DON'TS WHEN REFERRING SURVIVORS WITH DISABILITIES

Do	Don't
Do get to know local organizations of persons with disabilities (DPOs) and other community-based groups working with persons with disabilities in your region.	Don't automatically refer survivors with disabilities to disability-service providers first. Instead get to know the needs of each individual and listen to their presenting problem – work to address these issues first before assuming that they need rehabilitation services.
Map DPOs and disability specific service providers – learn where they are located and understand what they do.	Don't forget to include DPOs and disability service providers in protection-related trainings – they are an important part of the referral process and often have strong, trusting relationships with persons with disabilities in the community – they can help to raise awareness about the availability of GBV services.
Do offer all service options to survivors with disabilities, even if there may be barriers to accessing certain services. If a survivor accepts or desires to attend certain services, work together to develop a way in which they can attend.	Don't assume that a person with disabilities won't want to, or can't participate in certain activities (e.g. livelihoods, vocational training, group-based activities). Oftentimes the only reasons they aren't already participating is because they haven't been invited or assume that they are not welcome.
Do provide extra follow-up to ensure that the referrals you make are completed and that the person referred was not denied or refused services based on their disability.	Don't only depend on family members to provide sign-language interpretation for survivors who are deaf – work with local DPOs to identify professional sign-language interpreters where possible, especially when referring survivors to medical and legal services.
Do ask the individual with a disability to give you feedback on their experience during the referral process; e.g. <i>Were they received with respect by the institution/agency they were referred to? Do they have outstanding issues related to accessibility or transportation to attend these services? Do they have any suggestions on how to improve the referral process for other persons with disabilities?</i>	Don't forget – Persons with disabilities have many skills, capacities and contributions to make to our programs. Some may want to become community mobilizers or volunteers in the future and share their expertise with others. <i>“When I was first invited to attend awareness raising sessions I was nervous that I would not be accepted, but instead I started to meet new people right away and eventually became a community mobilizer.” – Woman with disabilities, Lebanon</i>