WOMEN'S REFUGEE COMMISSION

INTERNATIONAL RESCUE COMMITTEE

Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings

Tool 4: A training module for GBV practitioners in humanitarian settings

Introduction

Approximately 15 percent of any community are persons with disabilities.[1] These rates may be higher in communities that have fled conflict or disaster, as during crisis people may acquire new impairments and have limited access to medical treatment.

Persons with disabilities are among the most vulnerable and socially excluded groups in any crisis-affected community. They may be in isolated in their homes, overlooked during needs assessments and not consulted in the design of programs. Persons with disabilities also have difficulty accessing humanitarian assistance due to a variety of societal, environmental and communication barriers.[2] This increases their protection risks, including their risk of gender-based violence (GBV).[3]

Gender-based violence is a recognized global public health and human rights concern, and has a greater impact on women's lives and health than conflict, malaria and cancer combined.[4] Different forms of GBV, particularly sexual violence and exploitation, may escalate in situations of crisis and conflict, where social norms and systems may be weakened or destroyed.[5] Whilst GBV affects women, girls, boys and men, the vast majority of survivors of GBV are women and girls.[6] For women and girls with disabilities, the intersection of gender and disability increases their vulnerability to violence. In addition, social norms often designate women and girls as caregivers of people with disabilities, which can reinforce their isolation and further limit their access to social, economic and material support, increasing their vulnerability to violence and exploitation.

Despite GBV response and prevention being integral to humanitarian action from the earliest phases of an emergency, persons with disabilities often do not have the same access as other community members to these services.[7]

Persons with disabilities have a right to protection in situations of risk or humanitarian crisis, and should be able to access services and participate in GBV programs on an equal basis with others.[8] GBV practitioners and the communities in which they work should seek to understand the needs of people with disabilities, including the factors that make them more vulnerable to GBV and impede their access to and participation in GBV programs.

Purpose of this training

This training module on Gender-Based Violence and Disability was developed by the Women's Refugee Commission (WRC) and the International Rescue Committee (IRC) as part of a two-year project entitled *Building Capacity for Disability Inclusion in GBV Programming in Humanitarian Settings*, conducted in humanitarian settings in four countries – Ethiopia, Burundi, Jordan and the Northern Caucasus in the Russian Federation. (More information about this project, including related publications and tools, is available at: http://wrc.ms/disability_GBV)

The training module is designed to support GBV practitioners to:

- understand the intersections of disability, gender and violence in the communities where they work; and
- develop ideas and strategies to improve inclusion of persons with disabilities in GBV programming.

How the training should be implemented

The training is designed to build the capacity of GBV staff and community workers to incorporate disability inclusion into their work. It assumes that participants already have at least a basic understanding of GBV, its causes and consequences. It is also meant to be used in conjunction with the IRC's Core Concepts in GBV training[9] or other basic GBV concept trainings that your organization conducts.

This module takes 5-6 hours to complete. The objectives, activities and suggested time allocation are summarized in the table below. Some additional tools, including example case studies, are provided to assist in the facilitation of activities. Case studies have been developed from examples shared by persons with disabilities and their caregivers involved in the pilot project. Facilitators are encouraged to adapt these according to local contexts and to integrate activities from this module into other trainings on GBV.

Table 1: Contents of the training module on Gender-Based Violence and Disability

Activity	Purpose	Time required	Page number
Activity 1: Where do we stand?	To reflect on beliefs and assumptions relating to GBV and disability (Can also be repeated at the end of the module)	15 minutes	5
Activity 2: Understanding disability	To develop a common understanding of disability	45 minutes	7
Activity 3: Gender, disability and inequality	To identify potential consequences for persons with disabilities who don't meet societal expectations of men and women, and/or gender stereotypes in society	30 minutes	9
Activity 4: Root causes of GBV against women and girls with disabilities	To identify the root causes of GBV against persons with disabilities To reflect on power in relationships between persons with disabilities, perpetrators, caregivers and service providers	30 minutes	11
Activity 5: Vulnerabilities to GBV of women and girls with disabilities	To identify the factors that make persons with disabilities more vulnerable to GBV *Optional activity: Adolescent girls with disabilities*	30 minutes *30 minutes*	13
Activity 6: Principles of working with persons with disabilities	To define guiding principles for working with persons with disabilities in GBV programs	30 minutes	16
Activity 7: Barriers to access and participation	To identify barriers to access and participation of persons with disabilities in GBV prevention and response activities	30 minutes	18
Activity 8: Strategies for inclusion	To define strategies for removing barriers and promoting participation of persons with disabilities in GBV programs	30 minutes	19
Training tools for activities	Collection of tools to assist in the facilitation of activities		21

A note about language for training facilitators

In different contexts, different language is used 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 and can be a useful guide when deciding which terms to use in your context. Translations are available at: http://wrc.ms/CRPD_translations

Organizations of persons with disabilities (DPOs) can also provide guidance on the terminology preferred by persons with disabilities in a given country. In some humanitarian settings, the affected population may have established disability associations or committees to represent persons with disabilities. They are also a good resource for guidance on acceptable language, particularly in refugee populations.

Avoid…	Consider using…
Emphasizing a person's impairment or condition For example: Disabled person	Focus on the person first, not their disability For example: Person with disabilities (CRPD language)
Negative language about disability For example: "suffers" from polio "in danger of" becoming blind "confined to" a wheelchair "crippled"	Instead use neutral language For example: "has polio" "may become blind" "uses a wheelchair" "has a disability"
Referring to persons without disabilities as "normal" or "healthy"	Try using "persons without disabilities"

Notes

1. World Health Organization & The World Bank (2011). *World report on disability*. Geneva: WHO. http://www.who.int/disabilities/world_report/2011/en/.
2. Women's Refugee Commission (2008). *Disabilities among Refugees and Conflict-affected Populations*. New York: Women's Refugee Commission. http://www.womensrefugeecommission.org/resources/document/609-disabilities-among-refugees-and-conflict-affected-populations.
3. Women's Refugee Commission (2014). *Disability Inclusion: Translating Policy into Practice in Humanitarian Action*. http://www.womensrefugeecommission.org/resources/document/984-disability-inclusion-translating-policy-into-practice-in-humanitarian-action.
4. World Health Organization (2013). *Global and regional estimates of violence against women: prevalence and health effects on intimate partner violence and non-partner sexual violence*.
5. Inter-agency Standing Committee (2005). *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*. http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv.
6. International Rescue Committee. *GBV emergency response and preparedness: Participant handbook*, page 7. http://gbvresponders.org/wp-content/uploads/2014/04/GBV-ERP-Participant-Handbook-REVISED.pdf
7. Women's Refugee Commission and International Rescue Committee (2015). *"I See That It Is Possible": Building capacity for disability inclusion in GBV programming in humanitarian settings*. http://wrc.ms/disability_GBV.
8. United Nations (2006). Convention on the Rights of Persons with Disabilities. http://www.un.org/disabilities/convention/conventionfull.html
9. www.gbvresponders.org

To download the complete *Toolkit for GBV Practitioners*, the report *"I See That It Is Possible": Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings*, and Stories of Change, visit http://wrc.ms/disability_GBV

Activity 1: Where do we stand?

Purpose of activity

- To reflect on our own beliefs and assumptions relating to GBV and persons with disabilities.

Activity description

Timing: 15 minutes

Place three signs on the wall around the room – "True," "False" and "Don't Know." Ask participants to move to the sign according to whether they are answering "True," "False" and "Don't Know" to the following statements. Record the number of people selecting each response. Alternatively, people can stay seated, and hold up signs to indicate their answer.

1. Some disabilities may be hidden or difficult to see.

   True – Some disabilities, such as mental and intellectual disabilities, are not visible, but people with these types of disabilities may be stigmatized in communities and experience severe discrimination.

2. Persons with disabilities are not vulnerable to domestic violence.

   False – Persons with disabilities are vulnerable to all forms of GBV. They may have less power in relationships and weaker social networks, making them especially vulnerable to GBV.

3. GBV survivors with disabilities should go to separate, more specialized services designed for persons with disabilities.

   False – Services designed for GBV survivors should be accessible to ALL survivors, and their staff should have the right skills and capacities to respond to the needs of all GBV survivors, including those with disabilities.

4. Persons with disabilities can participate in our activities and programs if we make some adaptations.

   True – We should adapt our programs and activities to address physical, communication, attitudinal and others barriers, so that persons with disabilities have the same opportunity to participate as others. Even small changes can help develop GBV programs that are more accessible to persons with disabilities.

5. Women with disabilities experience discrimination based on both gender and disability.

   True – For women and girls with disabilities, their gender and disability make them especially vulnerable and at increased risk of violence. They may be isolated in their homes, discriminated against by the community, unable to access services or protect themselves from violence. Women with disabilities are also often expected by their families, husbands and society to undertake the many duties and responsibilities, as well as access services, in the same ways as other women without the support or adaptations they need. They also experience extreme forms

of discrimination when families, husbands and societies do not understand or seek to recognize their situation or their abilities. They may become alienated from their families and partners, unable to interact or socialize with friends or family, or be abandoned — which can in turn lead to greater stigma, rejection and violence in the community.

6. Persons with disabilities are unable to access services or participate in our programs solely because of their physical condition.

   False – There are many things that may prevent persons with disabilities from being included in our programing, not just their physical condition. Environmental and societal barriers all affect access and inclusion and can be partially addressed through better targeting and improved accessibility of services.

7. Family members of persons with disabilities may also be more vulnerable to GBV.

   True – Disability affects the whole family or household. Family members of persons with disabilities may need to take on more household responsibilities and may experience more poverty, making them vulnerable to violence and exploitation. This is particularly true for women caregivers who already experience vulnerabilities and discrimination on the basis of gender. For example, the wife of a man with new disabilities may have to seek income and assistance for the family, in addition to all her other roles, exposing her to violence at home and in the community.

8. Girls with intellectual disabilities don't need knowledge and awareness about GBV.

   False – Girls with intellectual disabilities are especially vulnerable to GBV, in part because they do not receive the same education or have the same peer support as other girls. They also have a right to know about issues and services available to them even though the information may need to be adapted to their cognitive abilities.

9. Persons with disabilities can contribute to our GBV programs and activities.

   True – Persons with disabilities are the best people to advise us on the barriers they experience, and to make suggestions for how we can address these barriers. Women and girls with disabilities also have unique perspectives on life and the community, which enriches our experience and understanding of the overall context and can help us make program improvements. It is only when we include all women and girls in our activities that we will truly be able to develop a movement to end violence against women and girls.

10. There are things that I can do to prevent GBV against women and girls with disabilities and support survivors with disabilities.

    True – There are many things we can do to remove barriers and promote access and participation of persons with disabilities. These may be simple or sophisticated interventions that help to reduce the risks that women and girls with disabilities face.

Please note that this activity can also be conducted at the end of the module to reflect change in knowledge and attitudes.

Activity 2: Understanding disabilities

Purpose of activity

- To develop a common understanding of disability.

Learning points

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

  "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."
  (Convention on the Rights of Persons with Disabilities, 2006)

- There are different kinds of disabilities. Some disabilities are obvious, like not being able to walk and thus using a wheelchair, and some are invisible, like a mental disability or being deaf. Some people have more than one type of disability.

- There are many different ways in which society may view or interact with persons with disabilities that can result in their exclusion or inclusion in our society.

  » Charitable model: People may look at persons with disabilities as not having any capacity to help themselves and think they must be "cared for" or "protected."

  » Medical model: People may think that persons with disabilities need to be cured through medical interventions before they can actively participate in the community.

  Both of these approaches result in other people making decisions for persons with disabilities and keeping them separate from our society. It is better to use a social or rights-based model, which is also in line with approaches to working with survivors of GBV without disabilities.

  » Social model: People instead look at the barriers that exist in the community and remove them so that persons with disabilities can participate like others.

  » Rights-based model: Persons with disabilities have the right to equal opportunities and participation in society. We all have a responsibility to promote, protect and ensure this right is actualized, and persons with disabilities should be able to claim these rights.

Activity description

Timing: 15 minutes

Training Tool 1: Types of disabilities

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

Ask everyone to draw a picture representing the different types of disabilities they know exist in the community. Stick these on the wall. Alternatively, you can use your own pictures of persons with different types of disabilities (see *Training Tool 1: Types of disabilities*).

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

Activity description

Timing: 30 minutes

Training Tool 2: Quotes – Models of disability

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

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

Give a scenario (or show pictures) such as:

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

Ask participants to give examples of the type of things people would say about these individuals when using different models of disability.

[See Training Tool 2: Quotes – Models of Disability for examples – you can also give these quotes to the participants.]

What are the advantages and disadvantages of each approach?

How does each approach make the person with disabilities feel?

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

Activity 3: Gender, disability and inequality

Purpose of activity

- To identify potential risks for women and girls with disabilities and their experiences within the wider community.

Learning points

- Persons with disabilities are exposed to violence and discrimination based on both gender and disability, which results in inequality and power imbalances in their relationships with spouses, family and wider community members.
- In some settings, community members perceive that persons with disabilities are unable to, or should not, undertake tasks or do things they want or need to do, or that are expected of other men and women. They may be denied the right to marry, to have children or to earn income because of these perceptions, or face stigma and discrimination when engaging in these activities. This affects their status in the community, opportunities to be self-supporting, and power in relationships, which in turn can increase their risk of GBV.
- Household roles may change when someone has a disability. Men with disabilities may have less opportunity to work, making women in the household responsible for income, services and assistance, adding to their workload and risk of violence. Women caregivers experience additional risk of violence and exploitation, since they may be isolated and face constraints in accessing social and economic assets and support.
- Women with disabilities may find it hard to continue performing the many duties expected of her by her family, spouse and society. She may subsequently be alienated from her family, abused by her husband or stigmatized by the community.
- Some persons with disabilities are dependent on others for daily care and activities, and to access services and assistance. This may be used by others as a way of exercising power over the individual. It also hinders their ability to socialize, access services or move about freely in the community.

Activity description

Timing: 30 minutes

Training Tool 3: Card set – Disability and gender inequality

Place cards depicting persons with disabilities undertaking different tasks and roles in the community on the wall. In a large group discussion, ask the group:

- Which cards show men and women with disabilities undertaking tasks that are part of their regular activities?

- Is it expected that women and men with disabilities will undertake these tasks in this community? Why/why not?
- How is it different for those with intellectual and/or mental disabilities?
- What might happen to women with disabilities if they do not or cannot do the tasks expected of them?
- What might happen to men with disabilities if they do not or cannot do the tasks expected of them?
- How might tasks need to be adapted or modified for someone with a disability?
- How is it different for those with intellectual and/or mental disabilities?
- What tasks might a caregiver need to adapt or start doing if someone in their household has or acquires a disability?
- What happens if a women caregiver begins to take on a role that is traditionally held by men?
- How do spouses, family or community members treat caregivers of children and/or adults with disabilities?
- How might this affect their power in relationships or status in the community?

Activity 4: Root causes of GBV against women and girls with disabilities

Purpose of activity

- To identify the root causes of GBV against persons with disabilities.
- To reflect on power in relationships between persons with disabilities, perpetrators, caregivers and service providers.

Learning points

The root causes of GBV against persons with disabilities are the same as for other people:

- ⇨ Abuse of power
- ⇨ Inequality
- ⇨ Disrespect

For many women and girls, their experience of violence based on their gender intersects with other inequalities. This includes the oppression inflicted by majority populations against others based on race, religion, age, class, sexual orientation and disability, all of which contribute to further marginalization and result in less power and status in relationships, households and the community for women and girls with disabilities.

Most women and girls with disabilities have experienced a long history of discrimination and disempowerment — by family members, caregivers, partners and even service providers. People with new disabilities may be facing changes in their independence, decision-making ability and status in relationships, households and communities.

As GBV practitioners, we must work with women, girls and all survivors with disabilities to support them to develop their "power within" and have "power to" make their own decisions about services and assistance. We must be careful not to reinforce negative and harmful power dynamics between persons with disabilities and others and/or exercise "power over" these individuals in the design or implementation of programs.

Activity description

Timing: 30 minutes

Ask participants to recap the root causes of GBV that were described in previous trainings they have received — abuse of power, inequality and disrespect of women's rights.

Put signs on the wall that read "Power over"/"Power within"/"Power to"/"Power with." Read out the following quotes and ask participants to move to the sign that they think best reflects the type of power being demonstrated. Alternatively, people can stay seated and hold up signs to indicate their answer.

"My daughter with intellectual disabilities is safer if she stays inside the house. So I don't let her go out – I keep the door locked." (Power over – Other people are making decisions for her)

"She is very outgoing and enjoys being around other people. She is always following her sister to other activities, even though she can't participate." (Power to – she is actively seeking support)

"My sister is deaf, but she is very good at sewing. So she shows the other women in our group, using demonstrations, while I translate her instructions." (Power with – women working together)

"I can't work anymore, but I want to be useful again. Maybe I can share information with other people with disabilities." (Power within – growing self-agency)

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

Ask participants to discuss the types of power women and girls with disabilities typically have in their relationships with:

- spouses
- caregivers
- service providers

Ask participants to reflect on their own experiences and interactions with persons with disabilities. What kind of power relationship do they think they have with these individuals? What assumptions or stereotypes do they hold? What concerns or fears do they have about working with women and girls with disabilities?

As GBV practitioners, we must work with survivors with disabilities to support them to develop their "power within" and "power to" make their own decisions about services and assistance. We must be careful not to reinforce negative power dynamics between persons with disabilities and others and/or to exercise "power over" them. We must also support spouses, caregivers and other service providers to share "power with" women, girls and all survivors with disabilities, as well as caregivers, to ensure their needs are met and that programs are made more friendly and accessible to them.

Activity 5: Vulnerabilities of women and girls with disabilities

Purpose of activity

- To identify the factors that make persons with disabilities more vulnerable to GBV.

Learning points

Persons with disabilities are vulnerable to all forms of GBV. There are many factors that increase their vulnerability, but the root causes of GBV against persons with disabilities are always the same: inequality based on gender and disability. Gender inequality is based on the power imbalance between men and women, and is exacerbated by the inequalities, oppression and abuse of power associated with disability.

Factors related to disability that may increase vulnerability to GBV include:

- Stigma and discrimination: Persons with disabilities experiencing negative attitudes in their communities, which leads to multiple levels of discrimination and greater vulnerability to violence, abuse and exploitation, especially for women and girls with disabilities. It may also reduce their participation in community activities that promote protection, social support and empowerment.
- 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 a number of barriers to reporting violence and/or negotiating sex in an abusive relationship. People may not listen to them or believe them, especially when it is a survivor with mental or intellectual disabilities, which reduces their access to services. It is often assumed that they do not understand what has happened to them or are not able to express their needs, adding to impunity for perpetrators of such violence.
- Loss of community support structures and protection mechanisms: This is particularly severe in contexts of new displacement where families and communities have already been separated. In general, women and girls with disabilities are often shunned or alienated from others if they have a disability. Some families may resort to tying up their relative and/or locking them inside the home to prevent them from moving around the community where they fear they may experience violence. Adolescent girls with disabilities may also be excluded from protective peer networks and programs, which could otherwise serve to strengthen important assets and support their transition into adulthood.
- Extreme poverty and lack of basic supplies: The lack of income or basic supplies increases the risk that women and girls with disabilities may be abused and exploited, including by service providers or community members. It could also increase the risk of abuse and exploitation

perpetrated by partners, and reduce their ability to leave violent relationships due to their dependence on others.

- Environmental barriers and a lack of transportation: Persons with disabilities must rely on other community members to access services and assistance, including food and non-food item distributions, 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: This increases women with disabilities' risk and vulnerability to violence, particularly inside the home. 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 community support and friendships can mean that they do not acquire the information and skills they need or have people to go to when they experience violence. 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: Women and girls 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 more easily targeted by perpetrators. They are also consistently excluded from all programs and activities, and information is usually not conveyed in a way that they can understand, making it more difficult for them to seek assistance.

Activity description

Timing: 30 minutes

Training tool 4: Case studies

Break into small groups. Give each group a case study to discuss. Each group should discuss the same questions:

- What types of violence are persons with disabilities experiencing in this case study?
- How are other people in the case study affected? In what ways?
- Identify three factors that make persons with disabilities in the case study vulnerable to GBV.
- What other factors exist that have not already been mentioned?

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

What factors increase vulnerability of persons with disabilities to GBV? Do these affect both men and women with disabilities in the same way? If not, how are they different?

Optional activity: Adolescent girls with disabilities

Timing: 30 minutes

Training tool 5: Power walk

Asset building is a widely used approach to working with adolescent girls, and has been demonstrated to reduce their vulnerabilities and increase their access to opportunities. Supporting girls to develop foundational assets — such as health, education, communication skills, self-esteem and social networks — can enable them to transform their lives and positively impact their families and communities. For more information about adolescent girls programs, see the WRC report *Strong Girls, Powerful Women*, available at: http://wrc.ms/StrongGirlsReport

This activity will demonstrate the importance of assets on the vulnerability to GBV and resilience of adolescent girls with disabilities. Two volunteers are each given a character. The rest of the group will read out different scenarios experienced by each character. The volunteers take steps forward or steps backwards according to how the scenario promotes opportunities for and strengthens assets of that individual. An individual may have both positive and negative things happening in each scenario, and so they may take multiple steps forward or backwards accordingly. There may also be events that affect the other women and girls in the family, and this may have additional impact on the individual.

See these key questions to facilitate discussion on whether each girl should move forward or backward.

- What are the good and bad things that are happening in this scenario for the girl?
- What personal/social/physical/financial assets are they developing?
- What personal/social/physical/financial assets are they missing?
- What kind of power exists in the relationships around them? (e.g., power over/power within/power to/power with)
- How does this affect their vulnerability or resilience to challenges?
- How does this affect their risk of or protection from GBV?

Activity 6: Guiding principles of working with persons with disabilities

Purpose of activity

- To define guiding principles for working with persons with disabilities in GBV programs.

Learning points

The following are guiding principles should be considered when working with persons with disabilities in GBV programs:

The right to participation and inclusion: GBV practitioners should recognize the diversity of the population they serve, including the different risks faced by women, girls men and boys with different types of disabilities in humanitarian settings, and the need to make services and activities accessible to and meaningful to these groups. Inclusion of people with disabilities and caregivers, especially women and girls, to reduce their risk of GBV should be a core part of their work, not something special or separate.

Focus on the whole person, not their disability: They have life experiences, skills and capacities, dreams and goals. They have many identities, including as mentors, leaders, wives, mothers, sisters, friends and neighbors.

Don't make assumptions: GBV practitioners should not assume that they know what a person with disabilities wants or feels, or that they know what is best. Don't assume that because a person has a disability that they are incapable of certain things or wouldn't be interested in participating in certain activities. Take time to consult with them, explore their interests and provide them with opportunities, as with other GBV survivors.

Identify and utilize strengths and capacities: Work with people with disabilities, as well as their family members, to identify their skills and capacities, and use these to inform GBV program design, implementation and evaluation. People with disabilities are the experts on their disability and can provide critical guidance on how to adapt programs and activities to better serve them. Individual action plans should be built around people's capabilities.

Focus on "working with": People with disabilities, particularly women and girls, often have decisions made for them by other people, including by family members, caregivers, partners and even service providers. GBV practitioners should instead take the approach of working *with* people with disabilities through a collaborative process that identifies their concerns, priorities and goals. Avoid reinforcing negative power dynamics by making decisions for them, and instead support them to develop their own sense of agency and power to make their own decisions.

Working with caregivers and families: Disability also affects family members, particularly women and girls who may assume caregiving roles. GBV practitioners should seek to understand the concerns, priorities and goals of caregivers, and to both support and strengthen healthy relationships and balanced power dynamics between caregivers, people with disabilities and other family members.

Activity description

Timing: 30 minutes

Ask participants to split into three groups to discuss the following topics:

Group 1 – What does stigma of women and girls look like?

Group 2– What does stigma of persons with disabilities look like?

Group 3 – What does stigma of women and girls with disabilities look like?

Each group should write words on cards or sticky notes that reflect the experiences of stigma experienced by each of these groups. Ask each group to present these ideas and stick their words on the wall.

As a large group, discuss the common features of stigmatization of women and girls, stigmatization of persons with disabilities and stigmatization of women and girls with disabilities.

What kinds of principles are most important when working with women and girls with disabilities? How can we integrate these principles into our work? What principles do we want to encourage in staff, partners and the community?

Write these up as principles for your activities and programs in addition to those included above.

Activity 7: Barriers to access and participation

Purpose of activity

- To identify barriers to access and participation of persons with disabilities in GBV programs.

Learning points

- There are many things that prevent persons with disabilities from being included in our activities, not just their health condition. Potential barriers include:
  - » Attitudinal barriers – Negative stereotyping of persons with disabilities, social stigma and discrimination by staff, families and community members.
  - » Physical or environmental barriers – Such as buildings, schools, clinics, water pumps, roads and transport that are not accessible to persons with disabilities.
  - » Communication barriers – From written and spoken information, including media, flyers and meetings, and complex messages that are not understood by persons with disabilities.
  - » Other barriers – Rules, policies, systems and other norms that may disadvantage persons with disabilities, particularly women and girls.
- Analyzing potential barriers is a first step in planning strategies and actions to include persons with disabilities in our programs.

Activity description

Timing: 30 minutes

Training tool 4: Case studies

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

In the same groups as in Activity 6, ask participants to discuss the barriers persons with disabilities face in each case study. Ask them to write each "barrier" on a sticky note. They should present these barriers and place them on the wall under the sign which relates to that type of barrier.

Key questions:

- 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 barriers do you think are most common in this community?

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

Activity 8: Strategies for inclusion

Purpose of activity

- To define strategies to address barriers and promote access and participation of persons with disabilities in GBV programs.

Learning points

- Persons with disabilities have a right to access our services and participate in our activities on an equal basis with other members of the community. We must remove as many barriers as possible that prevent persons with disabilities from accessing and being included in GBV our programs.
- We should consult with persons with disabilities to identify the best ways to improve their access to and participation in our programs. Particular attention should be paid to consulting with women and girls with disabilities, and female caregivers. Including them in decision-making and utilizing their skills and capacities will make our programs more inclusive and facilitate longer-term healing and empowerment of survivors with disabilities in the community. It will also help to inform the best ways to improve accessibility for women, girls, boys and men with disabilities to the services we provide.

Activity description

Timing: 30 minutes

Break into small groups again. Give each group one category of GBV activities to discuss:

i. Services (e.g., counseling or case management)

ii. Empowerment (e.g., classes and activities at the women's center)

iii. Prevention (e.g., community mobilization or SASA! activities)

iv. Advocacy (e.g., working group meetings or bilateral conversations with refugee leaders)

Each group should identify:

- One specific activity that is undertaken in their context.
- One barrier that prevents persons with disabilities from accessing services or participating in the activity identified (e.g., adolescent girls who are blind are not able to find their way to the women's center for classes). ***Note: The participants may wish to look at the list on the wall from the previous activity to get ideas.***
- One thing we could do to help to overcome this barrier (e.g., we could organize for the girls to walk together to the women's center and escort girls who are blind).
- One way in which persons with disabilities could provide input or feedback in order to improve our

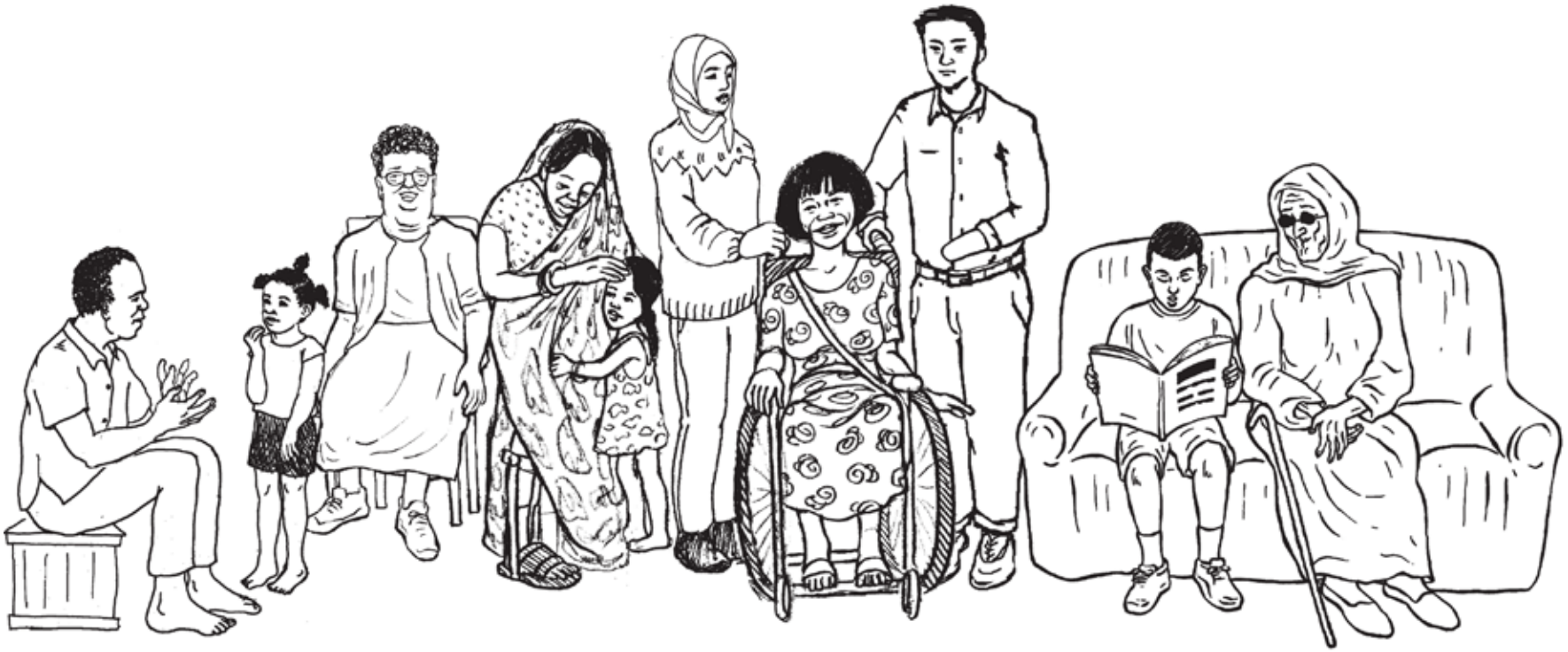
program activities (e.g., the girls who are blind could run a class with the other girls on how to guide blind persons).

Ask participants to report back in a plenary and document their suggestions.

Discuss as a large group:

- What suggestions are feasible to implement now in your program?
- What suggestions require additional support (e.g., time, funds or expertise) to implement?

Training Tool 1: Types of disabilities



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Training Tool 2: Quotes – Models of Disability

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

Adapted from *Making PRSP Inclusive*. http://www.making-prsp-inclusive.org/en/6-disability/61-what-is-disability/611-the-four-models.html

Training Tool 3: Card set – Disability and gender roles

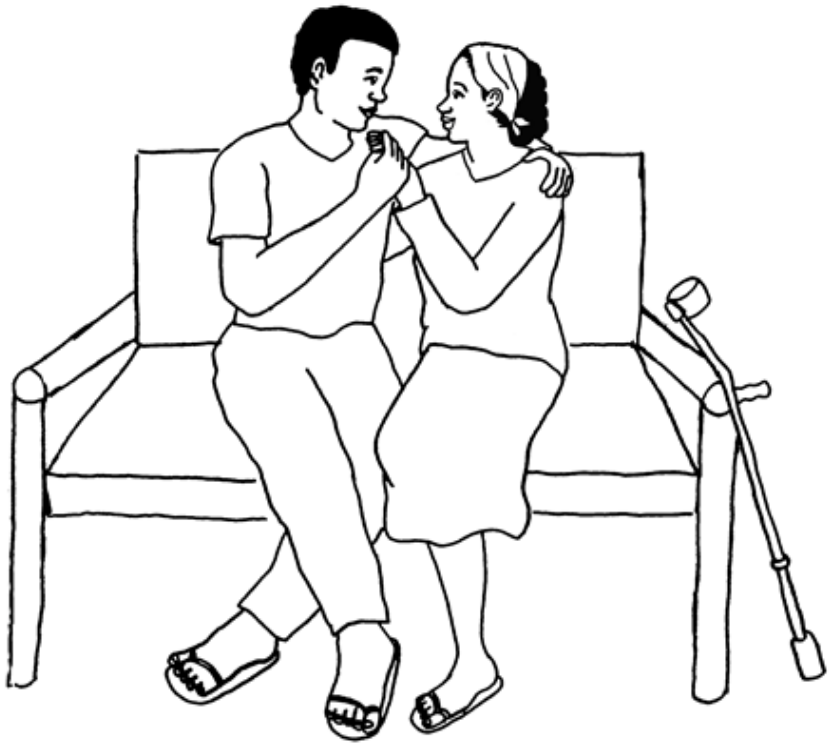

Image by Stacy Patino

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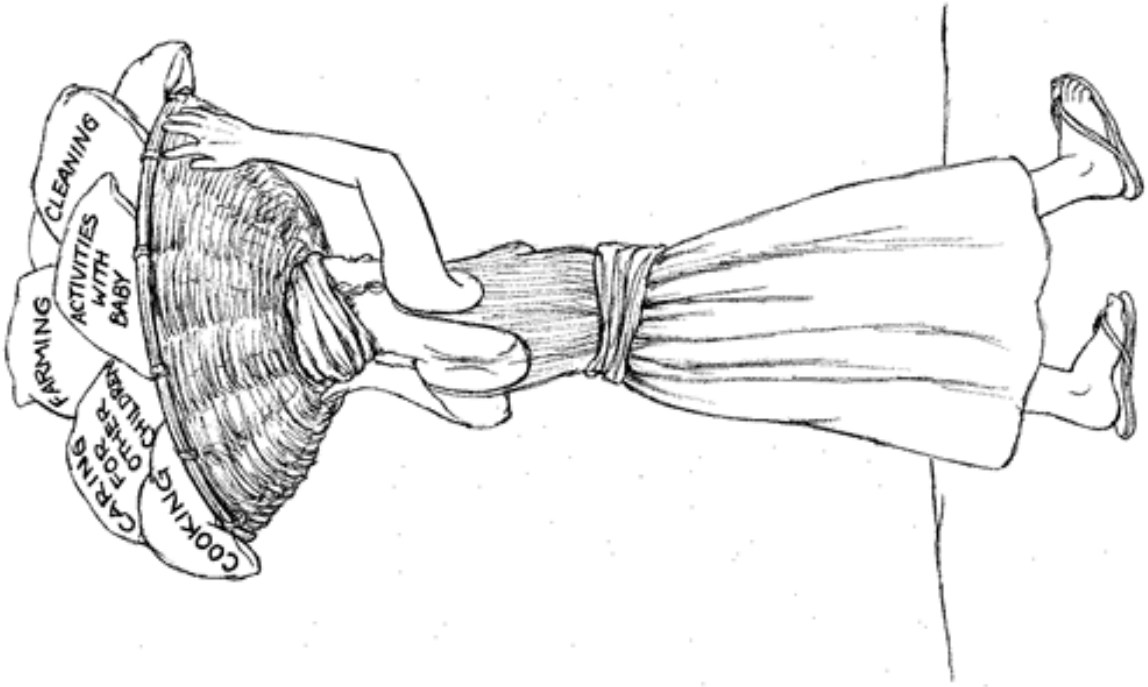

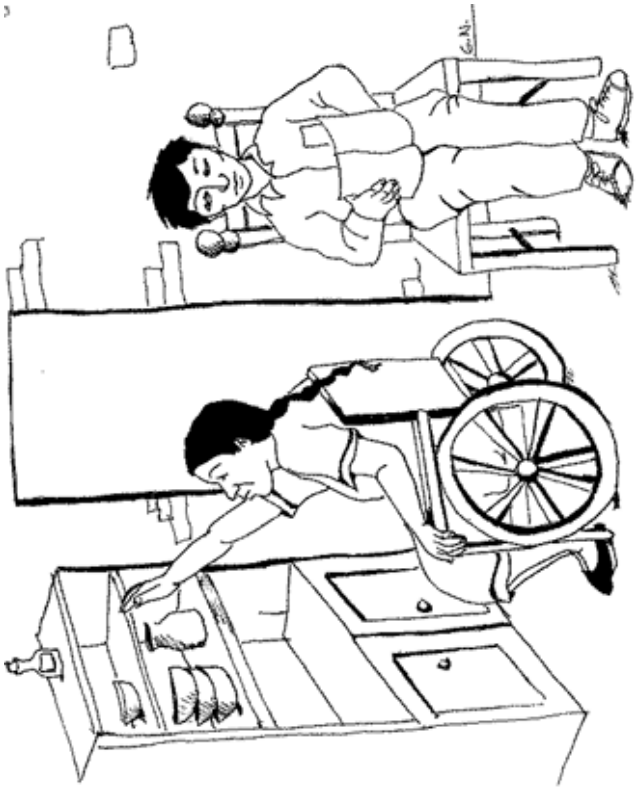

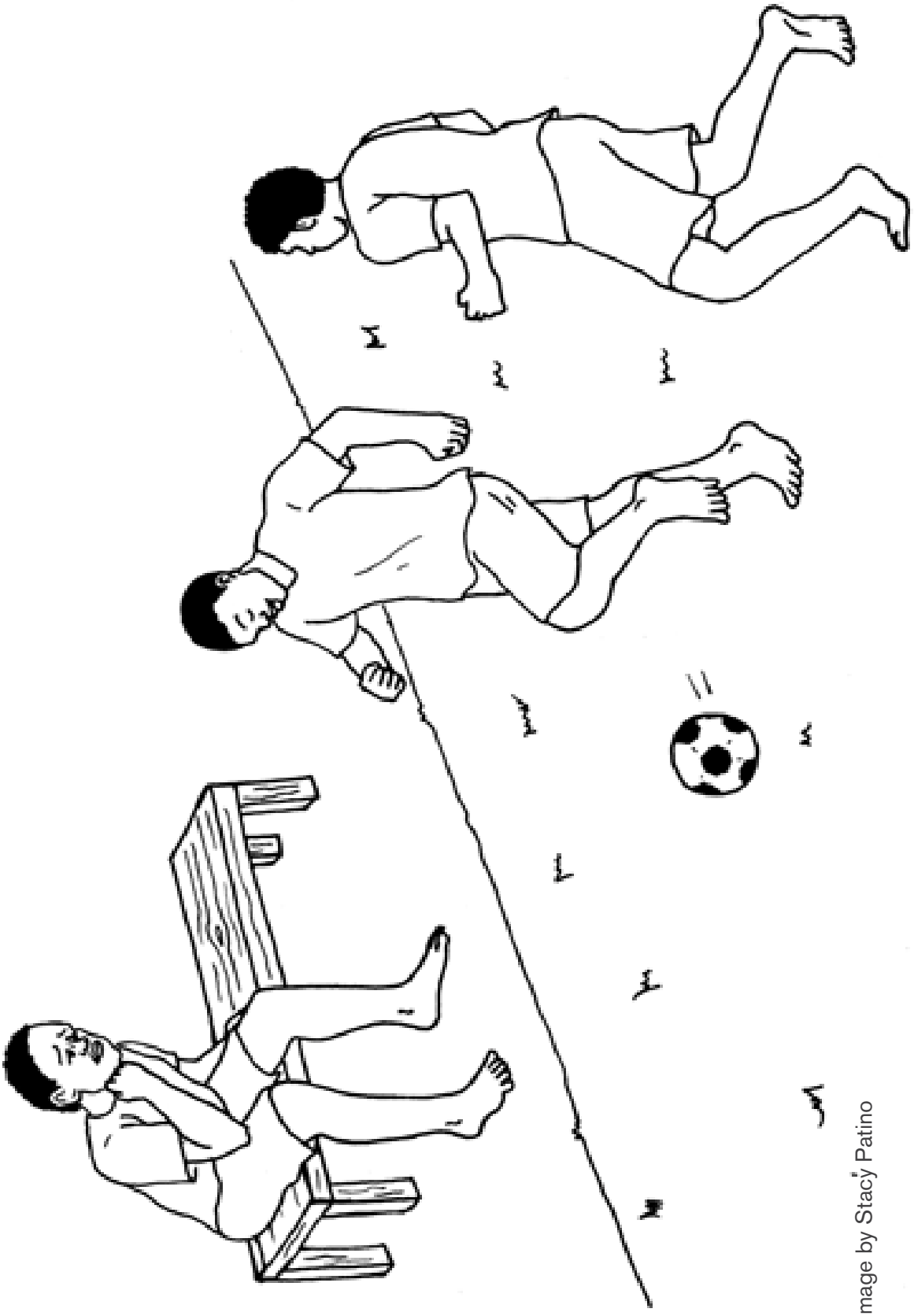

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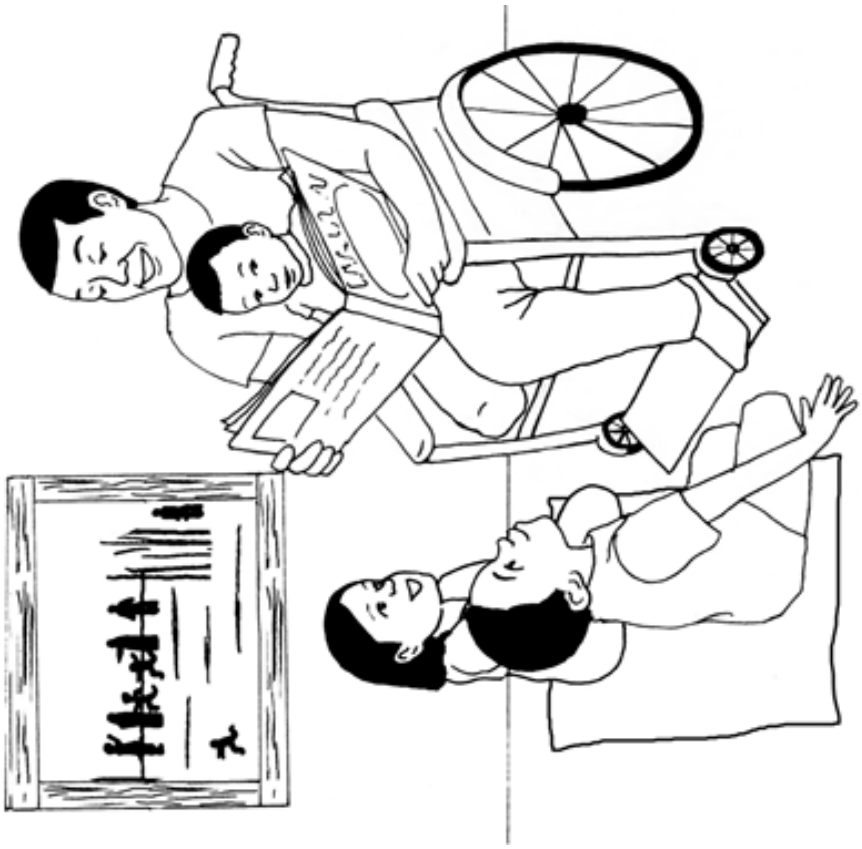

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Training Tool 4: Case studies

Case Study 1 – Selam (Eritrean refugee living in Ethiopia)

Selam is a 17-year-old woman living in a refugee camp in Ethiopia. She lives with her mother, father, five sisters and three brothers. Salem is unable to speak and needs assistance with her daily care. Her mother, Beletu, and her two younger sisters assist her with feeding, washing and toileting. One of her younger sisters has dropped out from school, as her mother is feeling tired and is in need of more support to take care of Selam. Selam smiles when her two younger sisters stay with her and play games in front of her. She cries when she feels hungry or thirsty – this is how her family knows that she would like food or water.

Selam started menstruating when she was 12 years old, but she can't change her sanitary napkin on her own. Her mother and younger sister have taken care of her menstrual hygiene needs for the last five years. They have expressed that this is the most difficult task as Selam has grown bigger.

Beletu doesn't feel comfortable leaving Selam with other people and worries about her safety. When other women visit her at the house, they talk to her about the awareness-raising sessions being conducted by the Community Wellness Initiative (CWI) and other organizations. She would like to attend such sessions, but can't because the sessions are conducted far away from her home, and there is nobody to look after Selam.

Case Study 2 – Esther (Congolese refugee in living in Bujumbura, Burundi)

Esther is from the Democratic Republic of Congo. She has been living in Bujumbura (capital city of Burundi) with her children and her father. She is unmarried. Esther has a mental disability, which means that she sometimes has "crises" or seizures. She says, "This is when men come to rape me. I don't know any of the fathers of my children."

"Some of my children are the age to go to school and I have no means of sending them to school. I have to seek men to even pay for sugar in the tea and they can do whatever they want to me. My children can't even have books for school. My father used to help, but now he is disabled. It is hard for me in my head and in my heart and it sometimes brings on an attack. Sometimes when I am ill, I go to a special hospital. The medication they give me needs to be taken with food, but I can't get sufficient food and so I feel dizzy in my head. But what hurts me most is the situation of my children."

Esther and other women consulted in a group discussion are aware that services are available for GBV survivors at the CUCOR – a center delivering services and assistance to refugees. They know that they can come here to meet with IRC staff, who will describe to them their options and help them access any services which they choose. The women say that "the CUCOR is far from some people" and "there is no transport, so even if you know where the services are, you still can't get there…. Can we reduce the procedures? It takes a long time to come to the CUCOR and then to go to the hospital. If we go straight to the hospital, we are not welcome — we need a paper from [the IRC staff]. It would be better to have a number we can call and to meet at the hospital."

Case study 3 – Sabeen (Syrian refugee living in Zaatari refugee camp, Jordan)

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 in the camp, but now she can't find someone to walk with her. Sabeen likes to go out, even when it is dark. One night, she went to her neighbor's house and when she came back, her mother noticed that she looked different. Her mother asked Sabeen what happened, and she explained that some boys took off her underpants. The boys said that next time they were going to "play husband and wife." Her mother has now stopped Sabeen from visiting neighbors where there are men and boys, because she feels Sabeen will do whatever these people say. Sabeen went to a group meeting with her mother where they talked about violence in the camp, but she didn't really pay any attention – she preferred to practice her drawing.

Case Study 4 – Alieva (Northern Caucasus)

Alieva is 15 years old. She was born with her disability – she has difficulty moving, and was slow to develop speech. The doctors said that Alieva would never go to school, and she spends most of her time inside the house. Alieva's mother helps her with daily care, like washing and going to the toilet. Her father recently left the family, and so Alieva's mother had to find a job to earn income for the family.

Alieva is home alone most of the day, but different relatives come throughout the day to help her go to the toilet or have lunch. Sometimes her cousin is late, and when Alieva complains, her cousin gets angry at her and refuses to take her outside. Alieva likes being outside in her wheelchair, and will talk to anyone who stops to say "hello."

Alieva's sister and another neighbor have started attending a group a local women's center. The social workers spend time talking to Alieva. When she is ready they organize transportation so the three girls can travel together to the center. Alieva looks forward to these days being around the other girls, and is hoping to learn more about computers.

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

Case study 5 – Men with new disabilities (Syrian refugees living in Jordan)

Over half a million Syrian refugee are currently living in refugee camps and urban centers in Jordan. Many are arriving with new disabilities as a result of war injuries. Men with new disabilities living in Jordan were consulted about GBV concerns.

"As an injured person, when he goes outside for treatment, his wife will have to go with him, and she will get a lot of sexual harassment. If he says something to these people, they will say 'You are a half man.' Also the wives may not have time to take the children from the school, and so they have to go on their own – [our wives] can also be sexually harassed."

(Participant in group discussion with men with disabilities and male caregivers in Ramtha, Jordan.)

"It depends on the character of the man – if he is strong willed, then he can still be head of the house, even if he is not able to work after getting his disability. But the husband usually becomes dependent on the wife. If he needs to pay for something, the wife has to go out to work.… It becomes more work for the wife. There are more risks for the wives of men with disabilities because people will take advantage of her. She may become a maid for another family or have to come home late when it is dark. Her psychological state will get worse. If the man has a new disability, he may get jealous when he sees his wife going out. This also creates risk for her [in the home]. Sometime society's perception of these wives will change because they don't know why she is going out and this is not normal here – she may become stigmatized by the community."

(Participant in group discussion with men with disabilities and male caregivers in Zaatari refugee camp, Jordan.)

Training Tool 5: Power Walk

✂_____

1. Alieva

Alieva is 15 years old. She was born with her disability – she has difficulty moving, and was slow to develop her speech. The doctors said that Alieva would never go to school, and so she spends most of her time inside the house.

✂_____

2. Alieva

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

✂_____

3. Alieva

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

✂_____

4. Alieva

Alieva's sister and another neighbor have started attending a group a local women's center with Alieva. The social workers spend time talking to Alieva – when she is ready, they organize transportation so the three girls can travel together to the center. Alieva looks forward to these days being around the other girls, and is hoping to learn more about computers.

✂_____

5. Alieva (FINAL)

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

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

✂_____

✂_____

1. Amina

Amina is 16 years old. She finished her primary education, but has missed a lot of her secondary school because her family members are always asking her to undertake different chores. Her aunty has been encouraging her to do some classes, so she can get a job one day.

✂_____

2. Amina

Amina has a lot of friends from primary school. They meet sometimes in the shops and talk a lot on the phone. Some of her friends are going to the center to learn accounting, and Amina would like to join them. Her friends give her lots of information that she shares with her parents, and they say it is OK for her to go, as long as she is able to continue her other work.

✂_____

3. Amina

Amina has learned a lot at the center and now has many more friends. Her brothers sometimes take away her phone to prevent her from talking to these friends. The other girls at the center sometimes have the same thing happen, and they discuss different ways to talk to their families about this.

✂_____

4. Amina

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

✂_____