

Toolkit on Eliminating Violence Against Women And Girls With Disabilities In Fiji



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PREFACE

The toolkit is part of the pilot project called a Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji. The project is a joint partnership between the Fiji Disabled Peoples Federation and Pacific Disability Forum, supported by financial and technical assistance from UN Women, with primary funding from Australian Department of Foreign Affairs and Trade (DFAT).

The Pacific Disability Forum (PDF) is a regional non- governmental organisation established in December 2002, formally inaugurated in July 2004 and registered in Fiji in 2007 following a growing momentum in the Pacific region led by leaders of organisations of persons with disabilities (DPOs) to recognise the potential of persons with disabilities and their organisations. Our purpose is to promote and facilitate regional cooperation on disability related concerns for the benefit of persons with disabilities, their families and organisations in the Pacific. Our principal stakeholders are national organisations of persons with disabilities and through them the people that they represent. Our status as the regional DPO and the independence of its Board (from government as well as specific private or community sector alignments) is critical in underpinning our role in working across sectors and brokering partnerships.

The Fiji Disabled Peoples Federations (FDPF) the implementing partner of the project is the National Umbrella Body for Disabled Persons Organisations (DPOs) in Fiji. It is led and managed by persons with disabilities in Fiji. The FDPF has a vision of a barrier free, rights based society in which human rights and citizen participation, capabilities and delivery of all persons with disabilities are identified, developed and respected. It has four major affiliates: Fiji Association of the Deaf (FAD), United Blind Persons of Fiji (UBP), Psychiatric Survivors Association (PSA), and Spinal Injury Association (SIA). It has 16 community based DPO affiliates throughout Fiji.



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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CRPD	Convention on the Rights of Persons with Disabilities
CEDAW	Convention on the Elimination and Discrimination against Women
CRC	Convention on the Rights of the Child
CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CED	Convention for the Protection of All Persons from Enforced Disappearances
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CMW	Convention on the Protection of the Rights of All Migrant Workers and Members of their Families
CBM	Christian Blind Mission Nossal Institutes Partnership for Disability Inclusive Development
CBR	Community Based Rehabilitation
DFAT	Australian Department of Foreign Affairs and Trade
DPO	Disabled People's Organisation
EVAWG	Ending Violence against Women and Girls
FAD-Fiji	Fiji Association for the Deaf
FDPF	Fiji Disabled Peoples Federations
FNCDP	Fiji National Council for Disabled Persons
FWCC	Fiji Women's Crisis Centre
FWRM	Fiji Women's Rights Movement
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IWDA	International Women's Development Agency
NCD	Non-Communicable Disease
OSPP	Other Service Providers and Police
PDF	Pacific Disability Forum
PSA-Fiji	Psychiatric Survivors Association-Fiji
SPC RRRT	Secretariat of the Pacific Community Regional Rights Resources Team
SSV	Soqosoqo Vakamarama I Taukei Fiji
SIA-Fiji	Spinal Injuries Association Fiji
UBP Fiji	United Blind Persons of Fiji
UDHR	Universal Declaration of Human Rights
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women Multi-Country Office - Fiji
UNDP	United Nations Development Program
VAWG	Violence against Women and Girls

REPRESENTATIVE ORGANISATIONS

Due to the sensitivity of the issue of violence against women and girls with disabilities and the type of support that is needed, it is our recommendation that DPOs and FWCC be the first points of contact should participants who experience violence and abuse need assistance.

Organisation	What could they help you with?	Contact details
Fiji Disabled Peoples Federation (FDPF)	The Fiji Disabled Peoples Federation (FDPF) can assist organisations in doing an access audit of their facilities	Telephone: 331 1203 Fax: 330 1161 Email: fdpfoffice@fdpf.org FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji
United Blind Persons of Fiji (UBP)	United Blind Persons of Fiji (UBP) can provide information on converting information into accessible format for persons with visual impairment.	Telephone: 330 0616 Fax: 330 1161 Email: ubp@connect.com.fj FNCDP Complex 3 Brown Street, Toorak GPO Box 16015 Suva, Fiji
Fiji Association for the Deaf (FAD)	The Fiji Deaf Association (FAD) can provide information on sign language interpreting, sign and language classes.	Telephone: 331 9042 Fax: 330 1161 Email: fjideaf@connect.com.fj FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji
Spinal Injuries Association of Fiji (SIA)	The Spinal Injuries Association (SIA) can provide mobility aids like wheelchairs, shower chairs, walking sticks and crutches.	Telephone: 330 7908 Fax: 330 1161 Email: spinalinjury@gmail.com FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji
Psychiatric Survivors Association (PSA)	Seek to improve the lives of Psychiatric Survivors in Fiji in the following: <ul style="list-style-type: none"> • Home visits to ex-patients of St Giles Psychiatric Hospital • Organising workshops for members to help develop coping skills and increase understanding of mental illness • Organising community awareness campaigns to promote knowledge of mental illness • Home visits to ex-patients of St Giles Psychiatric Hospital • Organising workshops for members to help develop coping skills and increase understanding of mental illness 	Telephone: 331 9043 Fax: 330 1161 Email: psa.fiji@gmail.com FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji

	<ul style="list-style-type: none"> • Organising community awareness campaigns to promote knowledge of mental illness 	
Fiji Women's Crisis Centre (FWCC) Headquarters	<p>The Fiji Women's Crisis Centre provides crisis counseling and legal, medical and other practical support services for women and children who are sufferers and survivors of violence committed against them by men.</p> <p>Services:</p> <p><i>Counseling and Support Services</i></p> <ul style="list-style-type: none"> • Free and confidential, non-judgmental crisis counseling for victims/survivors of domestic violence, sexual assault, child abuse and sexual harassment. • Legal advice • Accompanying or referrals to court, police stations, hospitals and other agencies upon request. • 24-hour telephone counseling on phone number 3313 300 (operating from Suva) • Providing emotional support and options for clients to be able to make choices for themselves. <p>Community Education and Public Advocacy</p> <ul style="list-style-type: none"> • Giving talks, running workshops and seminars on the issues of violence against women and children. • Lobbying for law reforms Lobbying locally for women's human rights • Organising and participating in international and national campaigns on violence against women and children. <p><i>Phone counseling</i> The Centre provides a 24-hr counseling service over the phone. At any time of the day or night a trained counselor will be available to talk with you, and emergency assistance can also be provided, simply by ringing this number:3313 300. Keep this number with you at all times and make sure your children also know it.</p> <p><i>Mobile counseling</i> The Centre's Mobile Counseling Clinic, which started in July 1999, involves counselors traveling to those areas of Fiji where FWCC services are not immediately accessible. The counselors base themselves at the local health centre for several days, making their services available to the women in the area. The goal of the mobile counseling is to make FWCC services available to as many people as possible in the rural areas and outlying islands.</p>	<p>88 Gordon Street, Suva</p> <p>Telephone: 331 3300 Mobile: 920 9470 (24 hours service) Fax: 331 3650 Opening Hours: Monday-Friday: 8.30am</p>

MESSAGE FROM PDF and FDPF



FOREWORD – PACIFIC DISABILITY FORUM

Pacific Disability Forum recognises the very particular needs of women and girls with disabilities who experience violence. It's a fact, we all know it, that women with disabilities are more vulnerable to all forms of violence and abuse than other women. Many women with a disability face additional problems in accessing appropriate support, and we all know the reality is that fewer have the option of escaping violence. We also hear, very disappointingly, of too many stories of violence and abuse within their families, communities, supported care and residential care facilities. Again, completely, totally and utterly unacceptable.

Preventing violence against women and girls with disabilities is a responsibility of everyone involved in community work, NGOs, CSOs, local government – from elected representatives and senior management to the grass-roots level. The position we hold in our respective organisations puts us on the frontline of whole-of-life service delivery – from health, counselling to justice – and includes designing our public buildings and developing program that must be disability inclusive. This makes our role in preventing violence against women and girls with disabilities within our communities very important.

We hope that this publication will assist EAW organisations to better address violence against women and girls with disabilities and make prevention of violence against women a high priority. We must take a stand on this issue and speak up when inappropriate behaviour towards women and girls with disabilities occurs in the workplace, among families or in the immediate community.

The Pacific Disability Forum (PDF) acknowledges the funding support of Australian Department of Foreign Affairs and Trade (DFAT) through the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) Pacific Regional EAW Facility Fund. We also acknowledge with deep appreciation the assistance rendered by our project partners to ensure the successful completion of this publication.

A handwritten signature in blue ink, appearing to read 'Setareki S. Macanawai', written over a horizontal line.

MR. SETAREKI S. MACANAWAI
CEO, Pacific Disability Forum



FOREWORD – FIJI DISABLED PEOPLES FEDERATION (FDPF)

Bula Vinaka and Namaste from FDPF, we are proud to be a partner of Pacific Disability Forum (PDF) in the development of the Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji which has been funded by Australian Department of Foreign Affairs and Trade (DFAT) through the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and Pacific Regional ERAW Facility Fund.

Violence against women with disabilities happens everywhere in our societies and communities and we as DPOs should work to make sure that measures are taken to eliminate such situations.

FDPF hopes that this toolkit will assist and create awareness which will lead to the reduction of violence against women with disabilities in our communities and this Toolkit should help improve our understanding of the issues and also help us devise strategies to eliminate it.

FDPF wishes to acknowledge the support of PDF, DPOs and stakeholders in the development of this first ever Toolkit on Eliminating Violence Against Women and Girls with Disabilities in Fiji.

A handwritten signature in black ink that reads "R. Chand". The signature is written in a cursive style and is positioned above a horizontal line.

MR. RAKESH CHAND

President – Fiji Disabled Peoples Federation

ACKNOWLEDGEMENTS

We express our gratitude to the women and girls with disabilities from the western, northern, eastern and central division who took part in the interviews for this toolkit. Your willingness to share your experiences as a woman with a disability and speak about personal and painful subjects was extraordinarily generous. The important information that you have given will motivate and inspire action to improve the lives of women with disabilities in Fiji as agents of change.

The team Pacific Disability Forum (PDF) and Fiji Disabled Peoples Federation (FDPF) would like to extend its sincere thanks to the following organisations that made the development of this toolkit possible:

- Australian Department of Foreign Affairs and Trade
- CBM Nossal Institutes Partnership for Disability Inclusive Development, Melbourne Australia
- Fiji Women's Crisis Centre
- Secretariat of the Pacific Community Regional Rights Resources Team
- UN WOMEN (United Nations Entity for Gender Equality and the Empowerment of Women, Multi-Country Office - Fiji)

We also acknowledge the following organisations that contributed to the development of this toolkit based on their feedback and comments during the EVAW stakeholder consultation held on March 14, 2014, at Devos on the Park in Suva, Fiji.

- Anglican Church (Diocese of Polynesia) House of Sarah
- Fiji Association for the Deaf
- Fiji National Council for Disabled Persons
- FemLinkPACIFIC
- Fiji Red Cross Society
- Fiji Women's Rights Movement
- Ministry and Women, Children and Poverty Alleviation
- Ministry of Education (National Substance Abuse Advisory Council)
- Psychiatric Survivors Association
- Fiji Police Force (Sexual Offences Unit)
- Soqosoqo Vakamarama I Taukei
- Spinal Injuries Association
- South Pacific Association of Theological Schools
- United Blind Persons of Fiji
- United Nations Population Fund

The Pacific Disability Forum (PDF) and the Fiji Disabled Peoples' Federation (FDPF) acknowledges the support of Australia's Department of Foreign Affairs and Trade (DFAT), and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), through the Pacific Elimination of Violence Against Women Facility Fund, a UN Women programme funded by Australia.

INTRODUCTION



Objectives of this toolkit:

- To enable trainers of the toolkit to explore their own perceptions of violence against women and women and girls with disabilities.
- To raise awareness with participants on Violence Against Women using the Human Rights approach building from Power and Privilege and Gender Relations
- Enable participants to acknowledge the barriers faced by women and girls with disabilities that experience violence
- Mobilize participants to see how they can assist in the elimination of Violence Against Women

This toolkit contains 5 modules with facilitator notes, additional information and worksheets to run the sessions. It also contains a number of checklists that can be used in program assessment and planning for disability inclusion:

Module 1: Human Rights

Module 2: What is Disability?

Module 3: Gender

Module 4: Violence against women and girls with disabilities

Module 5: Action planning for inclusion

Handouts

Readings

Appendix 1: Disability Inclusive Practice Checklist

Appendix 2: Safety Planning

Appendix 3: Sample Evaluation Form

Appendix 4: The Gender Scale

Appendix 5: Organisation providing service in Fiji

Appendix 6: Bibliography



About the Toolkit

This toolkit provides background information on:

- gender, human rights and violence against women and girls
- violence against women and girls with disabilities and the difficulties faced by women and girls with disabilities in accessing services including but not limited to justice, counselling, and participation in community based ERAW activities

This toolkit is based on information gathered by a number of DPOs on the experiences of women and girls with disabilities in relation to violence. The research looked at the barriers women with disabilities faced in reporting violence, seeking medical assistance and seeking support such as counselling. It was found that, in common with other communities around the world, women and girls with disabilities in Fiji face increased vulnerabilities to violence and additional barriers in accessing services. The toolkit addresses these issues, taking into account other key sources of information about violence against women and girls with disabilities in the Pacific.

The tools have been developed by the Pacific Disability Forum (PDF) and Fiji Disabled Peoples Federation (FDPF), with support from UN WOMEN and input from CBM - Nossal Institute Partnership for Disability Inclusive Development. The toolkit has been reviewed by a number of stakeholders.



Users of the Toolkit

This resource provides a set of tools for **organisations working in the area of ending violence against women and girls** and **Disabled Persons Organisations (DPOs)** when addressing violence against women and girls with disabilities in their work.

ERAW organisations in Fiji are encouraged to work in partnership with Disabled People's Organisations (DPOs) in using the toolkit when undertaking training activities in eliminating violence against women and girls with disabilities.



Approach and Guiding Principles


This toolkit approaches the issue of violence against women and girls with disabilities using the **gender transformative** and **human rights based approaches**. The guiding principles of these approaches can be used by development actors to bring about the changes necessary for a more socially inclusive community response to violence against women and girls with disabilities. These terms will be defined and discussed further in the facilitators guide.

In relation to violence against women with disabilities, the gender transformative and human rights-based approaches require consideration of the rights of women and girls with disabilities to be secure, free from cruel, inhuman and degrading treatment, to have their privacy respected and their right to life upheld. The gender transformative and human rights-based approaches aim to improve women's and girls' access to services and the quality of service they receive. It will offer a useful framework for dealing with the complex and challenging issues that arise in the interplay between disability and experiences of violence, which have often conspired to render these women invisible, powerless and silent.

Underpinning these approaches is the core principle that persons with disabilities have rights, and society as a whole has a responsibility to work with persons with disabilities to ensure these rights are realised.

Principles used throughout the toolkit include:

1. **Awareness** of disability and the negative social and personal impacts of violence on women and girls with disabilities.
2. **Participation** of women with disabilities as essential for genuine empowerment and community change.
3. **Comprehensive accessibility** to ensure that barriers to participation in community processes, and to justice, services and facilities are identified and addressed. These include physical barriers, communication barriers, attitudes and policy barriers.

- 
4. **The twin track** approach which explicitly identifies specific actions for building capacity of women and girls with disabilities at the individual level in conjunction with mainstream inclusion in policies and programs addressing violence against women and girls.

 5. **Respect for inherent dignity and non-discrimination.** The community needs to be educated to accept women with disabilities, without any form of discrimination whatsoever, as who they are and at the same time encourage them to make decisions and respect their choices.

FACILITATOR'S GUIDE





Human Rights-based Approach:

The rights based approach is about putting the person at the centre of every development, in this case women and girls with disabilities.

A human rights based approach is the process that involves:

Participation – Ensuring that women and girls with disabilities are effectively included in all levels of decision-making, particularly decisions that impact their lives. **Accountability** – Ensuring that decision makers are answerable for the decisions they make

Non Discrimination and Equality – Women and girls with disabilities have the right not be discriminated against and the right to be treated with equal dignity and respect.

Empowerment – Ensuring that women and girls with disabilities are well informed so that they make informed choices.

Linkages – It is important that linkages are made to international treaties, for instance the Convention on the Rights of Persons with Disabilities. This can be used to hold governments accountable to human rights standards.

Developing the capacities of duty-bearers

A human rights-based approach requires developing the capacities of ‘duty-bearers’, or those responsible for implementing the law on human rights and gender (e.g. justice, security/police, health and education personnel, among others) on human rights and gender and how they can be applied in the context of violence against women. In practical terms, examples include:

- Ensuring that health care providers uphold a disabled woman’s right to make her own decisions related to reporting abuse or taking legal or any other action.
- Ensuring that police understand that it is their duty (at the request of the disabled woman) to intervene in domestic violence situations, even when they occur in the privacy of a home.
- Ensuring that justice procedures (e.g. the type of evidence that is/isn’t allowed in cases of sexual abuse: the statute of limitations for filing a case etc.) take into account the gender-based nature of this crime and the fact that survivors who are women with disabilities face stigma and double discrimination that may deter them from reporting or filing a case right away.
- Ensuring disabled women’s safety, confidentiality and anonymity at all times.

More information:

Convention on the Rights of Persons with Disabilities (CRPD): Website:

<http://www.un.org/disabilities/convention/conventionfull>

Universal Declaration of Human Rights (UDHR): Website:

<http://www.un.org/en/documents/udhr/>

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW):

Website: <http://www.ohchr.org//CEDAW.aspx>

Constitution of the Republic of Fiji 2013: Website: <http://www.fiji.gov.fj>

The Gender Transformative Approach

Gender Transformative Approach:

The Gender Transformative Approach is a means of carrying a commitment to gender equality by developing and implementing specific objectives, measures and activities that promote gender equality.

Gender programming works to promote the full humanity and rights of both women and men, while not losing sight of the fact that the system of sexist oppression works against females.

A gender transformative approach goes beyond improving women's access to resources, and helps communities to understand and challenge the social norms that create inequalities between men and women.

More information:

<http://tinyurl.com/lpbwxbd>

Disability Inclusive Development Approach:

Many people are excluded from development because of their gender, ethnicity, age, sexual orientation, disability or poverty. Development can be inclusive - and reduce poverty - only if all groups of people contribute to creating opportunities, share the benefits of development and participate in decision-making. Inclusive development integrates the standards and principles of human rights: participation, non-discrimination and accountability.

A disability-inclusive development approach means ensuring that all phases of the development cycle (design, implementation, monitoring and evaluation) include a disability dimension and women with disabilities are meaningfully and effectively participating in development processes and policies.

More information:

UNDP: <http://www.undp.org/content>

International Disability and Development Consortium (IDDC):

<http://www.iddconsortium.net>

IDDC Submission to Firth Ad Hoc Committee preparing the text of the UNCRPD:

<http://tinyurl.com/qzdeyjf>

IDDC, Make Development Inclusive, Sue Stubbs: <http://tinyurl.com/osl6w2p>



PREPARATIONS BEFORE THE WORKSHOPS

Every training course needs preparation time. You should allow adequate time for adapting materials and structures to the specific context and needs of the participants.

Preparations for the workshops include:

- **Clarifying the need for training:** The success of gender and human rights training in practice depends to a large extent on external factors – including attitudes and priorities of those in power within organisations and pre-existing power struggles. Training should be part of an overall strategy, leading to change. Training should be undertaken for the sake of enabling change within institutions and communities by using the knowledge and skills gained from it. Hence the environment in which the skills and knowledge is envisioned to be used should be supportive. Trainers should ensure that there is an explicit mandate from the top of the organisation or from the leaders of a community for training in gender and human rights perspectives in addressing violence against women and girls with disabilities.
- **Participants:** Ensure that organisations and communities will send individuals who plan to stay with the organisation or community in the long term. Find out how many people will be attending and how many will be persons with disabilities and will need learning aids and other forms of support, such as a sign language interpreter. Existing skills, interests and capabilities — such as language and literacy levels of both women and men — need to be assessed. Other factors you should consider are: experience in development, and in disability work, levels of experience in the organisation, job role, responsibility and status. It is also important to find out people's previous levels of knowledge on gender and human rights issues and any previous relevant training or experience.
- **Venue:** Check that there is always enough space for group breakout sessions and for participation and moving about. Consider persons with disabilities and their need for access and full participation at the venue. Is the venue on the ground floor or higher? Is it accessible to persons in wheelchairs? How is the room acoustics- will sound degrade? Is there an echo when one speaks in the room? Is there good lighting? Are the toilets wheelchair accessible with good lighting?
- **Seating:** Seats must be arranged so that participants can see all visual learning aids to ensure full participation.

- **Materials for participants:** If there are visually impaired persons in the training provide them with soft copies of materials such as readings in Microsoft Word format. This is to enable the JAWS (Job Access with Speech) software to pick up the font thereby enabling blind and visually impaired users to read the screen either with a text-to-speech output or by a Refreshable Braille display. Visually impaired persons may require print-outs in large font. Ask about font size beforehand.
- **Time:** Allocating enough time for each session and break, considering the learning pace of participants.
- **Knowledge test:** Asking pre-workshop questions of the group before the session to gauge their knowledge of the topic will help you set the approach with which to conduct the training. This can be carried out as a survey a week or two before the training.
- **Pace:** Consider sign language interpreters to determine the right pace to use in the sessions.
- **Space to speak:** Women in particular often have difficulties in speaking in large groups, particularly if men are present, and in discussing themselves and their situations. There will be sessions where you will have to separate men and women. These are clearly indicated in this manual.
- **Confidentiality:** is also important. Stress the importance of keeping all stories survivors of violence share in the sessions in confidence.
- **Sensitivity:** Sharing very sensitive stories and experiences will lead to emotional situations. The session must not be too rigid and if participants decide not to share any more or break down, then temporary special measures must be provided.
- **Program:** Ensure participants receive a copy of the program before the workshops.
- **Readings:** The back of the manual contains additional readings for the facilitator It is important for the facilitator to read the Background reading on page 114 to understand the Legal, policy and institutional context of violence against women in Fiji.

Suggested Training Agenda:

Day	Morning	Afternoon
Day 1	Module 1	Module 2
Day 2	Module 3	Module 3
Day 3	Module 4	Module 4
Day 4	Module 4	Module 4
Day 5	Module 5	Module 5



Learning Objectives:

The learning objectives are written in terms of cognitive, behavioural, and affective outcomes, also known as the “head, hand and heart” domains. At each session, you as trainer will aim to enable participants to achieve at least one outcome each from the cognitive, behavioural and affective domains.

The learning objectives are realistic in terms of what the training can achieve and what other changes are needed to support the aims. It is important to be quite clear about what you want to achieve at the end of your training session. This is to enable you to measure the achievements of the training against its learning objectives.

The participants should be followed up and engaged in further activities and training. This is important to develop them into advocates in their own communities.



Resources & Materials:

For workshop learning sessions

- Flipcharts
- Clips to hold Flipchart
- Re usable adhesive such as Blutac
- Markers / felt pens
- Posters
- Handouts
- Newspaper and magazine articles
- Video presentations (check equipment is in working order, DVDs, extension cords, etc.)

For participants

- Paper, pens
- Accessibility to all facilities
- Copies of handouts, etc.
- Program
- USB for soft copies of materials (e.g. for those with visual impairment to use with the JAWS software)

Trainers:

It is assumed that people using this manual will have some experience of facilitating groups and/or running training workshops.

Ideally, there should be at least two facilitators or trainers. Where this is impossible, try to get at least one resource person from within the organisation to help you plan. Your co-facilitators could be involved at various stages – joining in the basic needs assessment and planning, or just being brought in to run certain sessions. However, in all cases share some of the planning with co-facilitators.

Two or more facilitators are useful because:

Facilitating gender and disability training can be challenging and tiring.

- Co-facilitators can give each other support, and also provide a useful check on the facilitator being drawn into colluding with prejudicial sentiments.
- Having one male and one female facilitator helps the group dynamics, particularly in the mixed groups, and stops gender being seen as only a women's issue.
- It is important for at least one trainer to come from the same area and ethnic group as the majority of the participants. This will provide relevant local knowledge.
- Having at least one facilitator with knowledge of local languages enables small group discussions to be held in the people's first language. This may be particularly important to prevent women or the less educated from being disadvantaged in discussions.

You need to consider all the above points when choosing your co-facilitator(s).

Facilitators need to work together as a team, and to be seen to be doing so, because:

- The reactions of the participants will vary according to their perceptions of the facilitators in terms of their sex, ethnicity, age, class and many other factors.
- The group may cast them in different roles, for example 'expert'/'non-expert', 'one of us'/'outsider', and try to play one off against the other.
- The same message will be interpreted differently depending on who it comes from.

In order to work effectively as a team, and so that your training is not undermined by your co-facilitator, you should:

- Discuss your training styles and methods, and also specific issues likely to arise from issues in the manual.
- Facilitators should not interrupt each other, but invite comments at the end.
- Each should ask the other for support, and be prepared to give it.
- Make sure that you agree on the basics about gender, human rights and disability.

The facilitators need to look at their own lives and be aware of their own culture, prejudices, and assumptions, including assumptions about participants. You need to work through some of these issues before starting to run workshops.

After the workshop, there is a need to debrief daily with the facilitators.

RUNNING THE TRAINING



Anecdotes: Anecdotes are stories (can be humorous or serious), from your own experience or someone else's, told to make a point. Anecdotes should be related to the topics under discussion. Anecdotes can also be used as ice-breakers or as an attention grabber at the beginning of sessions.



Flipcharts: should be used to note down participants' responses and key points of discussions. They can be put up on walls for participants to see.



Participants Questions: allow for questions and time for discussions. Provide a confidential and safe avenue for participants who may want to ask questions privately.

Rewards: constantly encourage and reward participation from trainees. This can be in the form of positive affirmations or small treats.

Closing circles: the wrap up session for each module. An opportunity for the facilitator to go over some of the important concepts of the module and reiterate them again. In doing so the facilitator can also start to introduce the next session.



This is also an opportune time to gauge the understanding of the participants by the facilitator, and go through some of the content again before moving on. A circle is ideal as the formation does not promote hierarchy, and in a sense everyone is the same. Thus creating an enabling environment for sharing of stories and experiences.

Introductions and Expectations:

Before beginning module 1 it is helpful to ensure that everybody knows each other and also creating a space that is conducive for learning and sharing.

ICE BREAKERS EXERCISE: ACQUAINTANCE

Estimated time: 30 minutes


Purpose:

- To give participants an opportunity to introduce themselves and become acquainted with each other in a non-threatening manner.
- To increase participants' comfort level.
- To establish an unconstrained atmosphere for discussion and group cohesion.

Group Circle Activity

Task:

Let's introduce ourselves. Let us all say our names and a few words about what we do. We need a volunteer to begin, and then everyone follows in turn.



Brief discussion: Why did we introduce ourselves in this manner? What do you think was the purpose?

Variation: Facilitator divides the group into pairs and assigns each pair to interview one another. Then each individual introduces her/his counterpart. One pair volunteers to begin, and the others follow. Possible questions for the interview:

- a) Introduce yourself and talk about your successes and challenges.
- b) In an ideal situation, where money and training were not a problem, what would you be doing?
- c) Three words I would like to be remembered by are...

Discuss in the group:

1. What did you feel when your counterpart introduced you?
2. What is easier: to talk about yourself or to hear it from others?
3. Was it an easy task to talk about your successes/positive characteristics?

Facilitator's commentary:

Each of us has introduced her/himself. Perhaps this was an unusual introduction, however this training activity gave us an opportunity to get acquainted with one another in a non-threatening, informal way, and it established a more comfortable atmosphere for the initial communication in the group. This activity is called an “ice-breaker” because it figuratively breaks the ice or releases the initial tension which is often present in situations when people first meet one another. It will help to set a tone for the time we will spend working as a team that has come together to tackle some complex issues.

EXERCISE: OUR EXPECTATIONS Estimated time: 15 minutes

Purpose:

- To assist participants in identifying and articulating their expectations for the training workshop.
- To help facilitators understand the group's specific training needs and adapt the training program accordingly.
- To increase group cohesion and further enable participants to become acquainted with one another.

Group Circle Activity: Energizers – Ask for a volunteer to lead the group in an energizer activity.

Task: Let's discuss the following question:

- What would you like to learn about the problem of violence against women and girls with disabilities that would make this workshop useful in your work? A volunteer can begin the discussion and others will continue in turn.

Variation: Facilitator asks the participants to complete the following open-ended sentences:

- For me, exploring violence against women and girls with disabilities in this forum will.....
- A concern I have about this training workshop is...
- I hope I'll come away with...
- The questions I would like answered during this workshop are...

Facilitator can write the sentences down on a flipchart before the exercise and post the flipchart on the wall for all to see. Then the facilitator asks for a volunteer to start the process.

The group's responses should be written down on a flipchart (this list should be visible throughout the course of the workshop.) At the conclusion of the workshop, the facilitator should review the list of expectations together with the group to summarize whether the participants' expectations have been met.

Facilitator's commentary: When our expectations for the training have been met, we consider the training program to have been successful. Therefore, the goals that we articulate at the beginning of the workshop, such as learning new information about and understanding violence against women and girls with disabilities, determine not only how much knowledge we will gain, but also whether our future actions will be successful.

Gender scale:

Found in Appendix 4 at the back of the Manual. (Derived from the Pacific Stepping Stones Manual)

This is to be administered by the trainers to the group before and after the administration of the training. Tracking changes in participants' responses allows us to measure the effectiveness of the training.

1. Distribute a copy of the Gender Scale to each participant.
2. Participants read the statements and give the answer that best describes their own opinion. Stress to participants that the Gender Scale is to test the effectiveness of the training, not to test them as participants.
 - o If need be the trainer can go through each of the statements, but should not coach the participants on what answers to give.
 - o If participants have issues with literacy, or visual / other impairments, facilitators can administer the Gender Scale through individual interviews. Interviews ought to be conducted before Day 1 of the training due to time constraints.
 - o The participants should be given space to answer the questions individually.
 - o There should be no discussions of the questions.
3. Facilitators can score participants' answers using the procedures described in Appendix 4.



MODULE 1

HUMAN RIGHTS

MODULE 1

HUMAN RIGHTS



Learning Objectives:

Upon completing this module, participants will be able to:

1. Define human rights;
2. Recognise that everyone has rights, everyone is equal in dignity and worth.
3. Illustrate the principle of the Convention
4. Recognise the interrelation between human rights

Module 1 OVERVIEW: Human Rights

Note that the allocated time for each session may vary according to the duration of the total training, whether it is a day, two days or more.



Session	Topics	Suggested Time
1.1	What are Human Rights?	1 hour
	Break	
1.2	Rights of Persons with Disabilities	1 hour



Notes for Trainer on Module 1

Human rights are the basic freedoms and protections that we are all entitled to, regardless of our ethnicity, sex, age, disability, religious beliefs, sexuality, marital status or other status.

Violence against women is one of the most common forms of human rights abuse. Women with disabilities experience higher rates of abuse than women without disabilities. Women with disabilities comprise 10% of women worldwide. The human rights based approach acknowledges that women and girls have human rights just like everyone else, and that violence against women with disabilities is a violation of those human rights. The human rights of women with disabilities are outlined in the international treaties and conventions developed by the United Nations, including the

- Universal Declaration of Human Rights (UDHR) Articles 5, 12
- Convention on the Elimination of All Forms of Racial Discrimination (CERD)
- International Covenant on Civil and Political Rights (ICCPR) Articles 2, 7, 20, 24, 26
- International Covenant on Economic, Social and Cultural Rights (ICESCR)
- Convention on Elimination and Discrimination Against Women (CEDAW) General Recommendation 18 (WWD), General Recommendation 19 (EVAW)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)
- Convention on the Rights of the Child (CRC) Articles 19, 23
Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW)
- Convention for the Protection of All Persons from Enforced Disappearances (CED)
- Convention on the Rights of Persons with Disabilities (CRPD) Articles: 2, 4, 5, 6, 9, 12, 13, 15, 16

More information:

The Universal Declaration of Human Rights'

<http://www.un.org/en/documents/udhr> <http://tinyurl.com/8mmonuk>



Session 1.1 What are Human Rights?

Learning Objectives

Upon completing this session, participants will be able to

1. Define human rights;
2. Develop an appreciation for the rights of individuals;
3. Value individual persons without discrimination.



Time: 1 hour

Preparation:

Study the Module 1 Readings

Materials:

Flipchart, makers, blutac, handouts on CRPD, activities

Method:

Interactive and group discussion

Source:

Derived from the Rethinking Domestic Violence:
A Training Process for Community Activists, Raising Voices)



Steps

Part A: Talanoa

1. Start by introducing the word 'rights'. We all use it in our everyday language.

We say things like “she had a right to do that” or “we have a right to say what we think”.

2. Ask the participants to suggest examples of the use of the word 'rights' from their own experiences. When was the first time they remember hearing it? What was the context in which it was heard? Encourage participants to contribute short experiences of the usage of the word 'rights'.

3. When you feel that the group has a common understanding of what is meant by the word 'rights', open a discussion by asking the participants:

Discussion questions	Key Points
From where do we get our rights?	<ul style="list-style-type: none"> • Human rights are ‘entitlements’ that every human being has just because they are human. All human beings have rights — we are born with them and they cannot be taken away • When people demand their rights they are fighting for justice and for what they deserve. They are not asking for welfare, kindness, or pity. Thus when you promote women’s rights, you are fighting for justice, not appealing to the goodwill of people.
Who gave them to us?	<ul style="list-style-type: none"> • If participants say “God gives us rights”, you could ask “What about people who don’t believe in God, or believe in a different God?” • If participants say, The government gives us rights”, ask “Can the government decide which rights we have and which we don’t? Can people disagree with the government? If the government didn’t exist, would we still have rights?”

4. When you feel that participants understand the importance of the link between justice and rights, wrap-up the discussion.



PART B: What Does It Mean to Be Human?

1. Write the words “HUMAN” and “RIGHTS” at the top of chart paper or a blackboard. Below the word “human” draw a circle or the outline of a human being.

Ask participants to brainstorm what qualities define a human being and write the words or symbols inside the outline. For example, “intelligence,” “sympathy.”

2. Next ask participants what they think is needed in order to protect, enhance, and fully develop these qualities of a human being. List their answers outside the circle, and ask participants to explain them. For example, “education,” “friendship,” “loving family.”

3. Discuss:



- What does it mean to be fully human? How is that different from just “being alive” or “surviving”?
- Based on this list, what do people need to live in dignity?
- Are all human beings essentially equal? What is the value of human differences?
- Can any of our “essential” human qualities be taken from us? For example, only human beings can communicate with complex language; are you human if you lose the power of speech?
- What happens when a person or government attempts to deprive someone of something that is necessary to human dignity?
- What would happen if you had to give up one of these human necessities?

4. Explain that everything inside the circle relates to human dignity, the wholeness of being human. Everything written around the outline represents what is necessary to human dignity. Human rights are based on these necessities.

Read these sentences from the Universal Declaration of Human Rights (UDHR) and explain that this document sets the standard for how human beings should behave towards one another so that everyone’s human dignity is respected:

...recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of the freedom, justice, and peace in the world...

Preamble
Universal Declaration of Human Rights

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article
Universal Declaration of Human Rights

PART C: What Is a Right?

1. Brainstorm for the many meanings “right” can have (e.g., “correct,” “opposite of left,” “just.”) Consider common expressions like “We’re within our rights” or “You have no right to say that.” Record these different meanings on the board. What is the meaning of “right” when we speak of a human right?

2. In small groups or all together, brainstorm a definition for human rights and write these possibilities on the board. Try to evolve a definition that everyone can agree upon and write it on a chart sheet by itself.

3. Write on the board this definition of human rights:

Human rights belong to all people regardless of their sex, race, color, language, national origin, age, class, religion, or political beliefs. They are universal, inalienable, indivisible, and interdependent.

- What is meant by universality? By inalienable? By indivisible? By interdependent? Ask participants to look up these terms in a dictionary or in A Human Rights Glossary, Part V, “Appendices,” and explain their meaning to the group.


4. Look back at the list of qualities that define a human generated in Part B.

5. Write “SURVIVAL/SUBSISTENCE,” “HUMAN DIGNITY,” and “CONVENIENCES AND LUXURIES” on another chart or blackboard. Discuss the meaning of these terms.

Consider the chart made in Part B. Place each item listed as necessary to fully develop human qualities under one of these headings. For example, is education necessary to survival? To human dignity? Is education a convenience or a luxury?

6. Discuss:

- Should human rights address only what a human being needs to survive? Why or why not?
- Should human rights also protect those things you classified under “conveniences and luxuries”? Why or why not?

- 
- Some people in the world have only what is necessary to survive while others have luxury and convenience. Is this situation just? Is it a human rights violation?
 - Can something be done to equalize the enjoyment of human dignity? Should something be done? If so, how? And by whom?

Session 1.2 Rights of Persons with Disabilities

Learning Objectives



Upon completing this session, participants will be able to:

1. Illustrate the principles of the Convention on the Rights of Persons with Disabilities
2. Describe the rights of persons with disabilities



Time: 1 hour 30 minutes

Preparation: Read articles on CRPD and other conventions in the Readings Session 1.2 Handouts for each participant, Flipchart, markers, art materials (coloured pencils, pens, paint) and blutac.

Section Materials: Session 1.2 Handouts for each participant, Flipchart, markers, art materials (coloured pencils, pens, paint) and blutac.

Method: Large group presentation, discussion and small group activity

Source: Derived from “It’s About Ability, Learning Guide on the Convention on the Rights of Persons with Disabilities” – UNICEF and A world Enabled

Steps



Brainstorm: what rights do you think people with disabilities have?

2. Explain to the participants that there is a special convention specifically about the rights of people with disabilities
3. Distribute Handouts on UNCRPD. Allow a few minutes for participants to read through the handout.
4. Break into groups of 4-6 participants. Distribute art materials.
5. Assign each group a section of the “Specific Articles” (Articles 10- 30). Ask the group to discuss and draw or paint examples of someone being denied these rights on one side of the chart paper. Then ask them to discuss and draw an example of someone enjoying the rights on the other side of the paper. Tell them that these pictures will be displayed in the training room.

Ask participants to present their drawings to the larger group. Start with the drawing of the right being denied, then the right being enjoyed. Ask the following:

- How did the people with disabilities achieve their rights?
- What did they have to overcome to achieve their rights?

o Examples: Changing negative attitudes, getting community or government support, using teamwork or educating others.

Closing circle



- Human rights is not a foreign concept
- People are born with their rights, it not given to them by anyone, it is an entitlement
- Governments do not give us our rights, but they can make laws that can protect them
- People with disabilities have the same rights as everybody else



MODULE 2 WHAT IS DISABILITY?

MODULE 2

WHAT IS DISABILITY?



Learning Objectives:

Upon completing this module, participants will be able to:

1. Define disability
2. Articulate the different types of impairments
3. Explain what causes disability
4. Recognise the common myths and facts about disability
5. Recognise that women with disabilities should be equally included in the community

Module OVERVIEW

Session	Topics	Suggested Time
2.1	What is disability?	30 mins
2.2	Causes of disability; Myths and Facts about Disability	45 mins
	Break	
2.3	Different types of impairment	30 mins

Notes for the Trainer on Module 2



Ending Violence against Women (EVAW) organisations may choose to use this session when training other EVAW organisations when doing awareness in their target communities. EVAW organisations are encouraged to work with Disabled Persons Organisations (DPO's) in running this session.

More Information:

Annex 1: Articles of Human Rights Conventions related to Disability
 History of the UN convention on the rights of persons with Disabilities (CRPD)

Other:

Heng, C; Tep, D; Tith, H; Ton, D; Vallins, N; Walji, F; Astbury, J. Challenging Discrimination Against Women with Disabilities: A Community Toolkit, BanteaySrei, CDPO, CBM Australia, IWDA and Monash University, 2013.



Session 2.1 Introduction - What is Disability?

Learning Objectives

Upon completing this session, participants should be able to:

1. Define disability.
 2. Articulate the types of impairment
 3. Learn about the causes of disability
 4. Be familiar with common myths about disability.
-
1. To ensure that everyone in the group understands that there are different kinds of impairments
 2. Some impairments are obvious, for example being in a wheelchair
 3. And some are invisible, for example a psychiatric disability or being deaf



Time:

30 minutes

Preparation:

Familiarise yourself with the session materials

Materials:

Definition of Disability on Flipchart; extra Flipchart, markers and blutac

Method:

Brainstorming and discussion

Steps



Ask participants, who are persons with disabilities?

Responses from the participant/group might be:

- o Someone who can't see
 - o Someone who has had an amputation
 - o Someone who is in a wheelchair
 - o Someone who has a learning disability
 - o Someone who is deaf
 - o Someone who has a mental illness
-
2. Write the following definition from the UN Convention on the Rights of Persons with Disabilities on Flipchart and present to the group:

Definition: Persons with disabilities are: “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”

3. Ask the group, what kind of impairments do you see in the UNCRPD definition?

- Physical, mental, intellectual and sensory

4. Using the examples given in Step 1, match the examples of disability to types of impairments (the following table is an example only – use the examples given by the group):

Physical	Mental	Intellectual	Sensory
Had an amputation In a wheelchair	Mental illness	Learning disability	Can't see or deaf

5. Ask the participants: Based on the definition, what is needed in addition to an impairment in order for a person to have a disability?

“interaction with various barriers”

6. Brainstorm what barriers people with disabilities face. Participants may come up with these or other barriers:

Physical or environmental barriers:

- Inaccessible buildings, including schools and clinics
- Steps
- Narrow entrances
- Slippery floors, etc.
- Inaccessible roads, paths and infrastructure

Legislation, Policies and Legal Barriers: including -

- Laws or the absence of laws

Attitudes and Social Barriers: including –

- Social stigma and other forms of overt discrimination
- Negative behaviour of family, community, authorities
- Prejudice
- Pity



7. Emphasise that disability is not only the presence of impairment:

Formula: IMPAIRMENT + BARRIER = DISABILITY

Session 2.2

Understanding what causes disability



Learning Objectives

Upon completing this session, participants should be able to:

1. Explain what causes disability

Time: 30 minutes
Materials: Flipchart, markers and blutac
Method: Brainstorming, discussion,



Steps

1. Ask participants what causes disability?

Responses from the participant/ group might be:

- Illness
- Traffic accidents
- Just being born that way

2. On 3 sheets of Flipchart, put the headings:

- Congenital
- Injury and illness before / during birth
- Injury and illness after birth

3. Explain the 3 concepts to the group and post the Flipcharts around the training room.

4. Divide the participants into 3 groups and assign them to one of the sheets.
Ask them to brainstorm examples of this kind of disability (5 minutes),

5. After 5 minutes, ask them to move to the next sheet and try to add more examples.

6. After 5 minutes, ask them to move to the final sheet and repeat the exercise.

7. Together, walk around the room and discuss the types of disability.

Facilitator's Note

It is also important to make sure that people understand that disability can't be caught, like an infection, and that it can happen to anyone, at any stage of life (e.g. as a result of an accident or violence) even if they weren't born with a disability.

'If participants say something that you have on the facilitator's note, then explain to the participants some of the other causes of disability. If participants don't understand what you mean, then explain it to them:

It is important to challenge traditional myths and ideologies, such as:

- Parents, grandparents of people and/or person(s) with a disability have committed sins
- A curse on the person's (living with a disability) forefathers
- Strong blood tie in the family between parents of a child with disability
- A punishment from God
- The causes of impairments:
 - Road accidents
 - Congenital – that means you were born with it
 - Infectious diseases for example measles and polio
 - Non- infectious diseases like cancer, stroke, and cataracts
 - Injuries and accidents from sports, diving, violence
 - Ageing
 - Poor nutrition
 - Non-Communicable Diseases (NCD) for example, diabetes
 - During the process of giving birth
 - Any form of violence for example, domestic violence, brawls

Session 2.3 Myths and Facts about disability

Learning Objectives

1. Distinguish between common myths and the facts about disability in Fiji
1. Explain what causes disability

Time:	20 minutes
Preparation:	Prepare copies of the quiz
Method:	Team Quiz

Steps

1. Ask participants to form 2 groups.
2. Explain that they are going to work together to identify truths and myths about people with disabilities.
3. Ask each team to come up with a name and write the team names on Flipchart.
4. Refer to quiz on next page Read the first sentence to team A. Give them a moment to discuss with each other before answering. If they are correct, give the team a point.
5. Continue with the other sentences.
6. Allow participants to discuss or challenge any answers they are surprised by.
7. If possible, give the winning team a small reward.



	QUIZ	TRUE	FALSE
1	Children with disabilities get their disability because their parents did something bad to another person		X
2	You can get a disability from a road traffic accident	X	
3	If a parent is a person with a disability then the child will also have a disability		X
4	Women with disabilities can fall in love, get married and have children	X	
5	Girls with disabilities have the right to go to school	X	
6	Women with disabilities experience more violence than women without disabilities	X	
7	Children with disabilities cannot learn so shouldn't go to school		X
8	Persons with disabilities are better off at home than working		X
9	Persons with disabilities want the same things in life that everyone else wants	X	
10	Many sisters of children with disabilities drop out of school to care for their siblings	X	
11	A significant majority of girls with a disability in developing countries like Fiji are illiterate	X	

Closing circle



- Important to go over what is disability
- You can also go through the different forms of impairment
- What causes the different forms of impairment
- Ask the participants how they felt going through the session
- Ask what they think they can do to assist people with disability and why is it that people have this prejudice against people with disability
- Also start asking the participants men and women with disability go through the same issues.



MODULE 3
GENDER

MODULE 3

GENDER



Learning Objectives:

Upon completing this module, participants will be able to:

1. Differentiate between the concepts of gender and sex
2. Identify the different roles that community and culture imposes on female and male members of the community.
3. Define the gender division of labour and how that contributes to gender power relations, and to appreciate and recognise women's contributions and labour.
4. Describe privilege and how it is linked to power
5. Describe that women experience certain kinds of violence and discrimination because they are women
6. Explain the impact of exclusion on persons with disabilities.
7. Continue the dialogue about the participant's beliefs around women's status within the community.
8. Discuss what stops women with disabilities participating in the community

Module OVERVIEW

	Topics	Suggested Time
Session 3.1	Gender and Sex	1 hour
Session 3.2	Gender division of Labour Session	40 mins
Session 3.3	Privilege	40 mins
Session 3.4	Discrimination and Violence	1 hour
Session 3.5	Game of Life	1 hour
Session 3.6	Where Do You Stand?	40 mins
Session 3.6	What stops women with disabilities participating in the community?	1 hour



Notes for the Trainer:

Purpose: To help people understand that ‘gender’ is a set of ideas which doesn’t stay the same over time. We can change what we think women and men should or shouldn’t do.

In many societies, ideas about what is normal for men and women to do are used to justify inequality between men and women. In Fiji, women should stay close to home, wear decent clothes, be obedient to their fathers and husbands, and keep quiet if they have problems. Women who don’t do this are seen as not good women. But if men don’t do the same e.g.: obey their parents, dress appropriately, etc., they are not looked down upon in the same way women are. If we can see how ideas about men’s and women’s roles are created by society, we can change them and make the world fairer for everyone.

Session 3.1

What is the difference between Gender and Sex?

Learning Objectives

Upon completing this session, participants will be able to:

- Differentiate between the concepts of gender and sex.
- Identify the different roles that community and culture imposes on female and male members of the community.

Time: 1 hour

Preparation and Materials:

Flipcharts, Flipchart, markers and blutac Clips to hold Flipchart

Method: small group activity, large group activity

Sources:

Fiji Women's Crisis Centre (FWCC) Gender Manual pages 63- 64; 84-86 Restless Development, Gender Based Violence Training Manual pages 17-18



Steps:

Part A: Stick Figures. Time: 20 minutes

1. Tell participants that this exercise is undertaken in the full group, and that the objective is to explore the difference between sex and gender. Stick two flip charts on the wall.
2. Draw a stick figure of man on one of the flip chart and ask participants to say **the first words that come to mind** when they think of the word 'man'. Tell them that there is no need to think too hard.
3. Write these on the stick figure.
4. As participants attach their words, try to make sure that similar and duplicated words are attached close together.
 - For example, if powerful male roles are attached (such as leader, Chief, President, decision-maker), try to cluster these together.
5. Now draw a stick figure of a woman on the second flip chart and ask participants to say **the first words that come to mind** when they think of the word 'woman', and write these next to the stick figure labelled 'woman'.
6. Usually, a few of the words in each list will describe biological differences between women and men, such as 'penis', 'breastfeeding', 'vagina' and so on. (If this has not happened, ask participants to call out some of the main biological attributes of women and men. You only need 1 or 2 biological words each for 'woman' and 'man'.)

Ask participants to silently read the lists of words to themselves, and then ask the following questions:

Questions	Possible answers and points to highlight
<ul style="list-style-type: none"> • What do you notice about the words associated with men? How are men portrayed? • What do you notice about the words associated women? How women portrayed? 	<ul style="list-style-type: none"> • Some of the words are linked to men's and women's different biological reproductive roles. • Usually, there will be some gender stereotypes about male and female attributes, such as 'gentle' for woman, or 'strong' for man. • There may also be some gender stereotyped roles, such as 'nurse' for woman, or 'politician' for man; or biblical references (Adam and Eve). Point out the stereotypes, and ask whether there are more words which describe powerful roles for men. Use a coloured marker pen to identify words that indicate powerful roles for women and men. • Note if there are more negative words for woman or man, and what they tell us about gender stereotypes, cultural myths or social beliefs about women and men. For example, there may be words like 'prostitute' or 'slut' for woman, as well as a cluster of words describing an ideal or 'good' woman. • Words such as 'rape' may appear on either list, and also indicate the power that men have over women. • Note if there are more words for women linked to reproduction and their nurturing roles as carers, compared to men.
<ul style="list-style-type: none"> • Why do we have these different perceptions about the attributes and roles of women and men? 	<ul style="list-style-type: none"> • Some of these words describe our beliefs and stereotypes about what women and men are like. • We have been taught since childhood to see females and males in these ways.

7. Cover the stick figure label 'man' with a prepared piece of paper with the word 'woman'; and cover the label 'woman' with the word 'man'. Go through word-by-word in each list and ask:

- "Do these words that you wrote for 'woman' also apply to 'man'?"
- "Do these words that you wrote for 'man' also apply to 'woman'?"
- For example: refer to the table on page 50

Questions	Participants' reply
Can men also be 'gentle'?	YES!
Can men also have babies?	NO!
Can women also be 'leaders'?	YES!
Do women also have a penis?	NO!

Circle the words that describe purely biological differences. Leave all the other words where they are.

8. Ask participants: what are your conclusions from this exercise?

- **Sex** describes **biological** differences, which cannot be changed.
- **Gender** describes behaviours, roles and attributes which are **learned** (socially constructed, or learned through our families and society as we grow up - **socialisation**). Our ideas about gender roles, responsibilities and stereotypes vary from one island, province and society to another; they also change over time in response to economic, political and other factors; and they can be changed. **They are not fixed, "natural" or "God-given"**.



Part B: The Process. Time: 15 Minutes

1. Divide participants into two groups.
2. Ask the two groups to discuss what it means to grow up as a boy and a girl in their community, starting from birth to 25 years old.
 - a. Ask them to think about the different ways that boys and girls are supposed to act, how they are treated, the differences in importance and value between the two as they grow up.
 - b. For example, during adolescence a girl may be made to take care of her younger siblings, do household chores or be expected to be quieter than boys. In addition, during adolescence a girl may develop breasts while a boy may become strong enough to farm or take part in sports such as rugby/soccer
 - c. Encourage the groups to talk about not just the differences in how girls and boys are treated and the things they are asked to do/their responsibilities but also about physical differences that appear between boys and girls during the different life stages from birth to 25 years of age.
 - d. Have them think about the changes as they grow up.



Part C: Discussion. Time: 25 minutes

1. Bring the two groups back together and ask each group to present what they discussed to the main group. Please limit the presentations so you can focus on discussions.
2. Ask the participants how they know a baby is a boy or a girl? Re-iterate from earlier learning that this is sex, which is the biological differences between boys and girls. Ask them to identify in their timeline the biological differences between boys and girls.
3. After a few minutes of discussion on the above ask questions to stimulate discussion about gender - how we socialize girls and boys differently. Ask them to use examples from their timelines how we socialize differently. For example, when do girls and boys start learning different things?
4. Explain that gender is what we - culture and community - teach girls and boys about what they can and can't do. That gender is the social role that each of us is supposed to adhere to and can be changed but our sex cannot be changed.
5. To further conversation you can ask questions like:
 - Can a man cook? (Not do men cook - but can a man actually physically cook.)
 - Can a woman be a taxi driver?
 - Can a man take care of a baby?
 - Can a woman financially provide for her family?
6. As the discussion continues keep pointing out the ways that culture/society/community determine what boys and girls do as they grow up, not their actual sex. Reflecting back on their group discussions ask participants if they can see how boys and girls are taught differently and how that affects the roles boys and girls can assume when they grow up. Explain that a part of what they are doing is to become aware of themselves and how their socialization affects the way they interact with each other and within the community.
7. Distribute the handout on sex and gender. If you think that participants are not clear about the difference between sex and gender, go through the handout, or use a pre-prepared flipchart or overhead to make the main points on the handout (Handout at the end)



Session 3:2 Gender division of Labour Session

Learning Objectives

Upon completing this session, participants will be able to define the gender division of labour and how that contributes to gender power relations, and to appreciate and recognise women’s contributions and labour.

Time: 40 minutes

Preparation and Materials:

Flipcharts, markers and blutac Clips to hold Flipchart

Method: small group activity, large group activity

Sources:

Fiji Women’s Crisis Centre (FWCC) Gender Manual pages 84-86



Steps:

Part A: Who does what? Time: 20 minutes

1. Explain to the participants they have 20 minutes to do this exercise and read out the following instructions.
2. Give two sheets of paper. One for the woman and one for man. Ask participants to list the tasks performed by women and men over 24 hours.

Example:

Tasks	Time
E.g.: wake up	5am

3. Adapt the exercise to suit your community. For example, 1 group may focus on their own lives and households, and another may focus on rural, or village households; or one group may focus on households where women have paid work, and another where women do not have formal paid employment. It is important to have at least one group basing their chart on the lives of rural or village women and men.

4. Break participants up into groups of about 6 people each and distribute flipchart paper and marking pens. If you have male participants, you can put them in a separate group together. (Men who are thinking about gender issues for the very first time often seriously under-estimate the amount of work done by women.)

Part B: Large Group Discussion. Time: 20 minutes

1. Facilitate a full group discussion based on the following questions:

Questions	Possible answers and points to bring out
<p>What kinds of tasks in our charts are “work”, what tasks are not work?</p>	<ul style="list-style-type: none"> • Distinguish between leisure, sleep, socializing, and between paid and unpaid work, by circling the hours that are leisure or sleep for men, compared with women; and by circling the paid versus unpaid work. • Although housework, looking after children or the elderly or the sick is not paid work, it is nevertheless work. Growing food for the family and selling this at markets is also work. If you had to pay someone to do all the unpaid work done by women, it would be very costly. • Women’s work in the home and in producing food has been “invisible” and not recognised by development planners, or by men, because it has been unpaid, and because it takes place in the “informal sector” (that is, not a formal, paid job). Development planners have assumed that men are the “heads of households” – so development workers have tended to talk only to men, when they should be talking to both women and men. • But there is another way of looking at women’s work – women are household managers, performing essential household and community services.
<p>Is there any difference between the amount and type of work done by women, and that done by men?</p> <p>What happens if women are absent or sick?</p>	<ul style="list-style-type: none"> • In all countries and cultures most women generally work longer hours than most men. • Note if some of the tasks on the charts are seasonal. • Women’s household work to care for the family is essential and must be done daily. • Girls are often called upon to do women’s work if women are absent, and boys may be called on to do men’s work. Because women have a higher workload, girls are often the first to be withdrawn from school.

Questions	Possible answers and points to bring out
<p>What do you think we mean by the term “gender division of labour and responsibility?”</p>	<ul style="list-style-type: none"> • This simply means the different types of work done by males and females in any household, community, sector or country. For example, women are usually more responsible for household work, and men are often more likely to participate in community affairs. • The 1st sessions in this training workshop have shown that this “traditional” gender division of labour is based on stereotypes or myths about what men and women are capable of and good at. Development planners have often assumed that women are consumers and not producers – because women’s unpaid work has been “invisible”, and because men are generally not very well-informed about the work that women do daily, or how much time it takes.
<p>What does all this tell us about gender relations?</p> <ul style="list-style-type: none"> • Is the gender division of labour fair? Who benefits from it? • What does it mean when we label something as “women’s work”? • What does it mean when we say that “my wife does not work”? 	<p>Get participants views on this. Supplementary questions which may help participants to reflect on this are:</p> <ul style="list-style-type: none"> • Can the gender division of labour be harmful – for whom? How does the gender division of labour affect women’s and girls’ opportunities and choices? • Labelling something as “women’s work” usually implies that it is menial, low status and low value and that a man would humiliate himself by doing it/sharing it. What is considered ‘women’s work ’is judged as being of no real significance, importance or value. (But it had better be done!) • Conversely, what is commonly called “men’s work” is seen as skilled, tough, demanding and important.
<p>Is there also a gender division of labour regarding decision making, and what are the implications of this for gender relations? (optional)</p>	<p>What types of things do women typically make decisions about? How does this compare with men? Who makes what type of decisions in the family, in the community, and at national level?</p> <ul style="list-style-type: none"> • Get participants’ views on these questions, and encourage them to think about what this says about differences in power between women and men.



Session 3:3 Privileges

Learning Objectives

Upon completing this session, participants will be able to describe privilege and how it is linked to power

Time: 40 minutes

Preparation and Materials:

Flipcharts, markers and blutac Clips to hold Flipchart

Method: small group activity, large group activity

Sources:

Fiji Women's Crisis Centre (FWCC) Gender Manual pages

Steps:



Part A: Brainstorming Privilege. Time: 10 minutes

1. Brainstorm "what is privilege" and write responses on flip chart

2. Possible answers may include:

- a. Owning something valuable
- b. Being wealthy
- c. Being able to walk
- d. Having balanced meals

3. Use this quote to explain:

"Privilege exists when one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they've done or failed to do. Access to privilege doesn't determine one's outcomes, but it is definitely an asset that makes it more likely that whatever talent, ability, and aspirations a person with privilege has will result in something positive for them." (Peggy McIntosh)

4. Explain: Privilege, at its core, is the advantages that people benefit from based solely on their social status. It is a status that is conferred by society to certain groups, not seized by individuals, which is why it can be difficult sometimes to see one's own privilege.



5. Brainstorm: “What does it mean to have a privilege”? Write responses on flip chart

6. Possible responses may include:

- a. Makes people feel good
- b. Life becomes easier as there are less barriers
- c. Things get done easily

7. Explain that having privilege means to have an “unearned access to resources (social power) only readily available to some people as a result of their advantaged social group membership”.

- Determining who has privilege or disadvantage is complex because cultural, social, and historical changes affect which groups are privileged and which groups are not
- Some may pass as members of an advantaged group.
- Some may be given privileged because they are assumed to be members of an advantaged group.
- For example:
 - belonging to a mataqali to have access to land ownership
 - being men gives them the privilege to speak in certain social settings
 - men using their physical strength on women who are regarded as weak, to harass women on the streets


Part B: Small group – Listing privileges. Time: 20 minutes



1. Ask participants to get into groups of four or five and create two lists of privileges. One for men and one for women

2. Example

Privileges for men	Privileges for women
e.g.: eat first at meal times	e.g.: eat first at Indo- Fijian weddings



3. Ask the participants:

- a. What do you notice about the two lists of privileges?
- b. Who provides these privileges?
- c. Where did you learn them?
- d. Who reinforces these privileges?

4. Possible answers/points to bring out

- a. Usually participants find it easy to make quite a long list of privileges for men, but they find it extremely difficult to list any privileges at all for women.
- b. This can be a confronting exercise for women, who find that they can only think of privileges linked to their biological role as mothers – although women may insist that it is a privilege to have children, point out that the privileges for men are not linked to their biological roles, but to their gender roles.
- c. Women have to earn privileges – they are not freely given by our culture or society, just because they are female.
- d. Make a note of privileges that show differences in power between men and women, and highlight these.
- e. Participants usually refer to representatives of social institutions, to members of their family, religious leaders, chiefs, or culture.



Session 3:4 Gender Discrimination and Violence

Learning Objectives

Upon completing this session, participants will be able to describe that women experience certain kinds of violence and discrimination because they are women.

Time: 1 hour

Preparation and Materials:

Flipcharts, markers and blutac Clips to hold Flipchart

10 picture cards showing different kinds of violence (Module 3 Handout)

Method: small group activity, large group activity

Sources:

Challenging Discrimination Against Women with Disabilities,
A Community Toolkit. Pages 18 - 20



Steps:

Part A: Small Group discussion. Time: 15 minutes

1. Divide people into groups of two or three people; give one picture to each group and ask them to spend 15 minutes discussing what they see happening in the picture.

2. Guiding questions include:

- What is happening in the picture?
- Does this normally happen more to women or men?
- Why does it happen more to women/men? Is this fair?
- Should this situation change?
- How can we make it change?

3. Pictures:

1. Boy going to school while girl stays home
2. Man abusing a woman with disability
3. Women with disability shut in her house
4. Man being manhandled by police officer
5. Community council meeting with many men and only one woman
6. Sexual abuse of girl

7. Woman with disability being shouted at by her family
8. Men drinking and playing cards while wife is cooking at home
9. Woman being harassed at work
10. Men brawling in a bar

Part B: Large Group Discussion. Time: 40 minutes



1. Ask the groups to talk about their pictures, answering the questions asked above.

- a. An example of what the group might discuss could be: “This is a picture of the son going to school while the girl stays home to help her mother with household work. This situation still happens in Fiji. If the family cannot afford to send all children to school, then the boys will go instead of the girls because many people think it is more valuable to invest in the boys’ future. They may think that girls don’t need to learn because their husbands will look after them. I don’t think it’s fair to women and it would be better if everyone could go to school.”

2. Ask people: When we see violence in our communities, what can we do to make the situation better for women? How can we prevent violence? How can we respond to violence?

3. Finish the discussion with a summary:

Our culture treats men and women differently and unequally. We do not value women the same way that we do men, even though, as we have seen in the last exercise, women and men are mostly capable of doing exactly the same things, if they have the same opportunities. In the house, community and workplace women often face more discrimination and violence than men and different kinds of discrimination and violence. Violence against women is against the law in Fiji. If you know a woman who is being abused – she may be hit, or yelled at, or not allowed to see her friends or to have money – she can get help from women’s organisations or from the Government.



Session 3:5 Game of Life

Learning Objectives

- Upon completing this session, participants will be able to explain the impact of exclusion on persons with disabilities.
- This activity highlights the impact of exclusion on persons with disabilities. It helps to explore some of the prejudices surrounding disability - and some of the causes of this stigma and discrimination, and the impact this has on women with disabilities.
- Through the discussion, the participants are to understand the impact of stigma and discrimination faced by women with disabilities.

Time: 1 hour

Preparation and Materials:

Flipcharts, markers and blutac Clips to hold Flipchart

Refer to Reading for Module 3 _____ in preparation for this session

It is helpful if you prepare well by researching local attitudes, beliefs and challenges in relation to disability.

Make sure there is enough space for four people to stand side-by-side in the middle of the room, with enough space so that they can move forwards and backwards across the length of the room.

The “audience” can sit around the edges of this space.

Method: small group activity, large group activity

Sources:

Steps:



1. Preparing Volunteers:

Preparing volunteers for this activity before you start is important. Ask for four (4) volunteers. It is good to have two men and two women. Ideally you should choose a man and women with a disability as part of the group. Before starting, check that the volunteers are willing and able to stand for about 30 minutes whilst the activity is occurring. Assign each volunteer to one of the groups below:

- Men without disabilities
- Men with disabilities
- Women without disabilities
- Women with disabilities
- Make sure that the volunteers understand that they are representing a group of people from within a village.

2. Explain how you'll be telling a life story, taking the characters on a journey from birth to old age. As you reach each significant life event, you'll ask them to respond as they think their character (or their family) would react. Ensure they understand that their responses should not be based on what they think is right, but based on what they think is likely to happen in that village.

3. Advise the volunteers that they will need to take:

- Two steps forward for a very positive or very successful experience
- One step forward for a positive or successful experience
- One step back for a not-so-positive or not-so-successful experience
- Two steps back for a negative or unsuccessful experience.

Running the activity:



- Introduce the volunteers and thank them for participating.
- Explain to the audience which group of people each volunteer represents.
- Explain that the volunteers should respond in the way that they think is most likely to happen in the community.
- Encourage participants to let the volunteers know if they don't agree with their responses.
- If there are disagreements, the move should be decided by group consensus.
- This is a good opportunity for lots of discussion about the impact of exclusion for persons with disabilities among the entire group.
- Read out the scenario that best suits the context in which you are working. You can make it more specific if you like. There are 2 scenarios below that you could choose to use.

Scenario 1:

You live in a rural village on an island where the community is living in poverty. There is one primary school located in your village and the only high school is located on another island, which is far and costly to travel to. The only local hospital is located on the next island too.





Scenario 2:

You live in a rural village on an island where the community is living in poverty. There is one primary school located in your village and the only high school is located in the city, which is far and costly to travel to. The only local hospital is located in the regional centre.

5. Questions for the game of life

For each question, have the participants consider what might be the negative and positive social factors and norms influencing these family and community decisions. For example, for each question, have participants consider 'why' or 'why not'.

- Today you are born, is your family happy?
- It is time to go to primary school. Will you go to primary school? Will you go to high school?
- Can you get access to health services?
- Will you be able to attend a vocational training program?
- Can you get a job?
- There has been a big flood; did you go to the emergency shelter? Are you safe in the emergency shelter?
- After the flood, a community rebuilding program offered small business loans, are you included in this?
- When you need to go to a public building or use public transport is it easy for you?
- Can you join in community meetings?
- Can you get married? Can you have children?

Tips:

Sometimes this activity can be difficult to get started. Participants often need to be reminded that their responses should not be based on what they think is "right" but on what they think is most likely to happen in the community generally.

If you find participants are only giving positive responses, it is good to get the group to identify what made it positive for the person. You could ask questions to the audience and volunteers such as:

- What types of things enable women and girls with disabilities to participate? (people could identify the factors that contribute to success)
- Is it likely that all women and girls with disabilities are able to get this type of support in all communities?
- What barriers might exist for some girls and women with disabilities that might stop them from participating?

- Do you think these things could happen in many communities in Fiji?
- If these barriers exist what would the impact be on the girl or woman with disability?
- What is most likely to happen to most girls in your community?

There is no right or wrong answer here - the discussion generated along the way is more important. Getting participants to talk about the factors that enable participation or barriers to participation for girls and women with disabilities is the most important aspect of this game.

6. Concluding the activity:



- At the end of the game participants will see there is a gap widening between persons with and without disabilities. Persons with disabilities are at the back of the group.
- There is also a gap between women with disabilities and men with disabilities, where participants will see that the person representing women with disabilities is right at the back of the group.
- It is important to point this out and remind people that even if you don't actively discriminate against persons with disabilities in your program or service, persons with disabilities are still likely to be excluded because of these negative attitudes, and physical barriers.
- There need to be targeted strategies to change attitudes and beliefs about disability.
- There also need to be targeted actions to remove barriers to your programs and services.

It can be good to conclude the game by getting the group to identify the changes that could take place to ensure that persons with disabilities are included in community life so that persons with disabilities are at the same place as persons without disabilities. This should be a summary of the examples raised by the participants. For example,

- By addressing physical, attitudinal, systemic and communication barriers you can enable the inclusion of persons with disabilities in community life and community development programs.



Session 3:6 Where Do You Stand?

Learning Objectives

Upon completing this session, participants will be able to continue the dialogue about the participant's beliefs around women's status within the community.

Time: 40 minutes

Preparation and Materials:

Flipcharts, markers and blutac Clips to hold Flipchart

Method: small group activity, large group activity

Sources:

Rethinking Domestic Violence: A Training Process for Community Activists, Raising Voices



Steps:

Post three flip charts on different sides of the room with the these word on each of the flip chart:

- a. Agree
- b. Disagree
- c. Not sure

2. Explain that you will read a statement and the participants have to go to the chart that corresponds with what they think. For example, you could say, "women have a right to education." If the participant agrees, s/he has to go to the chart of 'Agree'. If s/he disagrees, she has to go to the chart of 'Disagree'.
3. After each statement, the last person to arrive on each chart has to briefly explain why they chose that.
4. If there are people in the "Not Sure" group, the participants from other groups may try to persuade them to join them by explaining their point of view. Depending on the issues that emerge, you may choose to discuss some contributions.
5. You could make up your own statements based on the group you are working with or use the following.



Where Do You Stand? Possible Statements

- Women are not as important as men.
- Men beat women as a way of showing love.
- All human beings are equal in value.
- Sometimes women need to be ‘disciplined’ by their husbands.
- Men have a right to demand sex from their wives whenever they want.
- Women have a right to say “no” if they don’t want to have sex with their husband.
- A husband has a right to beat his wife when she makes mistakes.
- Women have a right to have equal share in the family’s wealth.
- Boys and men should not have to do housework like cooking, washing, or cleaning; it’s women’s work!
- Girls and boys have the same right to play.
- Women have a right to contribute their views in all matters that affect them.
- Women are responsible for raising children.
- Bride price makes women seem like men’s property.
- Girls can be just as clever as boys.
- Shouting is not violence.
- It is natural for a man to lose his temper if his wife disagrees with him



Session 3:7

What stops women with disabilities participating in the community?

Learning Objectives

Upon completing this session, participants will be able to:

1. Discuss what stops women with disabilities participating in the community
2. Explain that disability isn't just having problems seeing or being on wheelchair

Time: 1 hour

Preparation and Materials:

Flip chart, markers and blutac, clips to hold Flipchart

Facilitator notes 1: Introduction to disability Handouts on Case studies

Method: Participatory group discussion

Sources:

Challenging Discrimination Against Women with Disabilities, A Community Toolkit (pages 12-14)



Steps:

Part A: 10 minutes

1. Prepare the handouts
2. Introduce the case study activity to the participants
3. Explain to the participants:
 - That they need to imagine what is it is like to be a woman with a disability in their community, and that they will explore what makes it more difficult for a woman with a disability, and what things make life easier.
 - Divide participants into three (3) groups; make sure that each group has men and women in it and that persons with disabilities are included in all groups
 - Provide one (1) case study to each group.

Part B: Case Studies: 20 minutes

1. Give the participants time to talk about their scenario and the answers they have.

Case Study Group 1 - Scenario 1: Mere

Mere is a young girl who was born with a disability and uses a wheelchair for mobility. Mere wants to go to school like her siblings and friends. Mere's dad thinks she should not go to school because she is a person with a disability. He refuses to help her get there. Because the path to school is in bad condition, Mere can't get there by herself and so can only go to school if someone in the village helps her. If she gets to school, she needs help again to get into the classroom because there is no ramp. Finally, the teacher in the classroom is not happy to have Mere there and doesn't talk to her.

Questions for group 1:

- 1. What makes it difficult for Mere to go to school?*
- 2. What stops her from learning when she manages to get there?*

Case Study Group 2 - Scenario 2: Agnes

Agnes is a young blind woman from a poor family. She would like to participate in the Community meetings in her village. One day her friend comes to her house and asks Agnes to go to a community meeting with her. Agnes asks her parents for permission and they say no. Her friend comes the next day to take her anyway, when her parents are not at home. While they are going to the meeting, which is far away, people say things to her like "You are blind. Where are you going? You should stay home." When they get to the meeting, the group talks about disaster preparedness together to make the community resilience. Agnes has a good idea and wants to share it, but the village leader and community members don't let her talk and tell her she has no experience in disaster preparedness because she is blind.

Questions for group 2:

- 1. What makes it difficult for Agnes to get to the meeting?*
- 2. What stops her from sharing her idea?*

Case Study Group 3 - Scenario 3: Manjula

Manjula comes from a small village and is not able to hear. She recently got married and the couple are not ready to have children yet as they are not well-off. Manjula visits one of the clinics near her village to get contraception. At the clinic, there was no one who could communicate with her as there were no one who could communicate with sign language. As a result, no one could understand her. She finally decided to leave the clinic without getting the contraceptive.

Questions for group 3:

- 1. What makes it difficult for Manjula to get health care?**
- 2. Do people expect that women with disabilities will want children? Or will need contraceptives?**



Part C: Large Group discussion: 20 minutes

1. Discuss as a large group what things stop women with disabilities from participating or getting the service she needs.
2. The purpose of this activity is to help the participants understand that a disability is the combination of an impairment and the discrimination they face. For example: a girl in a wheelchair could go to school if her parents let her and if the school has a ramp – it's not the fact that she can't walk which stops her from getting an education, but people's attitudes or physical barriers.
3. Ask participants:
 - What changes can we make to make the situation positive?
 - What changes they could make in the scenario to make the situation positive.
 - "If we can get rid of these barriers, what does the situation look like?"
4. Give each group time to discuss and then provide feedback on the changes that could be made to make the situation positive for the girls and women. This is the opportunity to talk about human rights but in language that will make sense to local communities.
5. The questions below can help you have a large group discussion about the changes.

Group 1: Scenario 1 –Mere

- Can you talk to us about the changes you made?
- Why did you think these changes would help Mere go to school?

- Should girls with disabilities be able to go to school?
- Can we do this in our communities?

Group 2: Scenario 2 – Agnes

- Can you talk to us about the changes you made?
- Why did you think these changes would help Agnes participate in the meeting?
- Can women with disabilities contribute to disaster preparedness?
- Should they be allowed to participate in disaster preparedness awareness and advocacy activities in their community?

Group 3: Scenario 3 – Manjula

- Can you talk to us about the changes you made?
- Why did you think these changes would help Manjula get healthcare?
- Can women with disabilities go to the health clinic like women without disabilities?
- Do women with disabilities need health care for having babies?
- Should the government make sure that women with disabilities can go to the doctor?

Part D: Concluding the session: 10 minutes



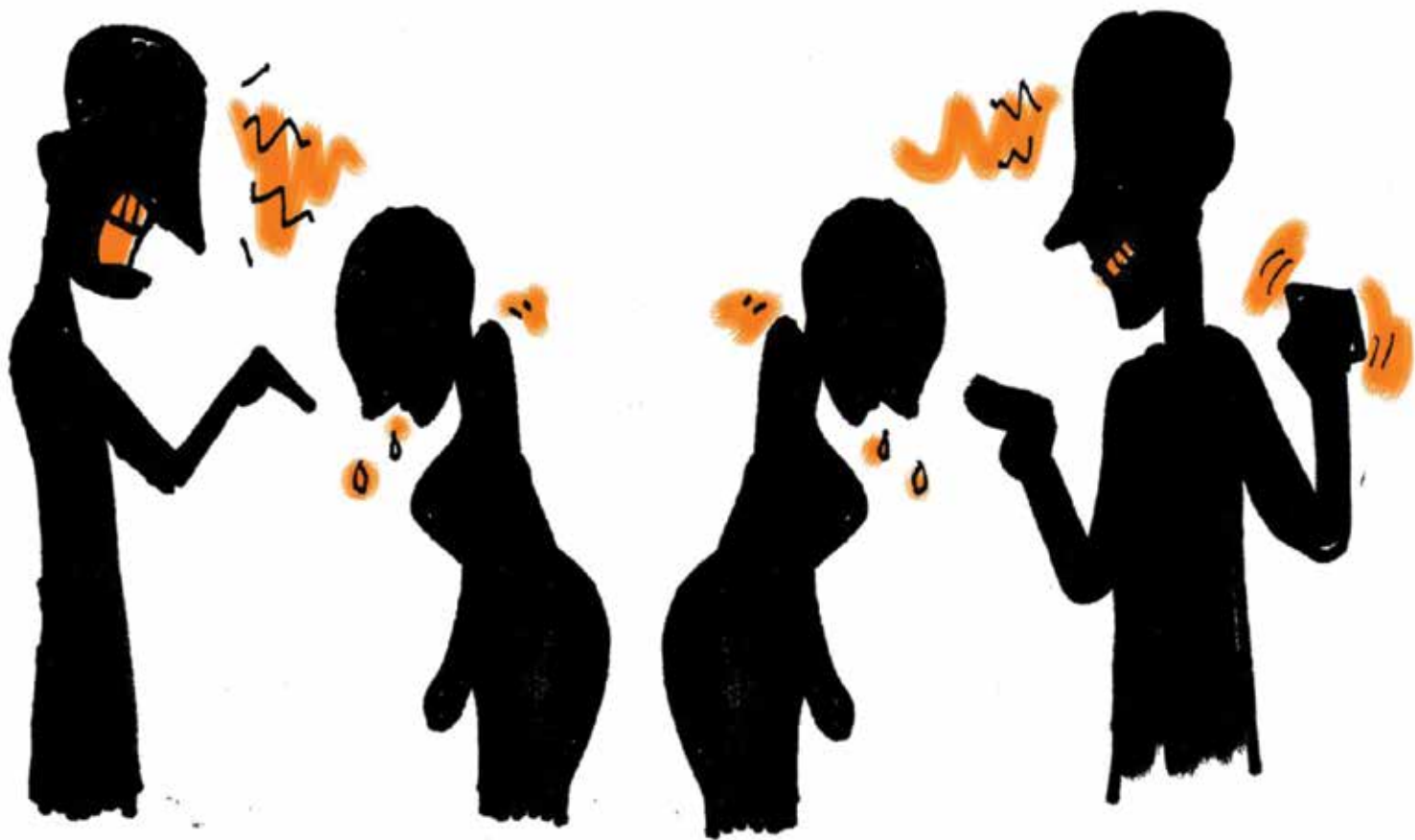
- Consolidate the group's answers and summarise.
- Add if something was missing from the group's discussion from reading the facilitators notes.
- End the activity by talking about how there are different things which stop women with disabilities from having the same opportunities as everyone else.
- Explain to the participants/groups:
 - o Sometimes there is something physical which stops the woman from enjoying the same freedom as other people do – a bad road makes it much harder for a woman in a wheelchair to move around than for someone who can use both legs.
 - o Sometimes it's because other people can't communicate with them – they don't know how to speak in sign language.

- o Sometimes it's people's attitudes that hurt women with disabilities – a nurse who believes that a blind woman shouldn't have children and so won't help her to have a family; a parent who thinks it's a waste to send their deaf daughter to school; or a village leader who is scared of women with mental illness and so won't let one join the community meeting.
- o Just because someone has impairment, it doesn't mean that they cannot participate in society. It is everyone's responsibility in the community to ensure that people like Mere, Agnes and Manjula are included.
- o The government laws protect persons with disabilities and say that they should be able to go to school, to have food, to see a doctor, to vote etc., the same as everyone else. losing



Closing Circle:

- As a facilitator please note that this session can bring up a lot of bottled up emotion and feelings, so please be ready to break the session up and have support ready for counselling.
- Emphasize that people get their gender roles from society and it is not given by “God”, and that all of it can be learned
- At the end of this module participants should have a clear definition on the difference between Sex and Gender



MODULE 4
VIOLENCE AGAINST
WOMEN AND
GIRLS WITH DISABILITIES



MODULE 4 VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

Learning Objectives:



Upon completing this module, participants will be able to:

1. To identify sources and forms of power
2. To identify the relationship between power, privilege and access to rights
3. To understand and be able to identify the various types of violence against women and girls.
4. Understand the varied and far-reaching consequences of violence

Module 4 Overview: Violence Against Women and Girls with Disabilities

Module 4, Day 1

Session	Topics	Suggested Time
Session 4.1	Defining Violence 1: Power and Privilege	1 hour
	Break	
Session 4.2	Defining Violence 2: Types of Violence, Consequences of Violence	2 hours
	Break	
Session 4.3	Consent	1 hour



Module 4, Day 2

Session	Topics	Suggested Time
Session 4.4	Domestic violence	45 mins
	Break	
Session 4.5	Root Causes of Violence Against Women and Girls	1 hour 30 mins
	Break	
Session 4.6	Violence and Women and girls with disabilities	1 hour
	Break	
Session 4.7	Preventing Violence Against women and girls with disabilities	2 hours

Notes for the Trainer on Module 4

Violence against women and girls is one of the most systematic and widespread human rights violations. It is rooted in gendered social structures rather than individual and random acts; it cuts across age, socio-economic, educational and geographic boundaries; affects all societies; and is a major obstacle to ending gender inequality and discrimination globally. (UN General Assembly, 2006)

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (General Assembly Resolution 48/104 *Declaration on the Elimination of Violence against Women*, 1993).



More information:

Annex 1 Articles of Human Rights Conventions related to Disability page
Pacific Sisters with Disabilities: at the Intersection of Discrimination, Daniel Stubbs and Sainimili Tawake April 2009. Website <http://www.undppc.org>

A Deeper Silence: The Unheard Experiences of Women with Disabilities– Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga, March 2013.

Website: <http://pacific.unfpa.org>

Making Women with Disabilities Visible: Fiji National Council for Disabled Persons September 2010.

Website <http://www.fncdp.org/docs/WomenDisabilitiesSurvey>

Fiji Women’s Crisis Centre National Research: Somebody’s Life, Everybody’s Business. Website: <http://www.fijiwomen.com>



Session 4.1 Defining Violence 1: Types of Power

Learning Objectives

Upon completing this session, participants will be able to:

5. To identify sources and forms of power
6. To identify the relationship between power, privilege and access to rights



Time: 1 hour

Preparation:

Become familiar with the Readings on Module 4 at the back of this toolkit

Method: Large group discussion, pair work



Sources:

Derived from Restless Development, Gender Based Violence Training Manual)

Steps:

Part A: Their Thoughts (10 minutes)

1. Ask the participants to think about the word Power and what it means to them.
2. After a minute to think, ask the participants questions to help get an understanding of what they perceive and understand as power.
 - What is power?
 - Who has power?
 - Are there different kinds of power? If so, what kinds?
 - How can power be used?
 - How does it feel to have power? To not have power?



Part B: Discussion, 20 minutes

1. Ask participants to think about a situation where they felt powerful and a situation when they felt powerless. Give them a couple of minutes to think about the situation.
2. Ask for a couple of volunteers to explain when they have felt like they have had power and when they have not had power. Use this to begin the discussion and facilitate the group process. Questions that may help include:

- ➡ What are the different types of power you have?
- ➡ How does having or not having power make you feel?
- ➡ How do gender roles and gender norms affect the power you have?
- ➡ What aspects of being young/old affect the power you have?
- ➡ How can power influence one's access to rights?
- ➡ How can you use power to help you achieve positive change?

Part C: Master / servant game and discussion

1. Ask participants to choose a partner.
2. Explain that we are going to play the "Master and Servant Game." They have to decide who will be "1" and who will be "2." After they have their number, tell participants that "1" will be master and "2" will be servant. Master can ONLY use her "eyes" to give orders to her servant. Neither person is allowed to speak or use other body language. Servant has to look at her master's eyes and do what the master wants.
3. Ask participants to stop and switch roles after a few minutes, i.e., "2" will become "Master", and "1" will become "Servant."
4. Once they have finished, lead a discussion using these and/ or other questions.
 - How did you feel in each role?
 - Were there any differences between master and servant?
 - Who had power? Who didn't have power? How do you know?
 - How did it feel to be with or without power?
 - How do you think this exercise relates to gender?
 - How do you think power is connected to violence?
5. Wrap up discussion, making these points:
 - Power is connected to choice. The more power someone has, the more choices they have.
 - Violence involves abusing power. Not everyone who has power chooses to use violence.
 - We can use the kinds of power we have to make positive changes in our communities.



Session 4.2. Defining Violence 2: Types of Violence, Consequences of Violence

Learning Objectives

1. Identify the various types of violence against women and girls.
2. Recognise the varied and far-reaching consequences of violence



Time: 2 hours

Preparation:

Familiarise yourself with the Readings on Module 4 at the back of this Toolkit



Materials: Flip chart, Markers

Method: Group work; whole group discussion.

Sources:

Derived from *Beth Vann, 2004. Training Manual Facilitators Guide: Interagency and Multisectoral Prevention and Response to GBV in Populations Affected by Armed Conflict.*

Steps:

Part A: 10 minutes

1. Ask participants to give some examples of violence that is perpetrated against women and girls. Stop the discussion when you have 5-8 examples, including at least 1 from each of the 4 types of violence listed in Step 2.

Responses from the group might include:

- Rape
- Domestic violence
- Beating
- Spitting at/ on someone

Write the following Types of violence at the top of four sheets of Flipchart:

- 1) Physical Violence
- 2) Sexual Violence
- 3) Social- Economic Violence
- 4) Emotional Violence



Explain that we can divide the examples of violence that we see against women and girls into these 4 main groups.

3. Divide the participants into 4 groups and assign each one of the types of violence.
4. Explain that they will have 10 minutes to brainstorm more examples of 'their' type of violence.

(Facilitator should move around the room and help any groups that get stuck)

5. When the time is up, the groups post the Flipchart around the room. One person from each group should stay with Flipchart to answer any questions that come up.
6. Participants do a "gallery walk", walking around the room to read the examples of violence given by the other groups and discussing any questions with the group representative.
7. After 5 -10 minutes, ask participants to return to their seats. Lead a discussion, using these questions and/ or others:

- Were there any examples listed that you disagreed with?
- Did you see anything that surprised you?
- Are there examples of GBV that were repeated in different groups?

8. Explain that all the types of violence have consequences, for the people experiencing it and for their families and the wider community. Place a new sheet of Flipchart next to each type of violence, titled "Consequences".

9. Ask the participants to break back in to small groups and list the consequences of 'their' type of violence.

10. Repeat the gallery walk.

11. Bring the participants together for a whole group discussion. Ask:

- What do you notice about the consequences of violence?
- Does anything surprise you?

Emphasise:

- The consequences of violence are long-lasting, reach into all aspects of women's lives, and can include permanent disability or death through homicide, suicide or through reduced life expectancy due to illness.

- There is a wide range of health consequences connected to sexual violence
- While emotional violence is often considered 'not serious' or 'normal', the consequences are serious and long-lasting. (see the reading on Module 4 for a list of consequences)

12. Ask participants to look around the room at all the kinds of interpersonal violence and their consequences, and take a moment to reflect. What does this mean to them? How do they feel?

13. Wrap up the session, emphasising that violence against women and girls is a violation of human rights. It is both caused by power inequalities between men and women, and reinforces existing power inequalities.



Notes for the trainer on Session 4.2

Violence against women and girls infringes on victims/survivors' human rights and reinforces the inequities between men and women often leaving life-long physical and emotional scars and sometimes resulting in death.

While many people think of violence as physical, there are other forms of violence, which maintain the unequal power dynamics. Violence can be psychological, sexual, emotional, or social-economic. It involves not only direct force, but also threats, intimidation and coercion. Violence does not have to be direct to be effective. The threat of violence can have a devastating impact on people's lives and the choices and decisions they make.

Often, the truth about the extent of violence faced by individuals, in particular women and girls, is minimized or denied. Some people say violence is pervasive because of "bad" men and therefore deny that it has anything to do with them and the socio-cultural fabric of society. Others blame women or argue that violence is justified because of the victims' behaviour. These attitudes are dangerous and diminish the seriousness and pervasiveness of violence against women and girls, which allows it to continue.

Session 4.3 Consent

Learning Objectives

1. To identify the prerequisites for consent
2. To understand that the absence of physical force does not equal consent

Time: 1 hour



Materials: Flipchart

Method: Brainstorm and discussion

Sources:

Derived from *Beth Vann, 2004. Training Manual Facilitators Guide: Interagency and Multisectoral Prevention and Response to GBV in Populations Affected by Armed Conflict.*

Steps:



1. Write the word Consent on Flipchart. Brainstorm with participants: what does consent mean? What is needed for consent? Ensure that these points are covered:

- Consent must be voluntary
- There must be an equal power relationship between the people involved
- According to international norms, the person consenting must be aged 18 or over
- The person consenting must know what they are consenting to (be informed)
- The person consenting must be mentally able to consent (mental illness, mental disability)

2. Read the following examples to the participants, and lead a discussion based on the questions that follow.

Scenario 1

In a very traditional family, the father of a 19 year old girl tells her that he has arranged for her to marry a certain man. The girl does not know the man very well and he is much older than she is, but she agrees to the marriage.

- Do you think this kind of situation could happen?
- Is the daughter giving informed consent to the marriage?
- Was there force used in this incident?
- Who is more powerful in the story, the father or the daughter?
- What kind of power does the father have?

- What kind of power does the daughter have?
- How does power relate to choice in this example?
- How could the father approach the situation to ensure that the daughter genuinely consents?



Scenario 2

Tina is a young mother trying to make ends meet at home. Her husband Tomasi is a casual worker earning minimum wage, and it's not enough to pay the bills. Tina asks for credit at the local shop to buy groceries for the family. The shopkeeper refuses and tells her that he will give her the groceries if she has sex with him. Tina agrees.

- Do you think this kind of situation could happen?
- Did she give her consent for sex (No; this was rape)
- Was there any force used in this incident?
- Who is more powerful in this example – the shopkeeper or Tina?
- What kind of power does the shopkeeper have?
- What kind of power does Tina have?
- How does power relate to choice in this example?

Session 4.4 Cycle of Violence

Learning Objectives



1. To identify the component sin the cycle of violence
2. Identify reasons why women would remain in abusive relationships

Time: 1 hour



Materials: Pictures (drawings) of weather – sunny, cloudy and stormy; handouts on cycle of violence

Method: Whole group discussion

Sources:

Derived from GBV Core Concepts, IRC Thailand, 2014

Steps:

1. Remind participants of the types of violence they identified in the previous session. Ask, which types of violence are present in a domestic violence situation?
 - Answer – any and all types of violence (physical, sexual, emotional, social- economic) can be used. Explain this means that the consequences of domestic violence are also far- reaching.
1. Tell the participants that we are going to discuss the cycle of domestic violence.
2. Ask them about the weather. How is the weather today - sunny, rainy, or cloudy? Is the weather always the same? The weather can change quickly from sunny to cloudy to rainy with very little warning.
3. Show the pictures of a sunny sky, a cloudy sky, and a rainy sky.
4. Ask in what ways are changes in the weather related to a relationship between a husband and wife.
5. Explain the cycle of violence with the following points:
 - o The pattern starts with a violent incident. After the violence, there is calm stage during which one or both partners believe things are going to improve. (This could be compared to sunny, clear weather.)

- o During the calm stage, the abuser may apologize, buy gifts, or make special efforts to create an atmosphere of love and peace in the family.
- o Over a period of time, tension begins to build again, and the woman and her family members may feel anxious and fearful that violence will occur again. During this period, women usually try hard to pacify the abuser and maintain normalcy in the family. (This could be compared to an overcast, cloudy day.)
- o Eventually the tension is broken with a violent incident. This pattern keeps repeating itself unless it is broken. (The violent stage is like a storm.)
- o In a long-term, abusive relationship, the time frame for this cycle may become faster so that couple may go through the entire cycle within a day.

6. Ask participants to share some ideas about why women might choose to stay in an abusive relationship. Try to elicit some of the following reasons:



- Fear that the batterer will become even more violent if she leaves.
- Fear for the safety of her children.
- Fear of losing financial support or even becoming homeless.
- Shame and humiliation of admitting abuse is occurring.
- Lack of access to resources.
- Lack of support from family and friends.

7. Ask, how about if the woman has a disability? How might that affect her decision to stay or leave? Answers may include:

- She may not physically be able to leave
- She may not be able to communicate with family or friends about the abuse she is suffering
- She may have additional difficulties making money

8. Wrap up by explaining that domestic violence is a very complex problem that can occur over a long period of time, and women are faced with many difficult decisions when deciding to stay or leave. However, as we saw in previous sessions the consequences of living with violence are severe and when women choose to leave a violent situation, they should be supported.

Session 4.5 Root Causes of VAWG

Learning Objectives

1. To understand the root causes of violence
2. Be able to identify connections between power and the choice to use violence

Time: 1 hour 30 minutes



Materials: Flipchart, markers

Method: Group activity, role play, discussion

Sources:

Derived from Mobilising Communities to Prevent Domestic Violence, Lori Michau and Dipak Naker, Raising Voices, 2003

Steps:



Part A: Role-play Preparation

1. Divide the participants into two groups. Ask each group to create a role-play that shows a situation where a woman is experiencing domestic violence from her partner.
2. Ask the first group to create a role-play from a woman's perspective, addressing the following types of questions:
 - ➡ What is her history?
 - ➡ What do her parents say about the abuse?
 - ➡ What did people say to her when she was experiencing violence?
 - ➡ How does she cope with the abuse?
3. Ask the other group to create a role-play from the man's perspective, addressing the following types of questions:
 - What made him violent?
 - ➡ What did people say to him when he was being violent?
 - ➡ How did he treat other people?
 - ➡ How did he feel when he was being violent?
 - What was his life like, beyond the incidence of violence?

4. It is important to emphasize the difference in perspectives from which the two groups are approaching the role-plays. Ask each group to truly imagine the perspective they are trying to portray. For example, the group roleplaying the male perspective has to imagine what is going on inside the man they are portraying, but not what they think he should do.

5. Encourage both groups to think of real people they know or have seen experiencing violence. However, remind them to respect the privacy of other people experiencing violence, and not to share any identifying details. Give the groups time to discuss, create and practice their role-play before coming back into the main group.

Part B: Performing the Role-plays, 30 mins total

1. Ask the first group, portraying the female perspective, to act out their role play.

2. Ask the audience to identify factors that made the woman vulnerable to violence from her partner. The participants may suggest the following:

- ➔ The woman's community said nothing
- ➔ Her parents told her it was to be expected
- ➔ She was dependent on her husband for money

3. Emphasize that, ultimately, the woman was vulnerable because the community assigned a low status to her and her worth as a human being. Emphasize also that the woman is not responsible for the violence committed against her.



4. Ask the second group, portraying the male perspective, to act out their role play.

5. Ask the audience to identify factors that contributed to the man being violent. The participants may suggest that:

- ➔ He felt entitled to do whatever he wanted to her
- ➔ He wanted to assert his authority where he could (i.e., over her)
- ➔ He was angry and took it out on his wife
- ➔ Nobody stopped him
- ➔ He was drunk

6. Explain that all of these ideas stem from the fact that he wanted to feel powerful and was attempting to feel this at the expense of someone he saw as less powerful than him. Emphasize that despite other factors that may be contributing to the man's frustration, ultimately he is responsible for his behaviour. Emphasize that men, like women, choose how to respond in different situations and that no matter what, a violent response is never acceptable. No one can 'make' another person be violent.



Part C: Conclusion and wrap up



1. Summarize the work with a whole group discussion. Ask the participants why they think some people feel they can perpetrate violence against others. Try to elicit the following points:

- ➡ Domestic violence occurs because men feel entitlement over women and because the community does not value women equally to men.
- Men are socialized to feel entitled to have control over women and many feel justified in demonstrating their power over women through violence.
- ➡ The difference in status between women and men is the root cause of domestic violence.
- ➡ Poverty, alcohol, unemployment (and other such factors) may be the context of violence, but the difference in status between women and men is the root cause of domestic violence.

Session 4.6 Women and Girls with Disabilities: increased vulnerability to violence

Learning Objectives



Upon completing this session, participants will be able to:

1. Recognise the vulnerabilities that women and girls with disabilities have to all forms of violence and abuse.
2. Identify myths and facts surrounding violence against women girls with disabilities.

Time: 1 hour

Materials: Flipchart, markers

Method: Activity; Group discussion



Sources:

Derived from “Violence against Women with Disabilities”, produced by the Kingston Independent Living Resource Centre

Steps:

Part A: Identifying Myths about Violence Against Women and Girls with Disabilities

1. Explain to the participants that people have many beliefs about women and girls with disabilities. Some of these may be true, but others are not.
2. Place Flipchart with “True”, “False” and “Not sure” around the room. Tell participants that you will read statements to them and they should move to the paper that represents their opinion. If movement is difficult for some participants, adapt the activity: give every participant 3 sheets of paper with True, False and Not Sure written on them. Participants can hold up the sheet that that represents their opinion.
3. Read the first statement and give a few minutes for participants decide. Pay attention to the discussion between them as they decide which paper to move to.
4. Ask volunteers to explain the answer they chose, and elicit a discussion. (Each of the statements is a myth – false). Ensure that the facts are read after each myth.



Statements about violence against women and girls with disabilities:

1. Women with disabilities are not sexually attractive to most men and therefore, they are very rarely victims of sexual assault.

Fact: Women with disabilities may be raped, assaulted or abused at some time in their lives. Sexual violence, like other types of violence and abuse, is about control and fear and has nothing to do with traditional definitions of sexual attractiveness.

2. Women with disabilities often lie about being sexually assaulted because they are lonely and seek attention.

Fact: Women and girls have to overcome their own shame and fear of stigma to tell others about the abuse they face. Women and girls with disabilities have to overcome additional barriers to tell their stories. All women and girls who disclose abuse should be believed.

3. Girls and women with disabilities are most often abused by strangers. No one who commits their life to caring for someone with a disability would turn around and abuse them.

Fact: Women with disabilities are most often abused by someone they know; often someone in a position of authority and trust, such as a care giver.

4. Women with disabilities who are abused are more likely to report or disclose the violence because they are more likely to be involved with social or medical services and are used to relying on others for help.

Fact: Women with disabilities are in fact less likely to disclose violence or abuse because the nature of their disability may interfere with their ability to communicate exactly what happened. They may also experience increased isolation as a result of their disability.

5. The police are always prepared to help women who have been assaulted, especially if she is a woman with disabilities or a deaf woman.

Fact: Women with disabilities or deaf women are often considered to be 'not good witnesses' and not capable of testifying or giving evidence by the police and the courts, particularly if they have difficulty or require assistance in communicating; and when they do report abuse, they are often not believed.

FACILITATOR ADDITIONAL NOTES - *Women and girls with disabilities:*

- The multiple and intersecting forms of discrimination which are experienced by women with disabilities increases their vulnerability to many different forms of violence.
- Women and girls with disabilities are at higher risk of violence, due to misconceptions and negative attitudes, isolation and social exclusion.
- Women with disabilities tend to have lower educational, financial, professional, and social success than both non-disabled females and their disabled male counterparts.
- Because women with disabilities are more isolated than most underrepresented groups, their plight typically has not been addressed.
- Women with disabilities therefore warrant unique attention when examining abuse and violence in the community.
- Women with disability who live in institutions are often victims of violence and sexual abuse.
- Women with visual and hearing impairments, psycho-social disability or mental illness are twice as likely as women and girls without disabilities to experience violence and abuse throughout their lives.
- Women and girls with disabilities are targeted for rape because they cannot escape.
- Older women with disabilities are at particularly high risk of violence and abuse.
- Women and girls with disabilities experience violence and abuse due to both
- sexual minority status and disability.

Part B:

1. Lead the group in a discussion. Ask, 'Are there any forms of violence that we have discussed

in previous sessions that women and girls with disabilities do not face?

- Women and girls with disabilities face all forms of violence

2. Ask, are there any additional forms of violence faced by women and girls with disabilities?

- In general, the forms of violence suffered by able-bodied women and girls and those with disabilities are the same. However, women and girls with disabilities:



- o Are more vulnerable to all forms of violence
- o Face increased barriers to disclosing abuse
- o Face some specific kinds of abuse – e.g. abuse by carers, at home or in institutions.

3. Break into 3 groups. Give each group a sheet of Flipchart and assign them 1 question:

1. Why are women and girls with disabilities more vulnerable to all forms of violence?
2. What are the barriers that women and girls with disabilities face in reporting abuse and/ or leaving abusive situations?
3. What might carer abuse include? (Think about women in girls in institutions as well as at home)

- Explain that the root cause of violence is power and inequality – carers and workers in institutions may have a lot of power over the women and girls in their care.

4. While the groups discuss, facilitator should monitor and help if needed.

5. Ask the groups to report back to one another and discuss their answers.

6. Key points to include:

Vulnerabilities and Barriers

- Being a woman and being disabled are both positions in society with less power
- Discrimination
 - Isolation
 - Exclusion
- Women and girls with disabilities lack of opportunities to access:
 - Education
 - Employment and
 - Financial support for economic livelihood
 - Each of these increase vulnerability
- Attitudes of others, including:
 - Attitudes of family members
 - Attitudes of the community or
 - Attitudes of service providers
 - They are more isolated and not given the opportunity to participate in the community
 - Their voice is not heard and excluded from participating in decision making
 - Their families make decisions for them ◦ Their opinion is not recognised
- Continuous threat that they will be sent to an institution and will continue to face violence, abuse and more isolation.
- Because the perpetrator is someone they may know very well.
- No one will believe in their story if they report the violence (e.g. if the victim has a visual or hearing impairment).
- Fear
- Trust
- Confidentiality of information
- Geographical location
- Lack of access to public transport
- Lack of financial support



Forms of abuse perpetrated by caregivers in homes and institutions

- Forced sex with workers, caretakers, or other residents
- Being beaten, slapped, or hurt
- Forced sterilization or abortions
- Being locked in a room alone
- Ice baths or cold showers as punishment
- Forced medication (tranquilizers)
- Having to undress or be naked in front of other people
- Watching other people being abused or hurt
- Being tied down or put in restraints

**FACILITATOR'S NOTES - *Concluding the session* –
EXPLAIN to the participants/groups that -**

o The issue of violence against women with disabilities deserves particular focus, as their voices may be lost not only by their marginalization, but also by the particular attributes of their disabilities and the isolation in which those disabilities often place them.

o There is much more work to be done toward greater understanding of, and protection for women and girls with disabilities from all forms of violence and abuse.

Women and girls with disabilities deserve to live in safety in a community, with people who care about them and treat them well with respect and dignity.

o The Convention on the Rights of Persons with Disabilities (CRPD) requires state parties to ensure that persons with disabilities are protected in situations of risk or humanitarian crisis (Article 11), and that international cooperation is accessible to and inclusive of persons with disabilities (Article 32). It also recognises the preamble that “women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse” and requires States to “ensure that protection services are age-, gender- and disability-sensitive” (Article 16).

Session 4.7 Preventing Violence Against Women and Girls with Disabilities

Learning Objectives



1. Acknowledge the specific barriers that women and girls with disabilities face to accessing services.
2. Identify potential actions that communities can take to protect women and girls with disabilities.

Time: 1 hour

Materials: Case Studies

Method: Small group work, whole group discussion



Sources:

Pacific Disability Forum, Data Collection Survey, 2013.

Steps:



1. Ask participants to form groups of 4 – 6 people.
2. Distribute 1 case study to each group (if there are a large number of participants, more than one group can work on the same case study).
3. Ask the groups to read the case study, discuss and answer the questions. They should prepare to explain their case study and conclusions to the whole group.
4. While the smaller groups are working, the facilitator should monitor and provide help where needed.
5. After 10 – 15 minutes, bring the participants back together. Ask a representative from each group to explain their case study and the groups' answers to the questions. Allow time for the other participants to ask questions or add answers.
6. Lead a whole group discussion:
 - Why do women and girls with disabilities experience violence and abuse?
 - What are the challenges and barriers faced by women and girls with disabilities?
 - What things could change to prevent the continuation of violence and abuse faced by women and girls with disabilities?
 - What sort of things could be done to help women and girls with disabilities access services in their community?



Try to elicit the following key points in the discussion:

- While all women and girls can experience violence and abuse, women and girls with disabilities face discrimination and inequality relating to their disability that increases their vulnerability to abuse.
- Women and girls with disabilities face additional barriers when they want to get help or access services. Service providers must be aware of these barriers and work to reduce them.

Case Study 1

My name is Sushila and I was involved in a car accident which had left me with permanent physical disability. My family members do not seem to have time for me, and I live in an elderly care home. One of the staff members at this home has been abusing me for two years. I did not know what to do or where to seek help from. It has been really difficult for me to talk about it because I know no one will believe me. I was so ashamed and also very upset. I was afraid for my family if I reported this abuse. I didn't know if it was right for the staff member to abuse me. I was also not aware of my rights to report what I was going through.

- 1. What were the challenges and barriers that Sushila faced?***
- 2. What thing could change to prevent the continuation of abuse faced by Sushila?***

Case Study 2

My name is Siteri and I was born with multiple disabilities including intellectual disability. This brings shame to my family and upsets me a lot. When we have relatives coming to our house, it is very frustrating for me because I try to talk to them but they are not able to understand what I am saying. When I get frustrated, my father hits me saying that I am being rude. Once he kicked me like a soccer ball. My mother jumped onto me to protect me from being kicked. My parents also say that they do not consider me an important person in the family

- 1. What were the challenges and barriers that Siteri faced?***
- 2. What thing could change to prevent the continuation of abuse faced by Siteri?***

Case Study 3

My name is Sera and I am living with intellectual disability. I was raped by a man in my village. I made a complaint to the police and because there was not enough evidence, the police were concerned that I would not be a reliable witness.

The police did not believe I could participate in court. The man that raped me had threatened me many times that “if I report again, he will kill me”. I tried to find people that can help me but because of my disability they will not believe my story.

- 1. What are the barriers and challenges faced by Sera when she reported to The Police?***
- 2. What sort of things can we do to make it easier for Sera to access services in her community?***

Case Study 4

My name is Susana and I am a hearing impaired. I have been married for 6 years and live with my husband in his village. My husband is also hearing impaired and works as a gardener and caretaker at the village school.

We have 2 children – one son and one daughter both attending the village school. Both of my parents have passed away.

Because my family was so poor, I did not have a chance to get an education. I had a good relationship with my husband and we understood each other well until I got pregnant with my second child. Then my husband started to have arguments with me, hit me, and said I am useless because I am not working.

I felt regret and suffered badly. When my husband hit me or argued with me, I ran to my neighbour’s house to ask for help, but they could not help me because my husband had threatened them that “if they help me, he will kill them”. Therefore, no one dared to help me.

I tried to complain to the police and the police cannot help me because they don’t understand sign language and I don’t know how to write.

- 1. What are the barriers and challenges faced by Susana when trying to seek help from the neighbour and police?***
- 2. What sorts of things can we do to ensure Susan can access justice services in her community?***

Possible Answers – Sushila

1. What were the challenges and barriers that Sushila faced?

- No family support
- She was isolated and didn't know who to talk to
- Not knowing her right to report the abuse.

2. What thing could change to prevent the continuation of abuse faced by Sushila?

- Awareness raising in the community to help support her family
- Encourage regular visits so that she is not isolated
- Educate the community and family members so they understand that she is entitled to her rights to report the abuse.



Possible Answers - Siteri

1. What were the challenges and barriers that Siteri faced? • She had multiple disabilities

- Discriminated against by her family
- Not important to the family
- Shame to her family

2. What thing could change to prevent the continuation of abuse faced by Siteri?

- Talk to the parents to understand her disability
- Awareness raising in the community to understand persons with intellectual disability
- Persons with intellectual disability are entitled to their rights and to be included in the community

Possible Answers – Sera

1. What are the barriers and challenges faced by Sera when she reported to the police?

- Attitude of the police
- Not enough evidence
- No reliable witness

2. What sort of things can we do to make it easier for Sera to access services in her community?

- Awareness raising in the community so that Sera can access services in her community
- Awareness raising that she is entitled to her right to report and be heard

Possible Answers – Susana

1. What are the barriers and challenges faced by Susana when trying to seek help from the neighbour and police?

- Threatened by her husband
- Lack of education
- Police didn't know sign language
- She didn't know how to read and write to communicate
- Discrimination

2. What sort of things can we do to ensure Susana can access justice services in her community?

- Awareness raising in the community that she is entitled to access justice services
- Awareness rising in the community through educational program in communicating with the hearing impaired.



Closing Circle:

- Violence is based on how people see the role of men and women and in the privileges
- Violence against women is not a private matter
- Women with disabilities are at higher risk of experiencing violence than able bodied women
- Women and girls with disabilities are also hindered in their access to services.



MODULE 5 ACTION PLANNING FOR INCLUSION

MODULE 5

ACTION PLANNING FOR INCLUSION



Learning Objectives:

Upon completing this module, participants will be able to:

1. Ensure that women and girls with disabilities, regardless of their disability, gender or age, are empowered and can participate fully and equally in all community affairs, decision-making and planning processes.
2. Ensure that women and girls with disabilities, regardless of their disability, gender or age, are represented at all levels of camp/community management and at all stages of program planning, design, implementation and management.
3. Identify the barriers that women with disabilities face in trying to report violence.
4. Identify the barriers women with disabilities experience when trying to access services for women who have experienced violence.
5. Identify inclusive practices that can be used to make services and information provision more accessible to women with disabilities.
6. Develop an action plan for inclusion of women with disabilities in their organisations/ community activities.

Module Overview:

Session	Topics	Suggested Time
Session 5.1	Barriers and inclusive practices	1 hour 30 mins
	Break	
Session 5.2	Action planning for inclusion	1 hour
	Break	
Session 5.3	Mapping local and regionally available resources	1 hour

Notes for Trainer

This session is for communities and organisations that provide information and referral about services in their community. These are community leaders, women's groups, teachers and religious leaders.

Community and organisations that provide services for women and girls in the local area include civil society organisations, police, faith-based organisations, social workers, health service providers, legal services and women's organisations.

Session 5.1 Barriers and Inclusive Practices

Learning Objectives



Upon completing this session, participants will be able to:

1. Define the concept of barriers
2. Define the concept of inclusive practice
3. Identify the types of activities or strategies they can use/apply to ensure women and girls with disabilities are able to access and benefit from their organisation's activities

Time: 1 hour



Preparation & Materials:

Handouts, Flipchart, marker, blutac, inclusive checklist Method: Brainstorming

Steps

1. Ask participants to think about an organisation or community and discuss how they can deliver awareness activities and provide services such as health or counselling
2. Divide the participants into their work groups, and provide each group with a Worksheet to use.
3. Copies of the disability inclusive practice checklists should be made available for participants to use if they require some ideas (Appendix 1)



4. Choose at least 3 areas that your organisation/community works on, or areas you would like to address in your organisation/community. The following list may assist you. You could also choose to focus on an area not listed here.

Knowing what rights women with disabilities have
Knowing what services are available
Getting to/from the services
Research
Advocacy

5. After they have completed the activity, ask participants to share with the large group the barriers they have identified and strategies they think could eliminate these barriers.



6. ASK PARTICIPANTS to:

- o Identify any common types of actions that all groups identified, “what types of strategies did you all identify? Is there a way to group these actions?”
- o Discuss the different types of strategies the groups identified that could eliminate barriers and enable participation.
- o Awareness of disability and the impact of violence against women and girls with disabilities.
- o Awareness of rights of women and girls with disabilities, awareness of barriers that women with disabilities face.
- o Participation of women with disabilities in all processes including planning, implementation, monitoring and evaluation.
- o Comprehensive Accessibility ensures that barriers to participation in community processes, and to justice, services and facilities are identified and addressed. These could include physical barriers, communication barriers, attitudes and policy barriers.
- o Specific actions that build capacity of women and girls with disabilities.
- o Mainstreaming actions for inclusion in policies programs addressing violence against women and girls.



Session 5. 2 Action Planning for Inclusion

Learning Objectives

Upon completing this session, participants will be able to:

1. Explain the importance of action planning for inclusion
2. Describe the importance of mainstreaming disability
3. Develop an action plan related to working with the community on Eliminating Violence Against Women And Girls With Disabilities In Fiji



Time: 1 hour

Preparation & Materials: Handout, Flipchart, blutac, marker, Worksheet

Method: group activity and participatory

Session Steps:

- o Introduce the session
- o Introduce the activity

Steps



1. Explain to the participants to think about some of the actions they can take when they return to their workplaces/community. It will also help them think about some of the challenges they may face, and problem-solve how they can overcome these challenges using existing resources.

2. Ask the participants to think of some of the goals that they would like to achieve for their workplaces.

- Include women and girls with disabilities in your community awareness programs.
- Improve access to your service for women and girls with disabilities.



3. Divide them into 4 groups and ask them to discuss these goals and note down how they can achieve these goals. For each goal, work out the steps or actions needed to be taken to implement it. These will be your strategies.

Strategies	By Whom	By When
1.		
2.		
3.		
4.		

4. Ask the participants to also address:

- i) What problems or barriers do you think you will face when you try to carry out your strategies?
- ii) What type of support will you need to overcome these problems and barriers, and who will you ask to help and support you?

Session 5.3

Mapping local and regionally available resources

Learning Objectives

Upon completing this session, participants will be able to:

1. Map out local and regional resources available in the community to assist women and girls with disabilities



Time: 1 hour

Preparation & Materials: Flipchart, blutac, marker

Method: group discussion, presentation

Steps



1. Explain to the participants/groups spending time to map resources that are available locally and regionally can help you identify what resources you have access to support you to include women with disabilities in your programs and services. Doing this as a group can help you learn about what resources people already use, and what are being used already in your area.

Resources could include:

- o Organisations
- o Networks
- o Guidelines, toolkits, checklists, training packages.

2. Divide participants into groups and ask them to discuss and note down these questions (can be done in ne big group depending on number of participants)

What organisations exist, operate in, or service your local area that could assist you?

Organisations	What could they help you with?	Contact details

What networks exist or operate in your local area that could assist you?

Network	How could the network help?	Contact details



What resources such as guidelines, toolkits, checklists and training packages could assist you?

Organisations	What could they help you with?	Contact details

3. After they have completed the activity, ask participants to share what resources they identified with the larger group





HANDOUTS



Handout on Module 1:

UNCRPD Handouts:

General articles:

Article 1:	Purpose
Article 2:	Definitions
Article 3:	General principles
Article 4:	General obligations

Broad articles:

Article 5:	Equality and non-discrimination
Article 6:	Women with disabilities
Article 7:	Children with disabilities
Article 8:	Awareness raising
Article 9:	Accessibility

Specific articles:

Article 10:	Right to life
Article 11:	Risks and emergencies
Article 12:	Equal recognition before the law
Articles 13 & 14:	Access to justice
Article 14:	Liberty and security of the person
Article 15:	Freedom from torture or cruel, inhuman or degrading treatment or punishment
Article 16:	Freedom from violence and abuse
Article 17:	Protecting the person
Article 18:	Liberty of movement and nationality
Article 19:	Independent living
Article 20:	Personal mobility
Article 21:	Access to information and expression
Article 22:	Respect for privacy
Article 23:	Respect for home and family
Article 24:	Education
Article 25 & 26:	Health and rehabilitation
Article 27:	Work
Article 28:	Social protection
Article 29:	Participation in political and public life
Article 30:	Participation in cultural life, recreation, leisure and sport

Handout MODULE 2

IMPAIRMENTS:

- ▶ Impairments (physical, visual, intellectual, sensory) may limit an individual's personal or social functioning in comparison with someone who does not have that characteristic or condition
- ▶ Impairments can be problems in a body function or structure such as lack of a limb or part of a limb or organ, or mechanisms that don't function in the way intended
- ▶ Impairments can be long or short term
- ▶ Some people have multi-impairments

Some of the main impairments are:

1. Physical: Affect a person's body movement and/or appearance (e.g. cerebral palsy, limb loss)
2. Sensory: affect a person's sight, hearing, speech, smell, taste, sensation/feeling
3. Neurological: affect a person's nervous system, speech, motor skills, vision, memory, muscles, learning abilities (e.g. epilepsy, multiple sclerosis)
4. Intellectual impairments: affect cognitive functioning, concentration and behaviour (e.g. Down's syndrome, learning difficulties)
5. Mental illness: affects a person's thinking, concentration, moods and ability to relate to others

CAUSES OF IMPAIRMENTS:

- Congenital due to genetic factors (example absence of eye lids)
- Injury or illness before birth
- Injury or illness after birth

BARRIERS

1. *Physical or environmental barriers:*

- i. Inaccessible buildings
- ii. Inaccessible schools
- iii. Inaccessible clinics/hospitals
- iv. High concrete platforms
- v. Steps
- vi. Narrow entrances

- vii. Slippery floors, etc.
- viii. Inaccessible water pumps
- ix. Inaccessible transport
- x. Inaccessible roads, paths and infrastructure

2. Communication Barriers: Written and spoken information including -

- i. Media
- ii. Flyers
- iii. Internet
- iv. Community meetings etc.

3. Legislation, Policies and Legal Barriers: including -

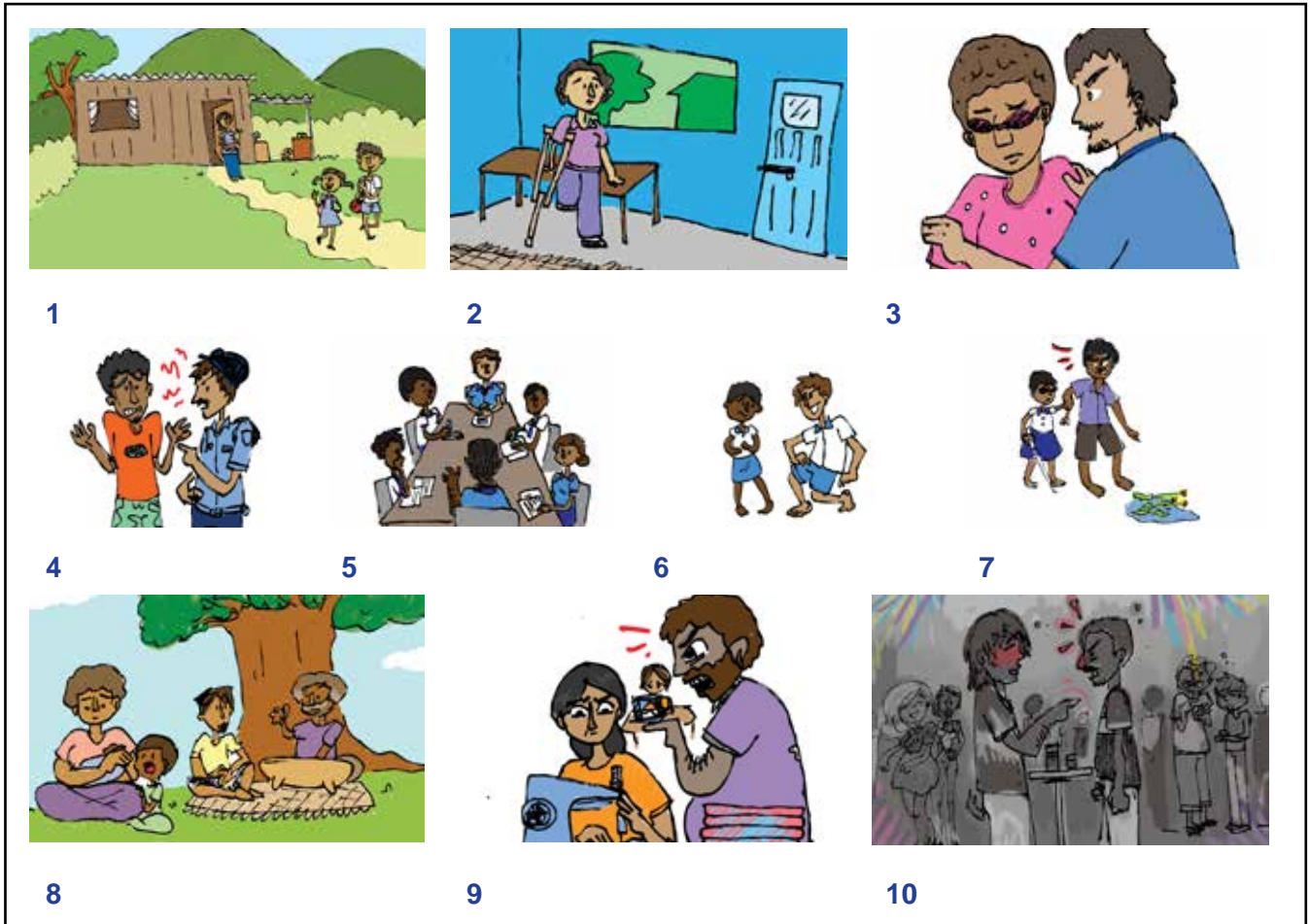
- i. Laws
- ii. Strategies and practices that discriminate against persons with disabilities
- iii. And/or an absence of laws
- iv. Strategies and practices that might otherwise enable persons with disabilities to access services and participate on an equal basis

4. Attitudes and Social Barriers: including –

- i. Negative stereotyping of persons with a disability
- ii. Social stigma and other forms of overt discrimination
- iii. Negative behaviour of family, community, authorities
- iv. Prejudice
- v. Pity
- vi. Overprotection towards the person with a disability, as well as towards family members

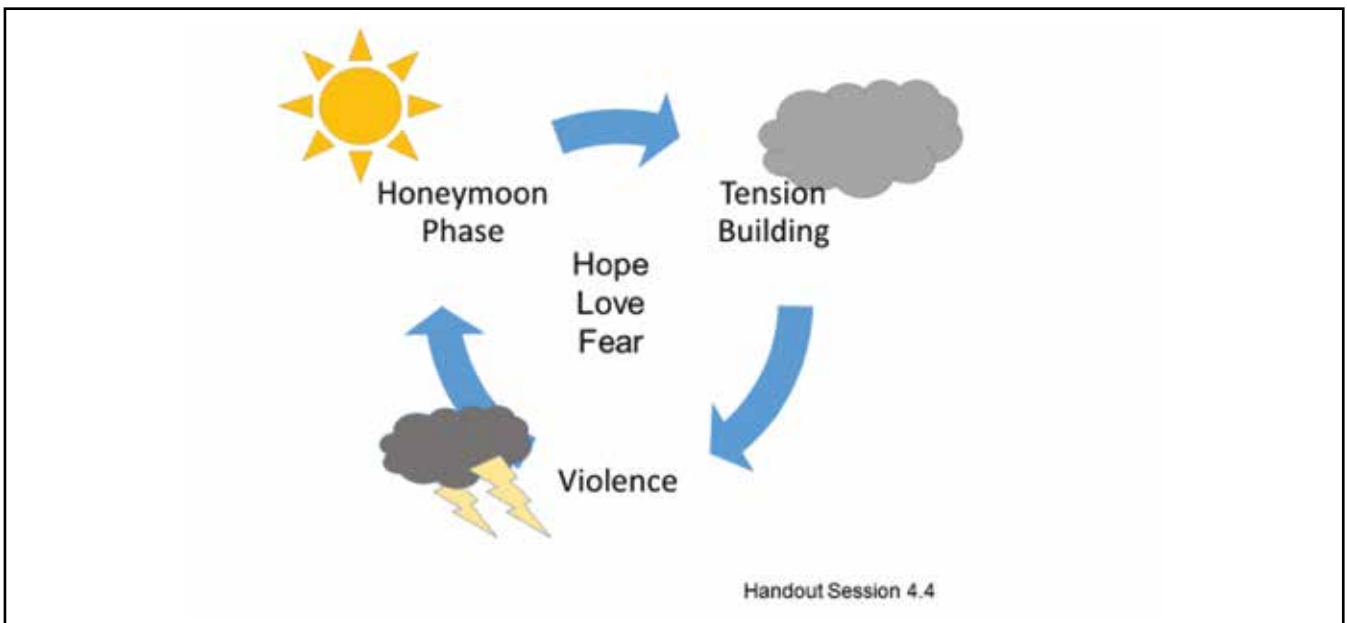
Handout MODULE 3

Session 3.4



Handout MODULE 4

Session 4.4 Cycle of Violence



Session 4.8 Preventing VAWG with disabilities

Case Study 1

My name is Sushila and I was involved in a car accident which had left me with permanent physical disability. My family members do not seem to have time for me, and I live in an elderly care home. One of the staff members at this home has been abusing me for two years. I did not know what to do or where to seek help from. It has been really difficult for me to talk about it because I know no one will believe me. I was so ashamed and also very upset. I was afraid for my family if I reported this abuse. I didn't know if it was right for the staff member to abuse me. I was also not aware of my rights to report what I was going through.

- 1. What were the challenges and barriers that Sushila faced?**
- 2. What thing could change to prevent the continuation of abuse faced by Sushila?**

Case Study 2

My name is Siteri and I was born with multiple disabilities including intellectual disability. This brings shame to my family and upsets me a lot. When we have relatives coming to our house, it is very frustrating for me because I try to talk to them but they are not able to understand what I am saying. When I get frustrated, my father hits me saying that I am being rude. Once he kicked me like a soccer ball. My mother jumped onto me to protect me from being kicked. My parents also say that they do not consider me an important person in the family

- 1. What were the challenges and barriers that Siteri faced?**
- 2. What thing could change to prevent the continuation of abuse faced by Siteri?**

Case Study 3

My name is Sera and I am living with intellectual disability. I was raped by a man in my village. I made a complaint to the police and because there was not enough evidence, the police were concerned that I would not be a reliable witness.

The police did not believe I could participate in court. The man that raped me had threatened me many times that "if I report again, he will kill me". I tried to find people that can help me but because of my disability they will not believe my story.

- 1. What are the barriers and challenges faced by Sera when she reported to The Police?**
- 2. What sort of things can we do to make it easier for Sera to access services in her community?**

Case Study 4

My name is Susana and I am a hearing impaired. I have been married for 6 years and live with my husband in his village. My husband is also hearing impaired and works as a gardener and caretaker at the village school.

We have 2 children – one son and one daughter both attending the village school. Both of my parents have passed away.

Because my family was so poor, I did not have a chance to get an education. I had a good relationship with my husband and we understood each other well until I got pregnant with my second child. Then my husband started to have arguments with me, hit me, and said I am useless because I am not working.

I felt regret and suffered badly. When my husband hit me or argued with me, I ran to my neighbour's house to ask for help, but they could not help me because my husband had threatened them that "if they help me, he will kill them". Therefore, no one dared to help me.

I tried to complain to the police and the police cannot help me because they don't understand sign language and I don't know how to write.

- 1. What are the barriers and challenges faced by Susana when trying to seek help from the neighbour and police?***
- 2. What sorts of things can we do to ensure Susan can access justice services in her community?***



READINGS



Background Reading:

A: Legal, policy and institutional context of violence against women in Fiji

Policy context


Fiji ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995 and is signatory to several other key international and regional instruments which uphold the rights of women and oppose violence against women and girls. These include the following (Fiji Ministry of Women 2013; and UNFPA 2008):

- The Convention on the Rights of the Child;
- The Jakarta Declaration for the Advancement of Women in Asia and the Pacific;
- The Commonwealth Plan of Action for Gender Equality 2005–2015 arising from the 7th meeting of Commonwealth Ministers responsible for Women’s Affairs; and
- The Revised Pacific Platform for Action on gender equality and the advancement of women, arising from the 2nd conference of Pacific Ministers responsible for women, and the 9th Triennial Conference on Pacific Women (SPC 2005).

The Fiji Islands Ministry of Women’s (MOW) website refers to the National Women’s Plan of Action (1999–2008) as the guiding document for work undertaken by the Ministry to address women’s needs, interests and aspirations across economic, social, legal and political spheres. Five major areas of concern were covered in the National Plan of Action including: mainstreaming women’s and gender concerns; women and the law; micro enterprise development; balancing gender in decision making; and violence against women and children (Fiji MOW 2013). Fiji’s report on progress towards achieving the Millennium Development Goals (MDGs) refers to a new Women’s Plan of Action 2010–2019 which also has 5 strategic objectives (Fiji Ministry of National Planning 2010: 26):

1. Formal Sector Employment and Livelihood
2. Equal Participation in Decision Making
3. Elimination of Violence Against Women and Children
4. Access to Services, including health and HIV and AIDS, education and other basic services (water and sanitation, housing and transport)
5. Women and the Law

Five task forces composed of representatives of key government departments and civil society organisations were set up to implement the 1999-2008 Plan of Action in each area, with varying degrees of success. The task forces on women and the law and violence against women were judged as being the most effective at formulating clear objectives for action and implementing activities, (ADB 2006: 11).




The task forces were disbanded after several years. However, after the release of some of the preliminary findings from this research in January 2013, two were re-established by the Ministry of Women. The national elimination of violence against women (EVAW) task force met regularly in 2013 and FWCC has conducted training for Ministry of Women staff and Task Force. The EVAW task force plans to assist with formalising a gender policy for the Government, assessing Government initiatives on EVAW, evaluating access to EVAW services, and drawing up a National Plan of Action on EVAW. An Inter-Agency Task Force on Women and the Law was also re-established (FWCC 2013).

The Ministry of Women's "Violence Free Community" initiative is focused on communities declaring themselves to have "zero tolerance" for violence against women (Fiji MOW 2013). This ongoing program begins by setting up and training "gate-keeper committees" in each village or community, made up of church, traditional, women and youth leaders. According to the Minister for Women, one role of these committees is to "mediate between the community and the police department so that the couple can undergo counselling (and) reconciliation", given that the Domestic Violence Decree requires prosecution. The committees also monitor sexual abuse of women and children in the community and provide support to those affected by violence (ABC Radio Australia 2012).

Policies in the health sector generally give little attention to the problem of violence against women and children and its impact. For example, there is no mention of violence against women in the Ministry of Health Strategic Plan 2011–2015, the Non- Communicable Diseases Prevention and Control National Strategic Plan 2010–2014, or the Draft Suicide Prevention Policy and Implementation Action Plan 2 (Fiji MOH no date [a] and [b]; and Fiji MOH 2008). However, the Ministry of Health's Child Health Policy and Strategy 2012–2015 acknowledges that children need to grow up in a home and community environment that are free from violence, abuse, exploitation and neglect (Fiji MOH no date [c]: 12). Furthermore, the Ministry of Education has a Child Protection Policy with zero tolerance for child abuse, and includes mandatory reporting obligations (Fiji Ministry of Education 2012).

Legal framework and implementation of the law

Several pieces of legislation and decrees have been introduced aimed at reinforcing women's rights and addressing violence against women in Fiji. The Family Law Act (2003) established a Family Court and covers marriage, divorce, maintenance, and custody. The law includes provisions for no-fault divorce, recognition of the role of both partners in the marriage, and the protection of the interests of children (FWRM, RRRT and UNDP 2007). Partners in the marriage can also apply for injunctions for their personal protection. Two other important reforms put in place before the 2006 coup were the abolition of the law of corroboration in sexual offences through case law, and the setting of a precedent in case law recognising marital rape as a serious crime (FWCC 2013). The Fiji Police Force has had a no-drop policy for domestic violence offences since 1995. **This means that the victim/survivor cannot withdraw or drop a complaint after it has been made with the police, who are required to follow up on all cases.**



Five decrees relating to violence against women and children have been introduced by the Interim Administration in Fiji since the 2006 coup. The Domestic Violence Decree (2009), Criminal Procedure Decree (2009), and the Crimes Decree (2009) were based on draft legislation that FWCC had a significant input into over several years prior to the December 2006 coup. The Child Welfare Decree (2010) provides for mandatory reporting of physical and sexual abuse of children. The Family Law Amendment Decree (2012) extends the coverage of the Family Law Act to de facto couples.


These decrees have improved the legal framework for criminalising and prosecuting cases of sexual and domestic violence. The Domestic Violence Decree provides expanded authority to police to investigate and prosecute cases of domestic violence and provides for victims/survivors to obtain a Domestic Violence Restraining Order (DVRO). The Crimes Decree improved and expanded on the previous Penal Code in relation to sexual assault and other crimes of violence against women, including by expanding the legal definition of rape. It also includes offences of trafficking in women and children and puts in place harsher penalties (12–25 years imprisonment) for such offences (SPC 2010a: 63; and Ellsberg et al 2011).

The status of women in Fiji

Fiji's report on the MDGs provides the most recent assessment of women's status in Fiji across a range of indicators. The report concludes that Fiji has succeeded in achieving gender equality in primary and secondary school enrolments and completion rates, and has made good progress in reducing maternal mortality (Fiji Ministry of National Planning 2010: viii, 26-36). Maternal mortality was 26 per 100,000 live births in 2011, but the adolescent fertility rate (for girls aged 15-19) was 43 per 100,000 live births in 2011; this is high compared with a rate of 20 for the East Asian and Pacific region (World Bank 2013).

According to the World Bank's Gender Equality Data and Statistics, women made up 30% of employment in the non-agricultural sector in Fiji in 2005 (World Bank 2013). Women's overall participation in the labour force has increased since 1990, when 29% of women were engaged in formal sector employment, to 39% in 2007. This compares with 84% of men engaged in formal sector employment in 1990 and 79% in 2007. Overall, labour force participation rates have remained stagnant for both women and men over the past decade or more. This underscores the considerable increase in poverty rates in Fiji from 25% in 1990 to around 40% in 2008, which is attributed to economic and political challenges in expanding the pool of jobs in Fiji's MDG report. Moreover, the Ministry of National Planning notes that much of the work engaged in by women has low health and safety standards, particularly in the garment industry. Although women are increasingly engaged in self-employment, they nevertheless make up only 20% of the registered micro and small businesses in Fiji (Fiji Ministry of National Planning 2010: viii, 30-31).

Fiji's MDG report acknowledges that cultural and traditional attitudes towards women's roles in social and economic development limit their participation in formal employment. The highest levels of employment by women are found in the civil service, where they made up 47% of employees in 2007. However, the vast majority of these civil servants are nurses, teachers, dental assistants and administrative officers, and the gender wage gap is very high, with men dominating in decision making and higher paid positions.



Gender stereotyping and wage gaps are also evident in private sector employment: sectors with the highest representation of women employees in 2007 were hotel, retail and restaurant businesses, and community, social, and personal services, which employed 41% women and 59% men. Women made up 33% of employees in the manufacturing sector, and 34% in finance and real estate. The MDG report notes that women with disabilities are more likely to be engaged in self-employment and that they are “almost invisible” in formal sector employment (Fiji Ministry of National Planning 2010: 31-33).

Women make up 22% of paid employees in agriculture, forestry and fisheries (Fiji Ministry of National Planning 2010: 31), but no data is available on their level of unpaid contribution to work in these sectors. However, the Asia-Pacific Human Development Report cites recent research that puts the value of unpaid household work at almost FJD480 million (US\$237 million), “a figure greater than the income from sugar or tourism, the country’s two largest industries” (UNDP 2010: 63).


In 2005, 9% of seats were held by women in the national parliament (World Bank 2013); this compares with no women at all in the national parliament in 1990 (Fiji Ministry of National Planning 2010: 30), but remains very low by international standards. Overall, the equal opportunities and achievements of girls in primary and secondary education have not translated into equal treatment in the workforce, politics or decision-making in social and economic life in Fiji.

Fiji Violence against Women Prevalence Study

On 9th December, 2013, the Fiji Women’s Crisis Centre (FWCC) launched the report “Somebody’s Life, Everybody’s Business” which details findings of a national survey on violence against women and girls in Fiji. The survey, funded by the Australian Department of Foreign Affairs and Trade, was undertaken in cooperation with the Fiji Islands Bureau of Statistics. The data indicated that 43 women are injured in Fiji each day due to violence by husbands/partners. Of this number:

- Almost 1 woman will be left with a permanent disability (6 per week);
- 10 will be assaulted so severely that they will lose consciousness;
- 16 will need health care for their injuries;
- 29 will have eardrums broken or sustain eye injuries;
- 5 will have a bone fractured or broken;
- 5 will suffer from internal injuries;
- 4 will have sprains or dislocations;
- 1 will suffer from burns; and
- 3 will have their teeth broken.

The study is the sixth (after Samoa, Solomon Islands, Kiribati, Vanuatu and Tonga) to be completed in the Pacific using the approach developed by the World Health Organisation (WHO). Studies are currently underway or being planned in several other countries including Nauru, the Federated States of Micronesia, Marshall Islands, Cook Islands, Palau and PNG.



Men's violence against women is an enormous problem for Fiji with far-reaching and highly damaging impacts on individuals, families, communities and the whole nation. Fiji has the fourth highest prevalence of physical and/or sexual partner violence over a woman's lifetime, compared with 20 countries that have used the WHO research methodology. The global average for lifetime non-partner and partner violence combined is 35.6%, compared with just over 60% for the Solomon Islands with lowest lifetime prevalence in the Pacific region, and almost 80% for Tonga. The global rate for intimate partner physical and/or sexual violence is 30%, compared with 40% in Tonga and 68% in Kiribati.

In Fiji, 64% of women who have ever been in an intimate relationship have experienced violence by a husband or intimate partner in their lifetime, and 24% are suffering from physical or sexual partner violence today; 55% experienced emotional violence in their lifetime, and 29% in the last 12 months. Overall, 72% of women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many of these suffered from all three forms of abuse. It should be mentioned however, that while there are some raw data available on violence against women, statistics on women with disabilities remain a challenge.

There are also high rates of non-partner violence against women and girls. Thirty one percent (31%) have been subjected to physical or sexual assault since the age of 15 by someone other than their husbands and partners and 16% were abused as children. For 29% of women, their first sexual experience was either forced or coerced. These findings are disturbing for their own sake, but also because sexual abuse and coercion are significant risk factors which increase the likelihood that a woman will be subjected to intimate partner violence. Overall, 71% of women were subjected to physical or sexual violence by anyone in their lifetime – including partners and/ or non- partners. Fifteen per cent (15%) of ever-pregnant women were beaten during pregnancy. One-third of these (33%) were punched or kicked in the abdomen while pregnant by their husband/partner.

The study showed all forms of partner and non-partner violence against women are widespread in urban and rural areas, and in all four Divisions of the country. However, prevalence is considerably higher in rural areas, including control over women's mobility. The lifetime prevalence of intimate partner violence in the Eastern Division of Fiji is one of the very highest recorded to date in the world. There is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women and substantially higher for iTaukei (Indigenous Fijian) women and those from all other ethnic groups combined. This is closely related to the higher prevalence in the Eastern Division, which has a much higher proportion of iTaukei communities compared with other Divisions. These same patterns and differences in prevalence are also found for violence during pregnancy and the most severe forms of physical violence.

There are also ethnic differences in help-seeking behaviour. Indo-Fijian women are more likely to seek help than iTaukei women. Indo-Fijian women were more likely to ask for help from the police and courts and to seek legal advice, social welfare services and assistance from FWCC or its branches. In contrast, iTaukei women were more likely to seek help from a hospital or health centre or a religious leader.

Disability in Fiji

In Fiji, according to the baseline survey conducted by the Fiji National Council for Disabled Persons (FNCDP), the total disability population is 11,402 of which 5222 are females (46%) and 6180 are males (54%). Based on the 2007 national census, Fiji's total population is 837,271. The 2010 baseline survey indicates that 1.4 percent of Fiji's population are persons with disabilities of which 0.6% are females with disabilities compared to approximately 0.8 percent of males with disabilities (Fiji National Council for Disabled Persons 2010). This figure is significantly lower than the 15% stated in the recently published world disability report produced by the World Health Organisation and World Bank in June 2011.

Violence against women and girls with disabilities in Fiji

A baseline study by the Fiji National Council for Disabled Persons showed that 20% of persons with disabilities have suffered some form of abuse: 12% of men and boys and 8% of women and girls with disabilities.

Of the 20%, 9 percent were continuing to suffer from abuse at the time of the survey (5% males and 4% females).

The study also showed that 14% of persons with disabilities are sexually abused. Furthermore 14% of persons with disabilities recorded knowing the perpetrator. Of this figure 7% are women and girls with disabilities.

Women and girls with disabilities in Fiji experience some forms for violence and abuse. There is no shortage of passion and commitment to address this issue; however women and girls with disabilities continued to face a number of barriers that stand in their way. These include limited access to information on services and facilities, counselling services, access to justice, attitudinal barriers, financial support and a need for capacity building in reporting a case to the service providers such as the police.

More information:

Constitution of the Republic of Fiji 2013: Website: <http://www/fiji.gov.fj>

Fiji National Disability Policy 2008-2018: Fiji National Council for Disabled Persons.
Website: www.fncdp.org/docs/2008-2018

Fiji National Gender Policy 2014: Website: <http://www.welfare-women.gov.fj>

Domestic Violence Restraining Order (DVRO):

Website: <http://www.judiciary.gov.fj/index.php/magistrates-court/registry/dvro>



Module: 1 Human Rights

Human rights are the rights a person has simply because he or she is a human being.

Human rights are held by all persons equally, universally, and forever.

Human rights are **inalienable**: you cannot lose these rights any more than you can cease being a human being.

Human rights are **indivisible**: you cannot be denied a right because it is “less important” or “non-essential.” Human rights are **interdependent**: all human rights are part of a complementary framework. For example, your ability to participate in your government is directly affected by your right to express yourself, to get an education, and even to obtain the necessities of life.

Another definition for human rights is those basic standards without which people cannot live in dignity. To violate someone’s human rights is to treat that person as though she or he were not a human being. To advocate human rights is to demand that the human dignity of all people be respected.

In claiming these human rights, everyone also accepts the responsibility not to infringe on the rights of others and to support those whose rights are abused or denied.


Human Rights as Inspiration and Empowerment

Human rights are both inspirational and practical. Human rights principles hold up the vision of a free, just, and peaceful world and set minimum standards for how individuals and institutions everywhere should treat people. Human rights also empower people with a framework for action when those minimum standards are not met, for people still have human rights even if the laws or those in power do not recognize or protect them.

We experience our human rights every day in the United States when we worship according to our belief, or choose not to worship at all; when we debate and criticize government policies; when we join a trade union; when we travel to other parts of the country or overseas. Although we usually take these actions for granted, people both here and in other countries do not enjoy all these liberties equally. Human rights violations also occur every day in this country when a parent abuses a child, when a family is homeless, when a school provides inadequate education, when women are paid less than men, or when one person steals from another.

The Universal Declaration of Human Rights

Rights for all members of the human family were first articulated in 1948 in the United Nations’ Universal Declaration of Human Rights (UDHR). Following the horrific experiences of the Holocaust and World



War II, and amid the grinding poverty of much of the world's population, many people sought to create a document that would capture the hopes, aspirations, and protections to which every person in the world was entitled and ensure that the future of humankind would be different.

The 30 articles of the Declaration together form a comprehensive statement covering economic, social, cultural, political, and civil rights. The document is both universal (it applies to all people everywhere) and indivisible (all rights are equally important to the full realization of one's humanity). A **declaration**, however, is not a treaty and lacks any enforcement provisions. Rather it is a statement of intent, a set of principles to which United Nations **member states** commit themselves in an effort to provide all people a life of human dignity.

A Short History of Human Rights


The belief that everyone, by virtue of her or his humanity, is entitled to certain human rights is fairly new. Its roots, however, lie in earlier tradition and documents of many cultures; it took the catalyst of World War II to propel human rights onto the global stage and into the global conscience.

Throughout much of history, people acquired rights and responsibilities through their membership in a group – a family, indigenous nation, religion, class, community, or state. Most societies have had traditions similar to the “golden rule” of “Do unto others as you would have them do unto you.” The Hindu Vedas, the Babylonian Code of Hammurabi, the Bible, the Quran (Koran), and the Analects of Confucius are five of the oldest written sources which address questions of people's duties, rights, and responsibilities. In addition, the Inca and Aztec codes of conduct and justice and an Iroquois Constitution were Native American sources that existed well before the 18th century. In fact, all societies, whether in oral or written tradition, have had systems of propriety and justice as well as ways of tending to the health and welfare of their members.

Precursors of 20th Century Human Rights Documents

Documents asserting individual rights, such as the Magna Carta (1215), the English Bill of Rights (1689), the French Declaration on the Rights of Man and Citizen (1789), and the US Constitution and Bill of Rights (1791) are the written precursors to many of today's human rights documents. Yet many of these documents, when originally translated into policy, excluded women, people of color, and members of certain social, religious, economic, and political groups. Nevertheless, oppressed people throughout the world have drawn on the principles these documents express to support revolutions that assert the right to self-determination.

Contemporary international human rights law and the establishment of the United Nations (UN) have important historical antecedents. Efforts in the 19th century to prohibit the slave trade and to limit the horrors of war are prime examples. In 1919, countries established the **International Labour Organization (ILO)** to oversee **treaties** protecting workers with respect to their rights, including their health and safety. Concern over the protection of certain minority groups was raised by the League of Nations at the end of the First World War. However, this organization for international peace and cooperation, created by the victorious European allies, never achieved its goals.



The League floundered because the United States refused to join and because the League failed to prevent Japan's invasion of China and Manchuria (1931) and Italy's attack on Ethiopia (1935). It finally died with the onset of the Second World War (1939).

The Birth of the United Nations

The idea of human rights emerged stronger after World War II. The extermination by Nazi Germany of over six million Jews, Sinti and Romani (gypsies), homosexuals, and persons with disabilities horrified the world. Trials were held in Nuremberg and Tokyo after World War II, and officials from the defeated countries were punished for committing war crimes, “crimes against peace,” and “crimes against humanity.”

Governments then committed themselves to establishing the United Nations, with the primary goal of bolstering international peace and preventing conflict. People wanted to ensure that never again would anyone be unjustly denied life, freedom, food, shelter, and nationality. The essence of these emerging human rights principles was captured in President Franklin Delano Roosevelt's 1941 State of the Union Address when he spoke of a world founded on four essential freedoms: freedom of speech and religion and freedom from want and fear. The calls came from across the globe for human rights standards to protect citizens from abuses by their governments, standards against which nations could be held accountable for the treatment of those living within their borders. These voices played a critical role in the San Francisco meeting that drafted the **United Nations Charter** in 1945.

The Universal Declaration of Human Rights

Member states of the United Nations pledged to promote respect for the human rights of all. To advance this goal, the UN established a **Commission on Human Rights** and charged it with the task of drafting a document spelling out the meaning of the fundamental rights and freedoms proclaimed in the Charter. The Commission, guided by Eleanor Roosevelt's forceful leadership, captured the world's attention.

On December 10, 1948, the Universal Declaration of Human Rights (UDHR) was adopted by the 56 members of the United Nations. The vote was unanimous, although eight nations chose to abstain. The UDHR, commonly referred to as the international Magna Carta, extended the revolution in international law ushered in by the United Nations Charter – namely, that how a government treats its own citizens is now a matter of legitimate international concern, and not simply a domestic issue. It claims that all rights are **interdependent** and **indivisible**. Its Preamble eloquently asserts that:

Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world.

The influence of the UDHR has been substantial. Its principles have been incorporated into the constitutions of most of the more than 185 nations now in the UN. Although a **declaration** is not a legally binding document, the Universal Declaration has achieved the status of **customary international law** because people regard it “as a common standard of achievement for all people and all nations.”

The Human Rights Covenants

With the goal of establishing mechanisms for enforcing the UDHR, the UN Commission on Human Rights proceeded to draft two treaties: the International Covenant on Civil and Political Rights (ICCPR) and its optional Protocol and the International Covenant on Economic, Social and Cultural Rights (ICESCR). Together with the Universal Declaration, they are commonly referred to as the International Bill of Human Rights. The ICCPR focuses on such issues as the right to life, freedom of speech, religion, and voting. The ICESCR focuses on such issues as food, education, health, and shelter. Both covenants trumpet the extension of rights to all persons and prohibit discrimination.

Subsequent Human Rights Documents

In addition to the covenants in the International Bill of Human Rights, the United Nations has adopted more than 20 principal treaties further elaborating human rights. These include conventions to prevent and prohibit specific abuses like torture and **genocide** and to protect especially vulnerable populations, such as refugees (Convention Relating to the Status of Refugees, 1951), women (**Convention on the Elimination of All Forms of Discrimination against Women**, 1979), and children (**Convention on the Rights of the Child**, 1989). As of 1997 the United States has ratified only these conventions:

- The Convention on the Elimination of All Forms of Racial Discrimination
- The Convention on the Prevention and Punishment of the Crime of Genocide
- The Convention on the Political Rights of Women
- The Slavery Convention of 1926
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Human rights is an idea whose time has come. The Universal Declaration of Human Rights is a call to freedom and justice for people throughout the world. Every day governments that violate the rights of their citizens are challenged and called to task.

Every day human beings worldwide mobilize and confront injustice and inhumanity. Like drops of water falling on a rock, they wear down the forces of oppression and move the world closer to achieving the principles expressed in the Universal Declaration of Human Rights.

From Concept to Convention: How Human Rights Law Evolves

In 1945 in San Francisco, 50 nations adopted the **United Nations Charter**, a document setting forth the United Nations' goals, functions, and responsibilities. Article 1 of the Charter states that one of the aims of the UN is to achieve international cooperation in "promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language or religion."

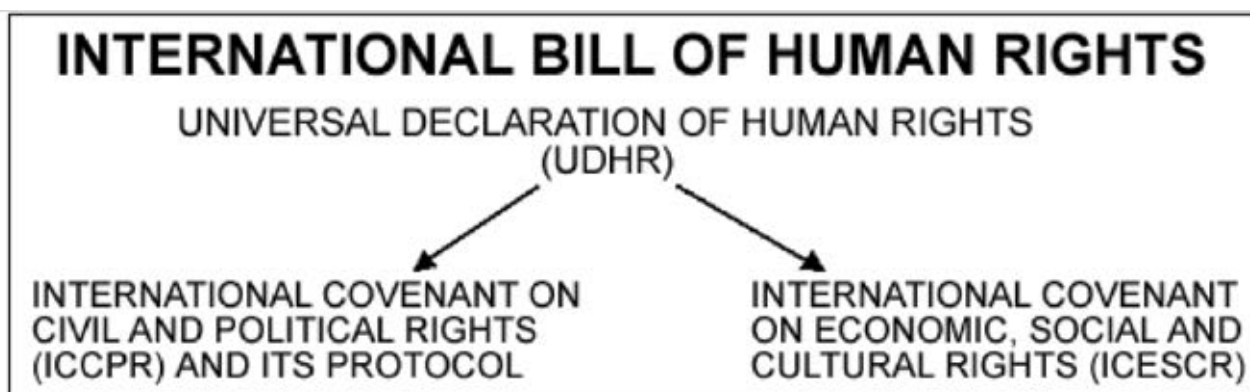
The goals of Article 1 of the Charter are of a general nature. For those goals to be achieved, specific “human rights and freedoms” needed to be defined first. Then laws and procedures had to be drawn up that would promote and protect those rights and freedoms. For these purposes, the **Commission on Human Rights** was established and charged with creating an **International Bill of Human Rights**.

From Declaration to Convention

The **International Bill of Human Rights** consists of the **Universal Declaration of Human Rights (UDHR)**, **The International Covenant on Civil and Political Rights and its optional Protocol**, and **The International Covenant on Economic, Social, and Cultural Rights**.


First in 1948 came the UDHR, which serves to define the basic human rights and freedoms to which all individuals are entitled. A **declaration** is not a legally binding document, however. For the rights defined in a declaration to have full legal force, they must be written into documents called **conventions** (also referred to as **treaties** or **covenants**), which set international norms and standards. When a government signs a convention, it becomes legally bound to uphold those standards.

Once the UDHR was drafted and adopted by the UN General Assembly, work began to **codify** the rights it contained into a convention. For political and procedural reasons, these rights were divided between two separate covenants, each addressing different categories of rights. The **International Covenant on Civil and Political Rights (ICCPR)** articulates the specific, liberty-oriented rights that a state may not take from its citizens, such as freedom of expression and freedom of movement. The **International Covenant on Economic, Social, and Cultural Rights (ICESCR)** addresses those articles in the UDHR that define an individual’s rights to basic necessities, such as food, housing, and health care, which a state should provide for its citizens, in so far as it is able. Both covenants were adopted by the UN in 1966.



Reporting and Monitoring

Every convention contains articles that establish procedures for monitoring and reporting how **states parties**, governments that have **ratified** the document, are complying with it. Both Covenants, for example, provide for a body of independent experts to monitor governmental compliance with treaty provisions.



Articles in the ICCPR establish a Human Rights Committee consisting of 18 independent experts, who examine progress reports from states that are party to that Covenant. The Committee also can consider complaints of one member state against another. In addition, the ICCPR provides a complaint procedure through which individuals can have grievances against their government heard in an international forum.

When a UN **member state** ratifies a convention, it agrees to abide by the provisions of the convention, consent to be monitored, change its laws to conform to the convention, and report at regular intervals on its progress in doing so. Relevant parts of these reports are also forwarded to the specialized UN-affiliated **intergovernmental organizations** such as the World Health Organization (WHO) and the **International Labour Organization (ILO)** for their review and recommendations.

Steps in the Evolution of Conventions

Before they become codified as binding law, human rights concepts must pass through a lengthy process that involves consensus building and practical politics at the international and national levels.

- 1) **Drafted** by working groups. The UN General Assembly commissions working groups consisting of representatives of UN member states, as well as representatives of intergovernmental and ***non-governmental organizations (NGOs)***.
- 2) **Adopted** by vote of the UN General Assembly.
- 3) **Signed** by member states. When member states sign the convention, they are indicating that they have begun the process required by their government for ratification. In signing, they are also agreeing to refrain from acts that would be contrary to the objectives of the convention.
- 4) **Ratified** by member states. When a member state ratifies a convention, it signifies its intention to comply with the specific provisions and obligations of the document. It takes on the responsibility to see that its national laws are in agreement with the convention. There is also a process by which states can ratify the convention, but also indicate their **reservations** about specific articles.
- 5) **Entered into force**. A convention goes into effect when a certain number of member states have ratified it. For example, the **ICCPR** and **ICESCR** were adopted in 1966; however, they did not enter into force until 1976 when the specified number of 35 member states had ratified them.

Different Types of Rights 1.

1. Social Rights

Social rights improve the well-being and standard of living of all members of society. They give people security as they live together in families, schools, and communities. Some examples include:

- the right to the highest attainable standard of physical and mental health
- the right to adequate housing, food, clothing and water
- the right to inclusive and accessible education

2. Economic Rights

Economic rights deal with income-generating activities or income supports that allow one to secure the necessities of life. Some examples include:

- the right to own property
- the right to social security including social insurance
- the right to earn a living from work that is freely chosen
- the right to equal pay for equal work
- the right to access technical and vocational training programs

3. Cultural Rights

Cultural rights deal with protecting, developing and enjoying one's cultural identity. Some examples include:

- the right to participate in inclusive culture, arts, recreation, leisure and sport
- the right to create a unique disability culture
- the right to cultural materials in accessible formats
- the right to access places of cultural performances

4. Civil and Political Rights


Civil and political rights allow people to have equal citizenship. Some examples include:

- the right to life, liberty and security of person
- the right to freedom of opinion
- the right to protection from torture and violence
- the right to vote and run for political office

Characteristics of human rights

Human rights belong to everyone. Human rights are:

- Universal – They belong to everyone irrespective of where you are
- Inherent – Every human being is born with rights.
- Inalienable – Human rights cannot be taken away.



Indivisible and interdependent – No one type of right is more important than another. If one right is taken away, this will affect other rights.

For people to be free from fear and want, they must be able to enjoy their economic, social and cultural rights as well as their civil and political rights.

Facilitator Notes:

Recognition of Persons with Disabilities as Rights Holders Requires that:

- The needs of persons with disabilities are not “special”. If someone owns a car and wants to drive on a highway, we don’t say they have a “special” need for a highway. In the same way, if someone has a wheelchair and needs a sidewalk without potholes to move on, that should not be considered a “special” need.
- The issues are politicized. Discrimination and injustice are at work when persons with disabilities can’t go to school, don’t get jobs and live in poverty.
- Separate but equal is not equal. Services that limit a person’s freedom or self-determination do not support a person’s autonomy, dignity and rights as a human being.
- Persons with disabilities have to be recognised as decision-makers. They are not simply the recipients of what others think is good for them. They are independent people who know best what they need and want.

Background of CRPD


After five years of negotiations, the first human rights treaty of the 21st century, the Convention on the Rights of Persons with Disabilities (CRPD), was adopted by the United Nations General Assembly on December 13, 2006. The negotiations toward the CRPD included an unprecedented participation from civil society, particularly disabled peoples' organisations. To date, more than 125 countries have shown their commitment to the human rights of persons with disabilities by taking legal steps - signature and ratification - to adopt this new international legal instrument into their national laws. The CRPD entered into force on May 3, 2008, which means that the treaty officially became international law, but only for the countries that have completed ratification.

The entire Convention reflects the shift from a medical model to a social model and now to a rights-based approach to disability. The rights-based approach serves to empower persons with disabilities, and ensure their active participation in political, economic, social and cultural life in a respectful way.

The scope of the CRPD

The scope of the CRPD includes setting out the human rights of persons with disabilities, the obligations of State parties to promote, protect and ensure those rights and mechanisms to support its implementation and monitoring. The content can be broken down in the following way:

- Preamble – gives general context to the CRPD and identifies important background issues
- Purpose – sets out the goal of the CRPD which is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms of all persons with disabilities, and to promote respect for their inherent dignity
- Definitions – defines key terms in the CRPD, namely, communication, language, discrimination on the basis of disability, reasonable accommodation and universal design
- General principles – identifies the standards or imperatives that apply to the enjoyment of all rights in the CRPD, such as the principle of non-discrimination and the principle of equality
- Obligations – clarifies the steps that State parties must take to promote, protect and ensure the rights in the CRPD
- Specific rights – identifies the existing civil, cultural, economic, political and social human rights, affirming that persons with disabilities also hold those rights
- Enabling measures – identifies specific steps that State parties must take to ensure an enabling environment for the enjoyment of human rights, namely, awareness-raising, ensuring accessibility, ensuring protection and safety in situations of risk and humanitarian emergencies, promoting access to justice, ensuring personal mobility, enabling habilitation and rehabilitation, and collecting statistics and data

- 
- International cooperation - recognises the importance of the international community working together to ensure the full enjoyment of the rights of persons with disability
 - Implementation and monitoring – requires State parties to establish national frameworks for monitoring and implementing the CRPD and establishes a Conference of States Parties to consider any matter in relation to implementation of the CRPD and a Committee on the Rights of Persons with Disabilities to monitor the CRPD
 - Final clauses – sets out the procedures for signature, ratification, entering into force and other procedural requirements relevant to the CRPD.

The specific rights recognised in the CRPD are as follows:

- Equality before the law
- Right to life, liberty and security of the person
- Equal recognition before the law and legal capacity
- Freedom from torture
- Freedom from exploitation, violence and abuse
- Right to respect physical and mental integrity
- Freedom of movement and nationality
- Right to live in the community
- Freedom of expression and opinion
- Respect for privacy
- Respect for home and the family
- Right to education
- Right to health
- Right to work
- Right to an adequate standard of living
- Right to participate in political and public life
- Right to participate in cultural life.

Module: 3

Sex and Gender (FWCC Gender manual page 67 and adapted from Juliet Hunt 2004 “Gender and Development Course Workbook and Materials” International Development Support Services, Melbourne. Graphic by Anne Walker, IWTC.)

Sex describes the biological differences between men and women.

Females and males are born with different reproductive organs.
Only women have the capacity to give birth and breastfeed.
Only men have the capacity to impregnate women (make women pregnant).

Gender describes the different roles and responsibilities of women and men – what males and females do, what they are responsible for, how they are expected to behave, what they are allowed to do, and what is seen as normal and proper behaviour.

Gender roles, responsibilities and expectations vary according to cultural, religious, historical and economic factors:

- 1* Gender is **socially constructed**. This is just another way of saying that gender is **learned behaviour**.
- 2* Most of the accepted differences in roles, responsibilities, and status between men and women are not “**natural**”, **biological**, or “**God-given**”. Ideas that women are inferior to men are certainly not “natural” – they are the result of cultural and religious stereotypes and prejudices. Such ideas are often harmful to women, and usually disadvantage women in some way.
- 3* Our ideas about what females and males should be like, and how they should behave (femininity and masculinity) are not static or **fixed**. They change over time, and they **vary both within cultures and between cultures**.
- 4* Some of the factors which have promoted changes in gender roles and responsibilities are: economic changes (women need to earn money for their families to survive); political upheaval (such as conflict and war); development programs (which need to involve both women and men to be effective and successful); educational opportunities (which can open women’s and men’s eyes to different possibilities and opportunities); and increasing awareness of the human rights of all people.
- 5* **It is up to women and men together to make these changes in gender relations for the better**, so that all women, men, boys and girls can enjoy their full human rights.
- 6* Parents can build equality between men and women by giving their sons and daughters equal treatment, attention, care, education, encouragement and opportunities to fulfil their human potential.

Effects of Violence on Women

Behaviour -- Common actions after experiencing violence are:

- Thoughts or acts of suicide or self-injury
- Risky sexual behaviours, such as unprotected sex
- Alcohol or drug abuse
- Eating disorders
- Avoiding doctor visits or making unnecessary doctor visits

Physical health – Common physical injuries and health problems from violence include:

- Increased risk of sexually transmitted infections (STIs) and HIV, which can lead to pelvic inflammatory disease and a higher risk of cervical cancer
- Unwanted pregnancies, or rapid, repeat pregnancies
- Miscarriages and other reproductive problems
- Vaginal bleeding or pelvic pain
- Injuries such as bruises, cuts, broken bones, or internal damage
- Back or neck pain
- Chronic pain syndrome
- Trouble sleeping and nightmares
- High blood pressure or chest pain
- Arthritis
- High stress and lowered immune system
- Central nervous system problems, such as headaches, seizures, or nerve damage
- Respiratory problems, such as asthma and shortness of breath
- Digestive problems, such as stomach ulcers and nausea

Economic -- Common financial struggles due to violence are:

- Loss of income from missed work or a partner who withholds money
- Medical bills
- Legal fees
- Rent or moving costs of new housing
- Extra child care and protection

Additional Notes for Facilitator: Gender (FWCC Trainers Manual, 2006, page 67.)

Gender affects the degree to which people enjoy their human rights.

However, there is a difference between what is meant by the terms 'Sex' and 'Gender'.

Sex describes the biological differences between men and women.

- Females and males are born with different reproductive organs.
- Only women have the capacity to give birth and breastfeed.
- Only men have the capacity to impregnate women (make women pregnant).

EXPLAIN to the groups/participants that gender:

Describes the different roles and responsibilities of women and men

- What males and females do
- What they are responsible for
- How they are expected to behave
- What they are allowed to do, and
- What is seen as normal and proper behaviour? (FWCC Trainers Manual, 2006, page. 67).

Gender-based assumptions and expectations generally place women with disabilities at a disadvantage with respect to substantive enjoyment of rights, such as:

- freedom to act and to be recognised as autonomous, fully capable adults
- to participate fully in economic, social and political development, and
- to make decisions concerning their circumstances and conditions.
- Gender is one of the most important categories of social organisation, yet persons with disabilities are often treated as nonsexual, genderless human beings.

However women with disabilities and men with disabilities have different life experiences due to:

- biological, psychological, economic, social, political and cultural attributes associated with being female and male.
- Patterns of disadvantage are often associated with the differences in the social position of women and men.
- These gendered differences are reflected in the life experiences of women with disabilities and men with disabilities.
- Women with disabilities face multiple discriminations and are often more disadvantaged than men with disabilities in similar circumstances.
- Women with disabilities are often denied equal enjoyment of their human rights, in particular by virtue of the lesser status ascribed to them by tradition and custom, or as a result of overt or covert discrimination.
- Women with disabilities face particular disadvantages in the areas of education, work and employment, family and reproductive rights, health, violence and abuse.

Some examples of these include:

- women with disabilities experience violence, particularly family violence and violence in institutions, more often than men with disabilities
- gender based violence, including domestic/family violence, sexual assault/rape is a cause of disability in women
- women and girls with disabilities are often at greater risk than men with disabilities, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation

- women with disabilities are more vulnerable as victims of crimes from both strangers and people who are known to them, yet crimes against women with disabilities are often never reported to law enforcement agencies
- more women than men are classified as having a disability, particularly as ageing populations mean that larger proportions of the elderly are women with disabilities
- women with disabilities are less likely to receive service support than men with disabilities
- while persons with disabilities are much more likely to live in poverty, women with disabilities are likely to be poorer than men with disabilities
- women with disabilities and men with disabilities have different economic opportunities, with women with disabilities being less likely to be in the paid workforce than men with disabilities. They also have lower incomes from employment than men with disabilities
- women with disabilities are more likely to be sole parents, to be living on their own or in their parental family than men with disabilities
- women with disabilities, with less financial resources at their disposal than men with disabilities, are particularly vulnerable to living in insecure or inadequate housing
- women with disabilities and their children are more likely than men with disabilities to be affected by the lack of affordable housing, due to the major gap in overall economic security across the life-cycle, and to their experience of gender-based violence which leads to housing vulnerability, including homelessness
- women who acquire a disability after marriage are at higher risk of divorce than men with disabilities and often experience difficulty maintaining custody of their children
- Women with disabilities who are parents, or who seek to become parents, face barriers in accessing adequate health care and other services for both themselves and their children
- Persons with disabilities have equal vulnerability to all known risk factors for HIV infection, but lack equal access to HIV/AIDS prevention and treatment services.

Module: 4

Session 4.1

This activity is to help people understand power and privilege. It is important before this exercise that you have a firm grasp of what those two terms mean and how they manifest themselves in relation to gender.

POWER

Having power is being able to have access to and control over resources and to be able to control decision-making. When we have power - we usually feel like we are in control and feel good. Conversely, when we feel powerless - we often feel out of control and many negative emotions.

Power over

To have “power over” is to have control over resources, decision-making and to be able to impose these on somebody or a situation. Often power over is used in a negative way and associated with corruption, discrimination and abuse. When used negatively it means taking power from someone else to dominate them. Sometimes, power over can be used positively.

Power to

“Power to” is the ability to influence your own life by having the knowledge, skills, money or even just the ability to convince yourself to do or think something. We all have some ‘power to’, even though at times we cannot express it. For example, a young girl from a poor family has the ability learn even though she may not have much space for or access to formal education. However she can still believe and put things or seek out opportunities to learn. This is what we want to tap into with our work.

Power with

“Power with” is the power we have as a group - e.g., the collective power of young people - to take decisions and action on areas of common ground or interests that benefits all. This type of power brings solidarity when it harnesses the talents, knowledge and energy of the individuals. In situations of violence, service providers can use our power to tell survivors what they must do (power over), or alternatively use our power to support survivors to reach their own decisions and to realise their own goals (power with).

Session 4.2

Types of violence - examples

Sexual Violence

- Rape/Marital rape
- Attempted rape
- Sexual abuse
- Child sexual abuse
- Incest
- Forced anal intercourse/sodomy
- Sexual exploitation
- Sexual harassment
- Forced prostitution
- Forced pregnancy
- Any unwelcome sexual act demand for sexual access of favors
- Display of pornographic material
- Making comments about her body or sexuality
- Forced nakedness
- Making someone act out pornography
- Forced childbearing
- Sexual humiliation, touching private parts in front of others

Emotional and Psychological Violence

- Insulting
- Degrading
- Verbal abuse
- Threatening to hurt or kill her
- Threatening to hurt or kill her children or people she cares about
- Isolating from family and friends
- Telling her she is a bad mother
- Humiliating her in front of others
- Making her afraid all the time
- Using abusive language
- Scolding
- Shouting
- Confinement, not allowing her to leave the house
- Telling her she is useless



Physical Violence

- Beating
- Punching
- Kicking
- Biting
- Slapping
- Pulling hair
- Hitting with a weapon
- Trafficking
- Cutting with knife
- Shooting
- Burning with fire or acid
- Hitting with sticks, chains, etc.

Social-economic Violence

- Discrimination
- Social exclusion
- Economic abuse
- Denial of access to education
- Denial of access to healthcare
- Denial of access to services and social benefits
- Loss of cultural, political, social and economic rights
- Not allowing a woman to control her own money
- Denial of income-generating activities
- Not supporting her or her children
- Paying a woman less for similar work
- Refusing to hire or promote women
- Making her beg for money

Session 4.2 Potential Consequences of Violence

Adapted from:

<http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

Long-term consequences of sexual violence include:

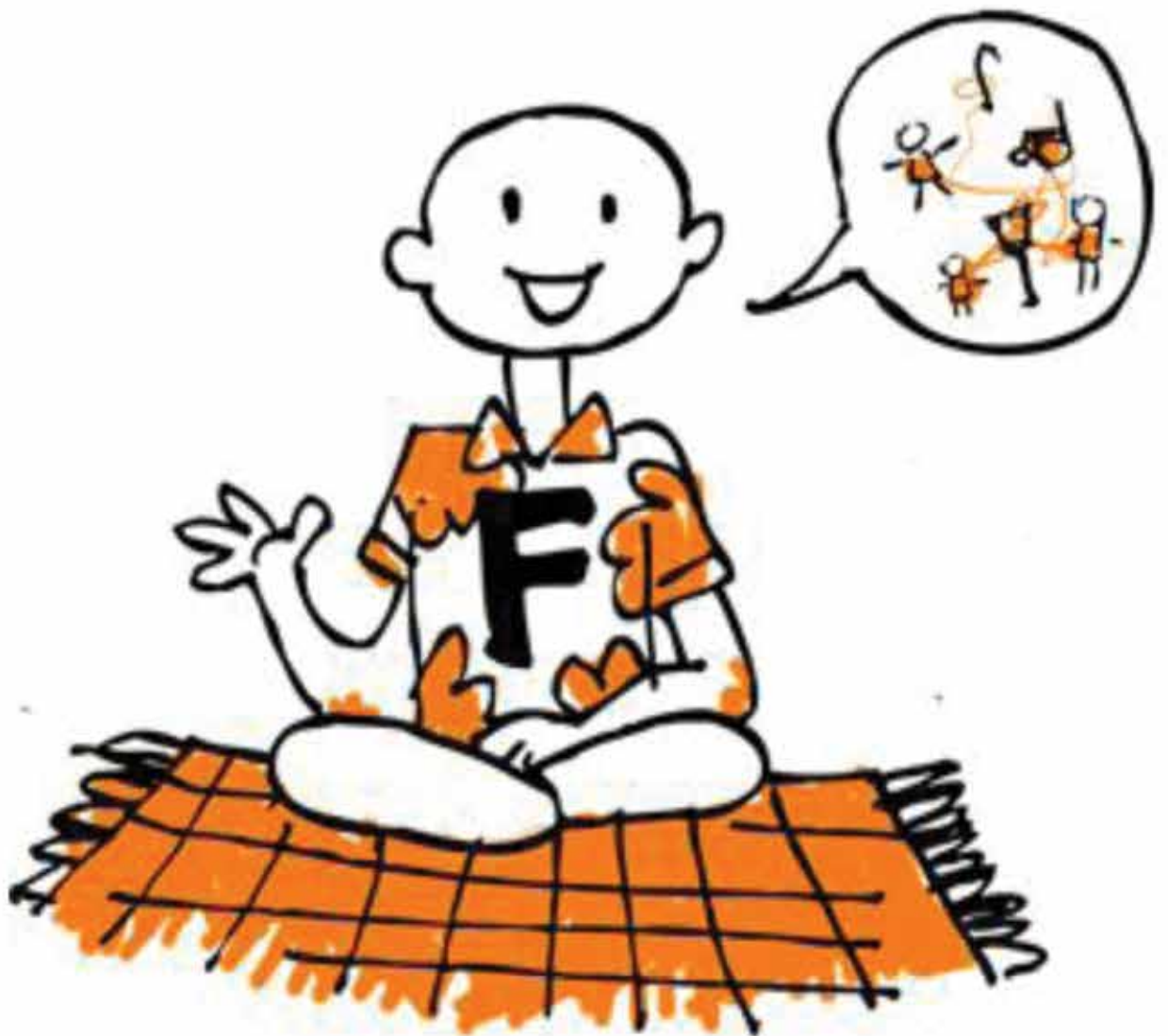
- Unwanted pregnancy
- Chronic pain
- Gastrointestinal disorders
- Gynecological complications
- Migraines and other frequent headaches
- Sexually transmitted infections
- Cervical cancer
- Genital injuries

All forms of violence can have lasting emotional and social consequences for survivors, including :

- Shock
- Fear
- Confusion
- Anxiety
- Withdrawal
- Shame or guilt
- Nervousness
- Distrust of others
- Symptoms of post-traumatic stress disorder
- Emotional detachment
- Strained relationships with family, friends, and intimate partners
- Less emotional support from friends and family
- Less frequent contact with friends and relatives
- Lower likelihood of marriage
- Isolation or ostracism from family or community
- Engaging in riskier behaviours
- Denial
- Sleep disturbances
- Flashbacks
- Mental replay of assault
- Depression
- Generalized anxiety
- Attempted or completed suicide
- Post-traumatic stress disorder
- Diminished interest/avoidance of sex
- Low self-esteem/self-blame



APPENDICES



Appendix 1: Disability Inclusive Practice Checklists

How to use these checklists:

These checklists can be used by participants during Module 5: Planning for disability inclusion. They can also be used as starting point for your organisation/community to address inclusion of women with disabilities in your organisation/community and the services that it provides.

Each checklist identifies inclusive practices that are linked to a barrier that the practice seeks to overcome. Each checklist also identifies where you can get more help.

These checklists do not cover all barriers women with disabilities face, or identify all inclusive practices your organisation could implement. They do not replace working with women with disabilities and DPOs in your community to identify barriers and working in partnerships to find inclusive practices that will assist your organisation to be inclusive of women with disabilities.

Knowing about the services available in the local area:

Women and girls with disabilities don't always have access to information about the services they are entitled to in their local area.

Women with disabilities may require differing methods of receiving information about services. For example, a person with vision impairment may need to hear the information; a person with hearing or intellectual impairment, or low literacy, may need picture information.

Many women with disabilities remain isolated at home in Fiji, so it is important that there are ways that they are able to get information about services that are available, and that they feel welcome. Using inclusive communication practices can ensure that women with disabilities know what services are available to all women in the local area.

Inclusive practice

- Ensure that you have a communication policy and guidelines that outline how the organisation will make it possible for all service users to be aware of services that exist. This should be developed in partnership with gender organisations and DPOs.
- Ensure that promotion material for the service depicts persons with disabilities as part of the general population that uses the service.
- Include in the organisation's promotional materials information that persons with disabilities are welcome to access services provided by the organisation for the community.

Use a range of communication methods including print media, radio and community announcements to promote services.

Ensure that material and information about services are available in a range of different locations and through different community actors. For example by radio, live phone call, announced at community meetings, at church, health centres, picture posters, fliers, home visits, peer groups, community networks, teachers, respected elders in the community, etc.

Where to find more help

The following DPOs could assist in providing information about access communication materials, mobility aids and access audit checklist.

Organisations	What could they help you with?	Contact details
Fiji Disabled Peoples Federation (FDPF)	The Fiji Disabled Peoples Federation (FDPF) can assist organisations in doing an access audit of their facilities	Telephone: 331 1203 Fax: 330 1161 Email: fdpfoffice@fdpf.org FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji
United Blind Persons of Fiji (UBP)	United Blind Persons of Fiji (UBP) can provide information on converting information into accessible format for persons with visual impairment.	Telephone: 330 0616 Fax: 330 1161 Email: ubp@connect.com.fj FNCDP Complex 3 Brown Street, Toorak GPO Box 16015 Suva, Fiji
Fiji Association for the Deaf (FAD)	The Fiji Association for the Deaf (FAD) can provide information on sign language interpreting, sign and language classes.	Telephone: 331 9042 Fax: 330 1161 Email: fijideaf@connect.com.fj FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji
Spinal Injuries Association of Fiji (SIA)	The Spinal Injuries Association (SIA) can provide mobility aids like wheel-chairs, shower chairs, walking sticks and crutches.	Telephone: 330 7908 Fax: 330 1161 Email: spinalinjury@gmail.com FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji

Organisations	What could they help you with?	Contact details
Psychiatric Survivors Association (PSA)	<p>Seeks to improve the lives of psychiatric survivors in Fiji in the following:</p> <ul style="list-style-type: none"> o Home visits to ex- patients of St Giles Psychiatric Hospital o Organised workshops for members to help develop coping skills and increase understanding of mental illness o Organised community awareness campaigns to promote knowledge of mental illness o Organised workshops for members to help develop coping skills and increase understanding of mental illness o Organised community awareness campaigns to promote knowledge of mental illness 	<p>Telephone: 331 9043 Fax: 330 1161 Email: psa.fiji@gmail.com FNCDP Complex 3 Brown Street, Toorak GPO Box 15178 Suva, Fiji</p>

Getting to and from services

Travel costs or inaccessible transport options can be a big barrier to accessing services. Women with a disability may rely on family members for transport to services, which can create resistance in seeking out help, especially if the family member is a perpetrator of violence or discrimination. Addressing transport barriers can enable women with disabilities to access services.

Inclusive practice

- Put systems in place to help cover or eliminate transport costs.
- Ensure your service is located close to public transport.
- Provide accessible transport to service facilities for women with disabilities if there are no suitable transport options available.



Provide options for women to use alternative models of service delivery.

Identify people from the community who can accompany the women with disability to the service.

Financial accessibility to services

Women with disabilities are often the poorest of the poor, and living in poverty in rural areas. Affordability of both the service and transport to reach the service are key barriers for women with disabilities seeking help. Women with disabilities often have additional costs associated with having a disability, such as costs of devices that assist them. Many women with disabilities are financially dependent on others.

Reducing or eliminating costs associated with seeking help can make a real difference for women with disabilities to seek help.


Inclusive practice

- Reduce or eliminate costs (official or unofficial) involved for women with disabilities such as:
 - Hospital costs
 - Medical reports
 - Medication
 - Transport
 - Accommodation
 - Sign language interpreters
- Be aware of who generally makes the decisions to go or not go for help in the household, and work to influence them.
- Ensure there is adequate budget provision for disability inclusion items (such as staff disability awareness training, training sign language interpreters, transport costs, accommodation costs etc.).
- Prioritise persons with disabilities, and cluster appointments to reduce waiting time.

Physical accessibility of service facilities

“When I encounter a physical barrier I am not comfortable in asking someone to assist me. I worry about being a burden to that person”

Physical barriers can stop women with disabilities entering and using services. Physical barriers to facilities can include things such as steps, narrow doorways, high counters, inadequate toilet spaces, a lack of hand rails and poor or absent signage.



Physical barriers can make women with disabilities feel unwelcome. Many women with disabilities prefer not to ask for help when they encounter physical barriers because they feel that this would inconvenience or burden other people. Some women will not go to a facility if they cannot use the bathroom, especially if they have travelled a long distance.

Having accessible features isn't just important for women with disabilities; it helps everyone, including elderly people, pregnant women, and people who are unwell. Any costs associated with making facilities accessible are far outweighed by the long-term benefits to individuals, families and society.

Inclusive practices

Review physical access to your service:

- Ask a person from a DPO to do an audit on the accessibility of the building.
- Ensure service facilities have accessible features including ramps, widened doorways, accessible toilets, appropriate signage.
- When making changes to buildings, consult targeted user groups who have a variety of disabilities and local disability organisations.

When choosing a place for community education or service provision

- Identify a location central for community members with a disability.
- Identify a venue that may already be used by persons with a disability.
- Ensure venue has ramp access, accessible toilets, hand rails, etc.


Where to find more help

- Fiji Disabled Peoples Federation can assist organisations in doing an access audit of their facilities.
- AusAID's Accessibility Design Guidelines: Universal Design Principles for Australia's Aid program has information about things to consider when designing or making changes to community used facilities. You can find the guidelines at <http://aid.dfat.gov.au/Publications/Pages/accessibility-design-guide.aspx>

Communicating with women with disabilities

Women with disabilities often face barriers in communication when accessing services. This means that women are often excluded from providing and receiving information when they try to access a service.

In Fiji, many women with disabilities experience people speaking on their behalf, especially family members, rather than being able to speak for themselves.



Using inclusive communication practices enables persons with disabilities are able to access services and information on an equal basis.

Inclusive practice

- Identify preferred communication modes for women with disabilities.
(Remember, not all women who are blind will have been taught Braille and not all women who are deaf or hard or hearing will have sign language skills).
- This could include using plain language, using sign language interpreters, using written communication.
- Ensure alternative communications options are available based on the individual's requirements. Address the woman with a disability and not her accompanying carer or interpreter.
- Position yourself at eye level with a person in a wheel chair when talking one-on- one. Being at eye level helps a person feel respected and equal. It will also prevent the person in a wheel chair from straining their neck.
- Feel free to ask a person with speech difficulties to repeat what they have said, if you do not understand it. There is more dignity in this than nodding politely but not hearing what was said. People with speech difficulties are used to repeating from time to time.
- When talking with a person with vision impairment, ensure you always identify yourself. Inform the person if you are moving away.
- Always explain or express yourself in words and actions. Be aware that people with vision impairment are not likely to pick up on your body language.
- If the person has a difficulty communicating, consider involving family members and care-givers in consultations when appropriate and desired by the individual (someone the woman with a disability is comfortable with).
- Ensure that you have a communication policy that outlines how the organisation will support communication needs of all service users.

Sharing and providing information to women with disabilities.

Many women miss out on important information because it is not given in a way that is easy to use and understand. Many girls and women with disabilities have been excluded from education and may need information presented in formats compatible with their level of literacy and type of impairment.

Ensuring that supporting information is provided in a way that suits the individual means that women and girls with disabilities don't miss out on important information.

Inclusive practices

- Be prepared to source alternative formats for supporting material/ handouts including large print, pictorial information, audio and sign language based on individual requirements
- Provide handouts in large print (size 16, 1.5 spacing, non-gloss paper, black on white or high colour contrast, sans serif font such as Arial or Verdana).
- Talk through all printed/ visual information.
- Provide verbal descriptions of content being discussed – don't point or show objects without auditory description.

Where to find more help

This may be arranged through local partners, inclusive education services, and Community Based Rehabilitation (CBR) and disability organisations.

Build partnerships with disabled peoples organisations (DPOs) and other disability stakeholders. Persons with disabilities have the right to be involved in decisions that directly affect them. This means that persons with disabilities should be involved at stages of policy development, program planning, and implementation of programs that impact on their lives. Policies and program at all levels are better when persons with disabilities are involved from the start.

The best way to ensure that persons with disabilities are able to access and benefit from your program is to work with local disabled person's organisations (DPOs) or organisations of and for persons with disabilities. Some DPOs represent persons with all types of disabilities; others are "disability-specific" and represent a group of people with a specific impairment type.

Developing a relationship with DPOs can help you understand the challenges persons with disabilities face in the communities you work in, know of supports that are available to persons with disabilities and ensure that persons with disabilities can benefit from your program.

Inclusive practices

- Build relationships with DPOs to gain active participation in program planning, implementation, monitoring and evaluation
- Ensure women with disabilities are involved in program planning, implementation, monitoring and evaluation
- Establish an on-going advisory team that includes women with disabilities representatives.
- Develop strong linkages between your service and disability stakeholders within the community to facilitate the referral network

- Facilitate access to disability and specialist medical services including assistive devices
- Know where to refer persons with disabilities for disability specific needs such as assistive devices, and have this information available in varied format
- Have information about the accessibility of services and shelters; ensure you know the location of accessible services
- Work with your partners to ensure shelters are accessible

Where to find more help

Policies and Planning

Having a clear policy about how your organisation will include women with disabilities means that there are structures and processes in place to ensure women with disability can benefit from your organisation's programs on access on an equal basis with others.

Women with disabilities have a right to be involved in making decisions about programs that directly affect them. This means that persons with disabilities should be involved at stages of policy development, program planning, and implementation of programs that impact on their lives. Policies and programs at all levels are better when persons with disabilities are involved from the start.

Inclusive practice:

Policies:

- Have a policy that outlines what the organisation will do to enable women with disabilities to equally access the services provided.
- Ensure the policy has an accompanying complaint procedure so that women who experience discrimination can make a complaint and have it addressed by the organisation.
- Address financial barriers to services for persons with disabilities through embedding disability related funding strategies within policies.
- Prioritise persons with disabilities across service provision (e.g. to reduce waiting time, reduce travel costs).

Planning:

- Build relationships with DPOs to gain active participation in program planning, implementation, monitoring and evaluation.
- Ensure women with disabilities are involved in program planning, implementation, monitoring and evaluation.

- Ensure that persons with disabilities are involved in consultation about barriers to services.
- Develop strong linkages between your service and disability stakeholders within the community to facilitate the referral network.
- Engage women with disabilities as staff, team members, consultants and evaluators within programs.

Make sure community education targets women with disabilities.

Where to find more help

Staff Attitudes and competency in disability

Women with disabilities often do not seek out help because of the stigma, negative attitudes and discrimination they experience from people who provide services.

When women with disabilities do seek out help, they often experience behaviour such as having people speak and make decisions for them, not getting access to information about their rights and sexual and reproductive health or being treated only for the impairment, which means they do not receive the service they are entitled to.

Changing the attitudes and practices of staff needs to be appropriately planned for, and budgeted. Involving women with disabilities in training of staff can make a huge difference to the attitudes of service providers, and help service providers better understand the challenges and barriers experienced by women with disabilities to make sure that the service they provide meet their needs.

Inclusive Practices:

- Address attitudes of staff to improve participation of women with disabilities.
- Use women with disabilities and engage DPOs for capacity development activities around attitudes, access and rights.
- Recruit and train women with disabilities as staff.
- Ensure women with disabilities have access to leadership opportunities.
- Build in 'disability competency' as a core requirement included within job descriptions and work performance appraisals.
- Build disability education into your staff training curriculum.
- Build the capacity of staff in communicating with persons with disabilities.

- Engage women with disabilities in delivering training activities for your staff.
- Ensure opportunities are provided for staff to participate in exposure visits and exchanges with DPOs, gender institutions, and organisations that are successfully addressing disability and gender inclusion.
- Build capacity of staff to provide referral to appropriate services where indicated (other ERAW services, disability specific services).
- Invest in disability resources for your staff to use and refer to.

Information and knowledge management

Often service providers do not know whether or not their services reach women with disabilities in the communities they are working in.

Keeping track of how many women with disabilities access your service can help you identify whether or not your services are reaching women with disabilities, and can help you identify what else your service may need to do to ensure everyone can use your service.

Inclusive practices

- Identify the number of persons with disabilities within the community.
- Ensure that all data collected can be disaggregated by disability, gender and age.
- Incorporate disability indicators into data collection systems and management.
- Collect information about the type of impairment and barriers experienced in accessing services, to help you identify areas of improvement.

Where to find more help

Information about the number of persons with disabilities in your community can be accessed through the Ministry of Health, or through your local CBR program.

Appendix 2: Safety Planning

The primary concern when working with a family affected by domestic violence is safety planning.

Name: D.O.B: Age:

Address: Contact details:

1. Increasing Safety in the Relationship

a) If I need to leave my home, I can go to(list 3 places) _____

b) I can tell _____ (list 2 people) about the violence and ask them to call the police if they hear loud noises coming from my home.

c) I can leave extra money, clothing, car keys and copies of documents with _____ (list one person).

d) If I have to leave I will take _____ with me.

e) To ensure safety and independence, I can keep change for telephone calls with me at all times, open my own bank account, rehearse an escape route from my home and review this safety plan.

2. For increased safety when the relationship is over:


a) I can change the locks, put better locks outside my home, and install a better door.

b) I can inform _____ (list at least 2 people) that my partner no longer lives with me and ask them to contact _____ (me, the police, others) if he is seen near my home.

c) I will tell the people who take care of my children the names of people who have permission to pick them up. Those who have permission are _____
_____ (list all this applies to)

d) I can tell _____ (list people) at work about my situation and ask them to screen my calls.

e) I can get a protective order from _____ and keep it with me at all times. I can also leave a copy of it with _____ (If applicable list 1 person).



f. If I feel down and ready to return to a potentially abusive situation I can call _____ (list at least one person) for support or attend groups to get support and strengthen my relationships with other people.

3. Important Telephone Numbers

4. Items to Be Sure to Take with Me (Make a list here)

Appendix 3: Sample Evaluation Form

To help us improve the training session we would appreciate it if you would take the time to complete the following questions before you leave.

Please tick in the box that best relates to your ratings of the following:

		Very Poor	Poor	Average	Good	Excellent	Comments
		1	2	3	4	5	
1	Length of training session						
2	Use of time during the training session						
3	Pace of the training session						
4	Appropriate training style						
5	Quality of training manual and training aids						
6	Balance of theory and practice						
7	Opportunities to practice application of the activity/subject						
8	Value of self-reflection and personal feedback						

9. To what extent have you achieved your objectives in attending this training session?

10. How relevant were the topics covered to your interests and concerns on violence against women and girls with disabilities?

	1	2	3	4	5
Not relevance at all					
Little relevance					
Undecided					
Somewhat/To a certain extent					
Yes definitely for me					

11. What were the three (3) most useful topics you learned during the training which will help you address in your organisation/community?

12. What would you have liked more information on?

13. How could the training session be improved? For example, what should be added or deleted?

14. I would rate the trainer(s) as:

	Very Poor 1	Poor 2	Average 3	Good 4	Excellent 5
Knowledge of the subject					
Training Style					
Enthusiasm and Passion for the Topic					

15. What value have you personally derived from the training?

1	2	3	4	5
No Value	Very little value	Some value	Mostly value	Very valuable

16. Overall, how satisfied are you with the training session?

1	2	3	4
Very dissatisfied	Neutral	Satisfied	Very satisfied

17. Are there any other comments you would like to make about this training session?

18. Please indicate your Sex: Male Female

Thank you for your attention and participation!

Appendix 4

The Gender Scale (G-Scale)

Date: _____ Village / Country: _____

Male: _____ Female: _____

(Please tick one)

Respondents are to read each statement and tick only one answer for each statement: Agree, Partly agree or Do Not Agree.

O ira na sausaumi taro mera wilika na vei tukutuku toqai toka e ra ka ra sauma ga e dua na sau ni taro. Io me ra sauma vaka: Vakadonuya (1), Vakadonuya Vakalailai (2) se SegaNi Vakadonuya (3)

MALES	Agree	Partly Agree	Do not Agree
<p>1. It is the man who decides what type of sex to have</p> <p>E vakatau vei tagane na mataqali veidauci vakacava me cakava.</p> <p>Khali admi long sake bataawe ki aurat long ke sange kaise soote ke hai</p>			
<p>2. A woman's most important role is to take care of her home and cook for her family</p> <p>E itavi bibi nei koya na yalewa me qarava nona loma ni vale ka vakasaqa vei ratou na nona matavuvale.</p> <p>Aurat long ke zindagi mein sabse bada jimewaari hai apan ghar sambhalna – jaise khana banao, ghar safe karo, ladkan dekho</p>			
<p>3. Men need sex more than women do</p> <p>E gadreva vakalevu o tagane na veidauci mai vua na yalewa.</p> <p>Admi long ke zyada zaruri hai aurat long ke sange soote ke, aur aurat logan ke liye sex otna zaruri nahi hai</p>			
<p>4. You don't talk about sex, you just do it</p> <p>E sega ni dau veitalanoataki na veidauci, o cakava ga;</p> <p>Sex ke bare mein kabhi baat nai kara jaaye hai, khali sex kara jaaye hai</p>			
<p>5. Women who carry condoms on them are seen as 'easy'</p> <p>O ira na yalewa era dau kauta wavoki na i tataqomaki (condom) era dau vakatokai me ra "yalewa rawarawa"</p> <p>Jon aurat long apan paas condom rakhe ulong kharab aurat hai because oo long koi ke sange ready rahe hai soote ke liye</p>			

MALES	Agree	Partly Agree	Do not Agree
<p>6. Changin gnappies, giving the kids a bath, and feeding the kids are the mothers' responsibility</p> <p>Na veisautaki ni pikini, sisili ni gone kei na nodra vakani na gone e itavi nei tina;</p> <p>Baby ke napkin change karo, ladkan ke nahwao aur ladkan ke khana doh – ee sab aurat long ke kaam hai</p>			
<p>7. It is a woman's responsibility to avoid getting pregnant</p> <p>E itavi nei koya na yalewa me qarauna me kua ni buketete;</p> <p>Pregnant nai hoye ala jimewari khali aurat logon ke hai</p>			
<p>8. A man should have the final word about decisions in his home</p> <p>Na tagane e vakatauca na lewa ena loma ni nona vale;</p> <p>Khali ghar ke admi kay chahi sab decision banayo ghar ke barey mein aur aurat long ke chahi khali baat suno</p>			
<p>9. Men are always ready to have sex</p> <p>Na tagane era tu vakarau tu ga mera veidauci;</p> <p>Admi long sab time ready re sex kare ke liya</p>			
<p>10. There are times when a woman deserves to be beaten</p> <p>Eso na gauna esa dau rauta mera moku na yalewa;</p> <p>Kabhi kabhi aurat long ke chahi hai maar lago because oo long maar khaaye ala kaam kare hai</p>			
<p>11. A man needs other women, even if things with his wife/girlfriend are fine</p> <p>E rawa vua na tagane me vinakati ira na yalewa tale eso, dina ga ni vinaka tu na veimaliwai kei watina;</p> <p>Chahay aurat ya girlfriend ke sange sab cheez right hay, phir bhi admi long dusra aurat long ke pichay sake jaway</p>			
<p>12. If someone insults me, I will defend my reputation with force if I have to</p> <p>Kevaka au vosabecitaki mai vua edua tale, au na vakayagataka na ivakarau kaukauwa meu taqomaka kina na kequ irogorogo;</p> <p>Agar ek admi ke koi behti kar dees to oo admi ke pura right hai badla mein maro pitto</p>			
<p>13. A woman should tolerate violence in order to keep her family together</p> <p>Na marama e dodonu me vosota na veivakarau kaukauwa me kua kina ni kavoro na nona matavuvale;</p> <p>Apan parwaar ke sange rakhe ke liye, ek aurat ke chaahi maar peet saho</p>			

MALES	Agree	Partly Agree	Do not Agree
<p>14.I would be outraged if my wife/girlfriend asked me to use a condom</p> <p>Au na cudru sara ga vakalevu kevaka e kerea vei au o watiqū meu vakayagataka na itataqomaki (condom);</p> <p>Hum ekdam gussaya jaayega agar hama wife/girlfriend humme condom use kare ke boli</p>			
<p>15.It is okay for a man to hit his wife/girlfriend if she won't have sex with him</p> <p>E sega ni dua na ka kevaka e mokuti na watina o tagane ni bese na veidauci kei koya;</p> <p>Admi long ke paas pura right hai apan wife/girlfriend ke maare ke agar uske wife/girlfriend nai maange uske sange sex kare</p>			
<p>16.I would never have a gay friend</p> <p>Au na sega ni vinakata meu lala vata kei na dua e vakasalewalewa se viavia tagane;</p> <p>Hum kabhi bhi gay ladka long ke apan friend nai banaaye ga</p>			
<p>17.It disgusts me when I see a man behaving like a woman</p> <p>Au dau vakasisilataka niu raica edua na tagane me vukivuki tiko vakayalewa.</p> <p>Hamme nai acha lage jab hum dek ta koi ladka/admi aurat/ladki ke rakam acting kare.</p>			
<p>18. A woman who wears revealing clothes is 'easy'</p> <p>E dua na yalewa e dau tokara nai sulu e dau vakaraitaka na vei tiki ni veiyagona.era dau vakatokai me "yalewa rawarawa"</p> <p>Jon aurat/ladki chota kapra paheney jismay skin dekhaye oo ladki/aurat kharaab hai, aur koi ke sange bhi sake soot jaaye</p>			
<p>19.Women who go to bars by themselves are 'not good women'</p> <p>Na yalewa era dau lakova duadua na vei vale ni gunu ni wai vakavavalagi e ra dau vakatokai me ra "yalewa ca"</p> <p>Jon aurat long akele nightclub jaway ya daroo peyay, oo aurat long achi aurat long nai hai</p>			

The Gender Scale (G-Scale)

Date: _____ Village / Country: _____

Male: _____ Female: _____

(Please tick one)

Respondents are to read each statement and tick only one answer for each statement: Agree, Partly agree or Do Not Agree.

O ira na sausaumi taro mera wilika na vei tukutuku toqai toka e ra ka ra sauma ga e dua na sau ni taro. Io me ra sauma vaka: Vakadonuya (1), Vakadonuya Vakalailai (2) se Sega Ni Vakadonuya (3)

FEMALES	Agree	Partly Agree	Do not Agree
<p>1. It is the man who decides what type of sex to have</p> <p>E vakatau vei tagane na mataqali veidauci vakacava me cakava.</p> <p>Khali admi long sake bataawe ki aurat long ke sange kaise soote ke hai</p>			
<p>2. A woman's most important role is to take care of her home and cook for her family</p> <p>E itavi bibi nei koya na yalewa me qarava nona loma ni vale ka vakasaqa vei ratou na nona matavuvale.</p> <p>Aurat long ke zindagi mein sabse bada jimewaari hai apan ghar sambhalna – jaise khana banao, ghar safe karo, ladkan dekho</p>			
<p>3. Men need sex more than women do</p> <p>E gadreva vakalevu o tagane na veidauci mai vua na yalewa.</p> <p>Admi long ke zyada zaruri hai aurat long ke sange soote ke, aur aurat logan ke liye sex otna zaruri nahi hai</p>			
<p>4. You don't talk about sex, you just do it</p> <p>E sega ni dau veitalanoataki na veidauci, o cakava ga;</p> <p>Sex ke bare mein kabhi baat nai kara jaaye hai, khali sex kara jaaye hai</p>			
<p>5. Women who carry condoms on them are seen as 'easy'</p> <p>O ira na yalewa era dau kauta wavoki na i tataqomaki (condom) era dau vakatokai me ra "yalewa rawarawa"</p> <p>Jon aurat long apan paas condom rakhe ulong kharab aurat hai because oo long koi ke sange ready rahe hai soote ke liye</p>			

FEMALES	Agree	Partly Agree	Do not Agree
<p>6. Changin gnappies, giving the kids a bath, and feeding the kids are the mothers' responsibility</p> <p>Na veisautaki ni pikini, sisili ni gone kei na nodra vakani na gone e itavi nei tina;</p> <p>Baby ke napkin change karo, ladkan ke nahwao aur ladkan ke khana doh – ee sab aurat long ke kaam hai</p>			
<p>7. It is a woman's responsibility to avoid getting pregnant</p> <p>E itavi nei koya na yalewa me qarauna me kua ni bukete;</p> <p>Pregnant nai hoye ala jimewari khali aurat logon ke hai</p>			
<p>8. A man should have the final word about decisions in his home</p> <p>Na tagane e vakatauca na lewa ena loma ni nona vale;</p> <p>Khali ghar ke admi kay chahi sab decision banayo ghar ke barey mein aur aurat long ke chahi khali baat suno</p>			
<p>9. Men are always ready to have sex</p> <p>Na tagane era tu vakarau tu ga mera veidauci;</p> <p>Admi long sab time ready re sex kare ke liya</p>			
<p>10. There are times when a woman deserves to be beaten</p> <p>Eso na gauna esa dau rauta mera moku na yalewa;</p> <p>Kabhi kabhi aurat long ke chahi hai maar lago because oo long maar khaaye ala kaam kare hai</p>			
<p>11. A man needs other women, even if things with his wife/girlfriend are fine</p> <p>E rawa vua na tagane me vinakati ira na yalewa tale eso, dina ga ni vinaka tu na veimaliwai kei watina;</p> <p>Chahay aurat ya girlfriend ke sange sab cheez right hay, phir bhi admi long dusra aurat long ke pichay sake jaway</p>			
<p>12. If someone insults a man it is ok for him to defend his reputation with force if he has to</p> <p>Kevaka au vosabecitaki e dua na tagane mai vua edua tale, e dodonu vua me na vakayagataka na ivakarau kaukauwa me taqomaka kina na kena i rogorogo;</p> <p>Agar ek admi ke koi bezti kar dees to oo admi ke pura right hai badla mein maro pitto</p>			
<p>13. A woman should tolerate violence in order to keep her family together</p> <p>Na marama e dodonu me vosota na veivakarau kaukauwa me kua kina ni kavoro na nona matavuvale;</p> <p>Apan parwaar ke sange rakhe ke liye, ek aurat ke chaahi maar peet saho</p>			

FEMALES	Agree	Partly Agree	Do not Agree
<p>14. It is not right for a woman to ask her husband or boyfriend to use a condom</p> <p>E sega ni dodonu vua e dua na marama se yalewa me kerea vua na watina se i tau me rau vakayagataka na itataqomaki (condom);</p> <p>Ek aurat ke kabhi nai chahi hai ki apan admi/boyfriend ke batao ki condom use karo</p>			
<p>15. It is okay for a man to hit his wife/girlfriend if she won't have sex with him</p> <p>E sega ni dua na ka kevaka e mokuti na watina o tagane ni bese na veidauci kei koya;</p> <p>Admi long ke paas pura right hai apan wife/girlfriend ke maare ke agar uske wife/girlfriend nai maange uske sange sex kare</p>			
<p>16. I would never have a gay or lesbian friend</p> <p>Au na sega ni vinakata meu lala vata kei na dua e vakasalewalewa se viavia tagane;</p> <p>Hum kabhi bhi koi gay ladka ya lesbian ladki long ke apan friend nai banaaye ga</p>			
<p>17. It disgusts me when I see a man behaving like a woman or 'men should behave like men, not like women'</p> <p>Au dau vakasisilataka niu raica edua na tagane me vukivuki tiko vakayalewa ke sega o ira na tagane me ra vukivuki ga vaka na tagane, sega ni vakataki ira na yalewa.</p> <p>Hamme nai acha lage jab hum dekh ta koi ladka/admi aurat/ladki ke rakam acting kare. Admi/Ladka long ke chaahi hai admi long ke rakam raho</p>			
<p>18. A woman who wears revealing clothes is 'easy'</p> <p>E dua na yalewa e dau tokara nai sulu e dau vakaraitaka na vei tiki ni vei-yagona.era dau vakatokai me "yalewa rawarawa"</p> <p>Jon aurat/ladki chota kapra paheney jismay skin dekhaye oo ladki/aurat kharaab hai, aur koi ke sange bhi sake soot jaaye</p>			
<p>19. Women who go to bars by themselves are 'not good women'</p> <p>Na yalewa era dau lakova duadua na vei vale ni gunu ni wai vakavavalagi e ra dau vakatokai me ra "yalewa ca"</p> <p>Jon aurat long akele nightclub jaway ya daroo peyay, oo aurat long achi aurat long nai hai</p>			

How to Score G Scale Assessment

Scoring Individual Questionnaires

Individual Final Score Formula:

Step 1: Count the number of ticks under the Agree Column. Multiply total by 1

Step 2: Count the number of ticks under the Partly Agree Column. Multiply total by 2.

Step 3: Count the number of ticks under the Disagree Column. Multiply total by 3.

Step 4: Add together the answers to Steps 1, 2 and 3. The sum of these three numbers will be the person's Final Score. Maximum score is 57 (scores cannot be more than 57!).

Calculating Average of each Gender's Score .

Average Score for Men/ Women Formula: [Sum of all of the men's Final Scores] ÷ Total number of males who completed the G Scale = Average G Scale Score

Step 1: Add all of the Final Scores of all of the males. This number will be the total sum of all of the men's final scores.

Step 2: Count the total number of sheets completed by the males. This number will be the total number of males who completed the G Scale.

Step 3: Take the number from Step 1 and divide it by the number in Step 2.

Calculating Average of Each Community's Score (both men and women) a. Average Community Score

Agree 1 point Partly Agree 2 points Disagree 3 points 11 Formula: [Sum of all of the Individual Final Scores of the men and women] ÷ Total number of men and women who completed the G Scale =

Average G Scale Score Community

Step 1: Add all of the Individual Final Scores of all of the men and women.

Step 2: Count the total number of men and women who completed the GEM Scale.

Step 3: Take the total number from Step 1 and divide it by the number in Step 2. This will give you the average score of the community.



Calculating Percent of Respondents Answering Agree, Partly Agree or Disagree for Each Statement by Gender

Step 1: Count the total number of females who completed the G Scale.

Step 2: For the sheets completed by the women or men only, count the total number of ticks for Statement 1 for each response: Agree, Partly Agree and Disagree. You will come up with 3 different totals for each statement. Follow the following set of calculations:

- a. Statement 1 (Agree): Divide the total number of ticks for Agree by the total number of females/males who completed the G Scale. Multiply this number by 100.
- b. Statement 1 (Partly Agree): Divide the total number of ticks for Partly Agree by the total number of females/males who completed the G Scale. Multiply this number by 100.
- c. Statement 1 (Disagree): Divide the total number of ticks for Disagree by the total number of females/males who completed G Scale. Multiply this number by 100.

Note: To double check your work, add all of the percentages together for Statement 1 and it should equal to 100%. If not, you need to re-check your work in Steps 1 and 2a-c. Step 3: Repeat Steps 1 to 2a-c for each of the statements for the female/male respondents only.

Calculating Percent of Respondents Answering Agree, Partly Agree or Disagree for Each Statement for the Community

Step 1: Count the total number of people who completed the G Scale both men and women.

Step 2: For each statement, count the total number of ticks for Agree, Partly Agree and Disagree. You will come up with 3 different totals for each statement. Follow the following set of calculations:

- a. Statement 1 (Agree): Divide the total number of ticks for Agree by the total number of people who completed the G Scale (both men and women). Multiply this number by 100.
- b. Statement 1 (Partly Agree): Divide the total number of ticks for Partly Agree by the total number of people who completed G Scale. Multiply this number by 100.
- c. Statement 1 (Disagree): Divide the total number of ticks for Disagree by the total number of people who completed the G Scale. Multiply this number by 100.

Note: To double check your work, add all of the percentages together for Statement 1 and it should equal to 100%. If not, you need to re-check your work in Steps 1 and 2a-c. Step 4: Repeat Steps 1 and 2a-c for each of the statements.

Note: Do not worry if some of the statements are slightly different between the men's and women's forms. They are actually the same statement but phrased in a different way for the two gender groups. Therefore the responses to these statements produce the same result (answer).

APPENDIX 5: Organisations providing services to survivors in Fiji

Nadi Women's Crisis Centre	<p>84 Sagayam Road PO Box 2663, Nadi, Fiji</p> <p>Tel: (679) 670 7558 Fax: (679) 670 3058 Mobile: 7404760 Monday-Friday: 8.30am to 3.30pm</p>
Ba Women's Crisis Centre	<p>21 Navatu Street, Varadoli P.O. Box 3127, Ba, Fiji</p> <p>Tel: (679) 667 0466 Fax: (679) 667 8389 Mobile: 9239775 Monday-Friday: 8.30am to 3.30pm</p>
Labasa Women's Crisis Centre	<p>Bayley House, Siberia, Road P O Box 4029, Labasa, Fiji</p> <p>Tel/ Fax: (679) 881 4609 Mobile:9377784 Monday-Friday: 8.30am to 3.30pm</p>
Rakiraki Women's Crisis Centre	<p>Lot 2, Yaratale Road, Vaileka PO Box 154, Rakiraki, Fiji</p> <p>Tel: (679) 669 4012 Fax: (679) 669 4012 Mobile: 912 9790 Monday-Friday: 8.30am to 3.30pm</p>
Empower Pacific	<p>Lautoka Head Office 2nd Floor Meghji Arjun Building, PO Box 5693, 157 Vitogo Parade, Lautoka</p> <p>Phone: +679 665 0482 Phone: +679 666 3307 Fax: +679 665 0482 Email: headoffice@empowerpacific.com</p> <p>Lautoka Branch Old Hospital Road Lautoka Phone : +679 625 4226</p> <p>Nadi Branch Nadi Hospital Old Hospital Road Phone : +679 623 3934</p>

Empower Pacific	<p>Suva Branch CWM Hospital (next to the Diabetic Clinic on Waimanu Road) Suva Phone : +679 310 0191</p> <p>Labasa Branch Civic Investment Building Rosawa St Labasa Phone : +679 881 3111</p>
Medical Services Pacific	<p>355 Waimanu Rd, Suva Ph: 3630108 or 3548062 Email: info@msp.org.fj</p>

APPENDIX 6: Bibliography

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Images Guide Lines



Anecdotes



Objectives



Discussion



Overview



Butcher Papers



Step by step



Materials Needed



Questions



Directions



Steps



Page Break/ Rewards



Time



Who



What

