WOMEN ENABLED INTERNATIONAL

WE DECIDE

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OUR BODIES, OUR RIGHTS!

AN IN-PERSON WORKSHOP ON ADDRESSING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND GENDER-BASED VIOLENCE FOR WOMEN AND YOUNG PEOPLE WITH DISABILITIES

WHO WE ARE

Insert Name of Facilitator 1

Insert image description
of Facilitator 1

Insert Name of Facilitator 2

Insert image description
of Facilitator 2

PURPOSE OF THE WORKSHOP

1. **To deepen our understanding of and become empowered to advocate for our own and our community's rights relating to:**

   - Sexual and Reproductive Health
   - Gender-Based Violence

2. **To introduce you to a curriculum that you can use, if you would like, to train other people with disabilities in your community.**

WORKSHOP AGENDA

Insert simplified agenda for the entire workshop

TODAY'S AGENDA

Insert daily agenda with session times and break times

INTRODUCTIONS

Please introduce yourself by answering the following:

1. What is your name?
2. Describe yourself today.
3. Are you part of an organization of persons with disabilities? Which one?
4. Are you part of other networks or communities?
5. What is your favorite food and why?

GROUP AGREEMENTS

We agree to:

- Keep what we learn about each other confidential
- Challenge ourselves to participate and share
- Listen attentively and respond without judgment of one another
- [insert new agreements]
- [insert new agreements]

SESSION 1

ACTIVITY 1B:

NETWORKING TO GET WORKING

ACTIVITY 1B: INSTRUCTIONS

- Divide into pairs.
- We will give you a question. Each pair has 5 minutes to answer the question.
- You will find another new person to pair up with to respond to the question.
- We will then give you a second question.

ACTIVITY 1B: INSTRUCTIONS

- We'll do the same thing again for the third question.

- The questions will be on the screen for your reference during the activity and facilitators will be circulating to read them aloud to you.

NETWORKING ROUND 1

WHAT MESSAGES DO PEOPLE WITH DISABILITIES GET ABOUT DATING AND MARRIAGE?

NETWORKING ROUND 2

WHAT MESSAGES DO PEOPLE WITH DISABILITIES GET ABOUT HAVING CHILDREN?

NETWORKING ROUND 3

WHAT MESSAGES DO PEOPLE WITH DISABILITIES GET ABOUT SEX AND SEXUALITY?

ACTIVITY 1B: KEY MESSAGES

- As people with disabilities, we often receive negative messages and are excluded from conversations about relationships, having children, and sexuality.
- Everyone, including people with disabilities, has a right to decide for themselves whether to get married and have children; to access sexual health services and sexuality information; and everyone has a right to be free from violence.
- In this workshop, we will explore these topics together, learn from each other and correct some of the inaccurate information you may have heard or offer information you may not have gotten.

ACTIVITY 1C:

UNDERSTANDING THE RIGHTS-BASED MODEL OF DISABILITY

ACTIVITY 1C: THE SOCIAL MODEL OF DISABILITY VIDEO, PEOPLE WITH DISABILITY AUSTRALIA

ACTIVITY 1C: MEDICAL AND CHARITY MODELS OF DISABILITY

Focus:

- The individual and their impairment.

Attitude:

- People with disabilities need support and care as an act of charity.
- Disability is a medical problem that should be treated as other medical problems and eradicated when possible.
- Disability is perceived as being an individual “problem” and personal responsibility for fixing/overcoming.

ACTIVITY 1C: MEDICAL AND CHARITY MODELS OF DISABILITY

Goal:

- Cure or improve the individual and help them fit into society by normalizing their bodies and minds as much as possible.

ACTIVITY 1C: SOCIAL AND RIGHTS-BASED MODEL OF DISABILITY

Focus:

- Society and the built and social environments.

Attitude:

- Social practices including stigmatizing attitudes, and policies as well as built environments are disabling.
- People are disabled by society's denial of rights, access and opportunities.

ACTIVITY 1C: SOCIAL AND RIGHTS-BASED MODEL OF DISABILITY

Goal:

- Identifying and removing **attitudinal**, **environmental** and **institutional** barriers to inclusion.

- It is everyone's responsibility to remove access barriers.

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

- The CRPD is a United Nations international agreement between countries where the parties agree to respect and ensure the rights in the document. If your country has ratified it, they have an obligation to translate the rights in the CRPD into your local laws and policies.

- The CRPD is the first international treaty on the rights of persons with disabilities. It was adopted in 2006.

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

It includes articles protecting many intersecting rights, including:

- Article 6: Women and Girls with Disabilities
- Article 16: Freedom from Exploitation, Violence, and Abuse (including gender-based violence)
- Article 25: (including the right to sexual and reproductive health and rights)

ACTIVITY 1C: FATIMA'S STORY

Fatima is a 24-year-old woman from a big city. Fatima has a visual impairment. She has decided that she wants to stop using condoms with her long-term boyfriend. She does not need to use condoms for [sexually transmitted infection [STI] and HIV prevention, as she is in a monogamous relationship, and she and her boyfriend have both been tested for STIs. She wants to learn about other forms of birth control. She visits the local women's health center as she heard they can help with getting contraceptives.

ACTIVITY 1C: FATIMA'S STORY

When she arrives, Fatima cannot figure out which floor the office is on because there are no auditory, digital, or braille directions. She has to ask the male security guard where to go. When she arrives at the office, the receptionist tells her that there is a disability services office down the road. Although Fatima explains that she knows she is in the right place, the receptionist refuses to allow her to see a nurse. After she explains her reason for being there, the nurse asks her if she should be having sex, and if she had ever considered sterilization. Fatima felt so defeated by the experience that she left.

Activity 1C: Key Messages

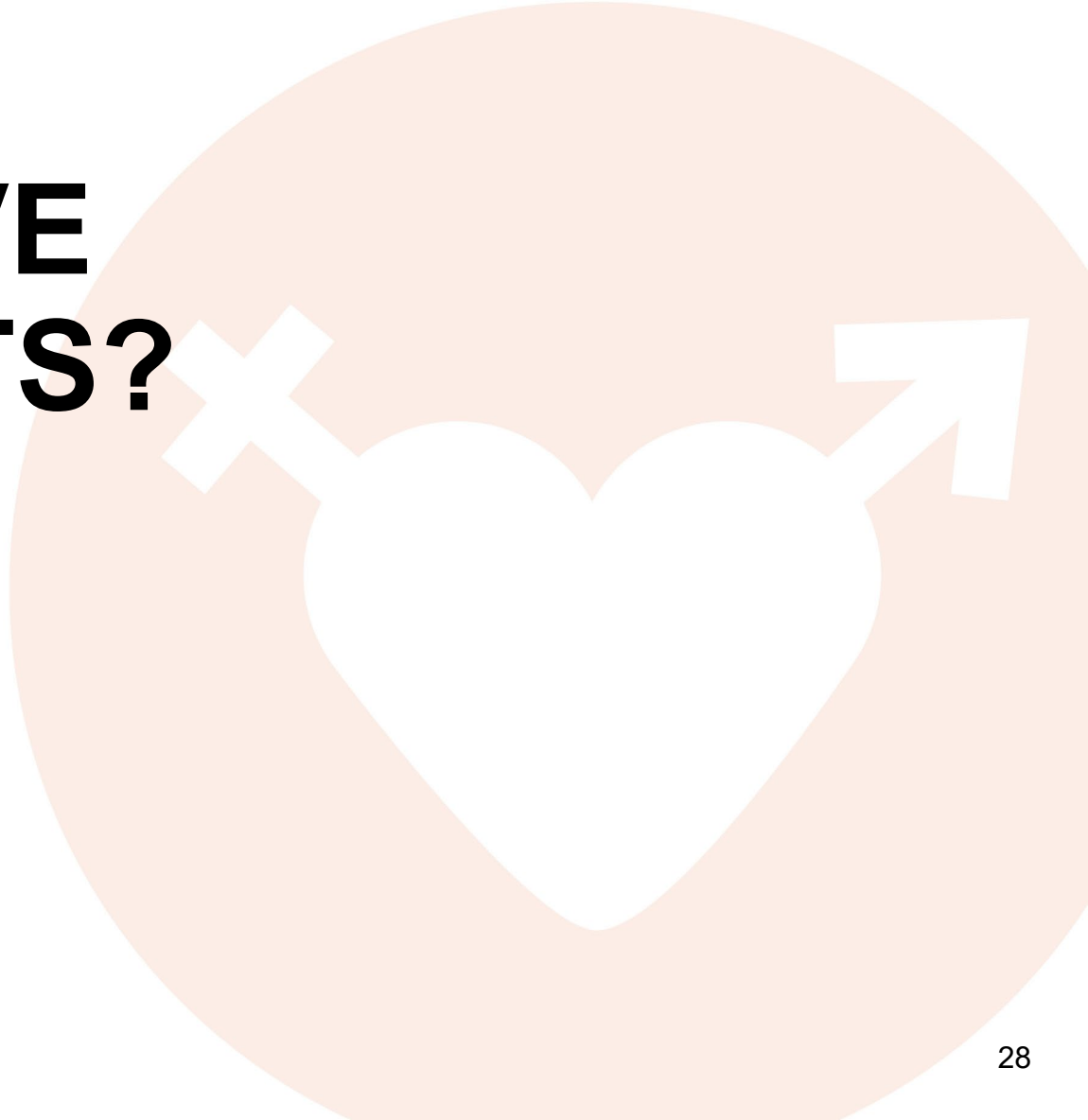
- **This workshop is based on the rights-based model of disability.**
- **The rights model will have us examine:**
  - **Barriers:** How are they created, and how can we dismantle them?
  - **Society and services:** How can we make society and services more accessible and inclusive?

SESSION 2

AN OVERVIEW OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

ACTIVITY 2A

WHAT ARE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS?



ACTIVITY 2A: WHAT ARE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)?

In brief, sexual and reproductive health and rights refers to people's rights to:

- Complete physical, mental, and social wellbeing in all matters relating to their reproductive system;
- A satisfying and safe sex life; and
- The freedom to decide if, when, with whom, and how often to reproduce (to have children).

ACTIVITY 2A: REPRODUCTIVE HEALTH AND RIGHTS

Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of illness, in all matters relating to the reproductive system and to its functions and processes.

Reproductive rights are the rights of all people to decide freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.

ACTIVITY 2A: SEXUAL HEALTH AND RIGHTS

Sexual health is a state of complete physical, mental and social well-being in relation to sexuality, not merely the absence of illness. It requires a positive and respectful approach to sexuality and sexual relationships, as well as pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

Sexual rights: are the rights of all people to attain the highest attainable standard of sexual health free of coercion, violence, and discrimination of any kind; to pursue a satisfying, safe, and pleasurable sexual life; to have control over and decide freely and consensually, on matters related to their sexuality, reproduction, bodily integrity, choice, and gender identity; and to accessible services, education, and information necessary to do so.

ACTIVITY 2A: OTHER KEY CONCEPTS

- **Bodily autonomy**
- **Self-determination**
- **Informed consent**

ACTIVITY 2A: SRHR: REALIZATION OF THE RIGHTS

- Comprehensive sexuality education and information: Understanding anatomy, sexual orientation, healthy relationships, and more!
- Information, counseling, and services for a range of modern contraceptives.
- Prenatal, childbirth and postnatal care, including emergency obstetric and newborn care.
- Safe abortion services (where legal) and treatment of the complications of unsafe abortion.

ACTIVITY 2A: SRHR: REALIZATION OF THE RIGHTS

- Information, prevention, testing, and treatment of HIV infection and other STIs.
- Prevention of, detection of, immediate services for and referrals for cases of sexual and gender-based violence.
- Prevention, detection, and management of reproductive cancers, like cervical cancer.
- Information, counselling, and services for subfertility and infertility.

ACTIVITY 2A: SRHR: REALIZATION OF THE RIGHTS

- Information, counselling, and services for sexual health and well-being, including routine health services: pelvic exams, pap smears, mammograms, cancer screenings.

- Adolescent and youth-tailored services.

ACTIVITY 2A: SRHR VIOLATIONS AGAINST WOMEN AND YOUNG PEOPLE WITH DISABILITIES

- Harmful stereotypes and assumptions about persons with disabilities.
- Inaccessible information about sexual and reproductive health.
- Lack of access to sexual and reproductive health services due to a variety of factors, such as physical or communication barriers.
- Compounded harms due to, for example, lack of diagnosis or screening.
- Heightened rates of medical procedures without informed consent, such as forced sterilization, forced abortion, and forced contraception.
- Disrespectful and abusive treatment.

ACTIVITY 2A: SRHR DATA AND EVIDENCE

- Studies have shown that young people with disabilities are as sexually active and have the same concerns about sexuality, relationships, and identity as their peers without disabilities.

- In one study of 426 young people with disabilities in Ethiopia, over 50% believed that sexual and reproductive health services were unavailable to people with disabilities.

ACTIVITY 2A: SRHR DATA AND EVIDENCE

- A study in Uganda found that 77% of surveyed young women with disabilities between 15 and 25 years old have never used any form of contraception.

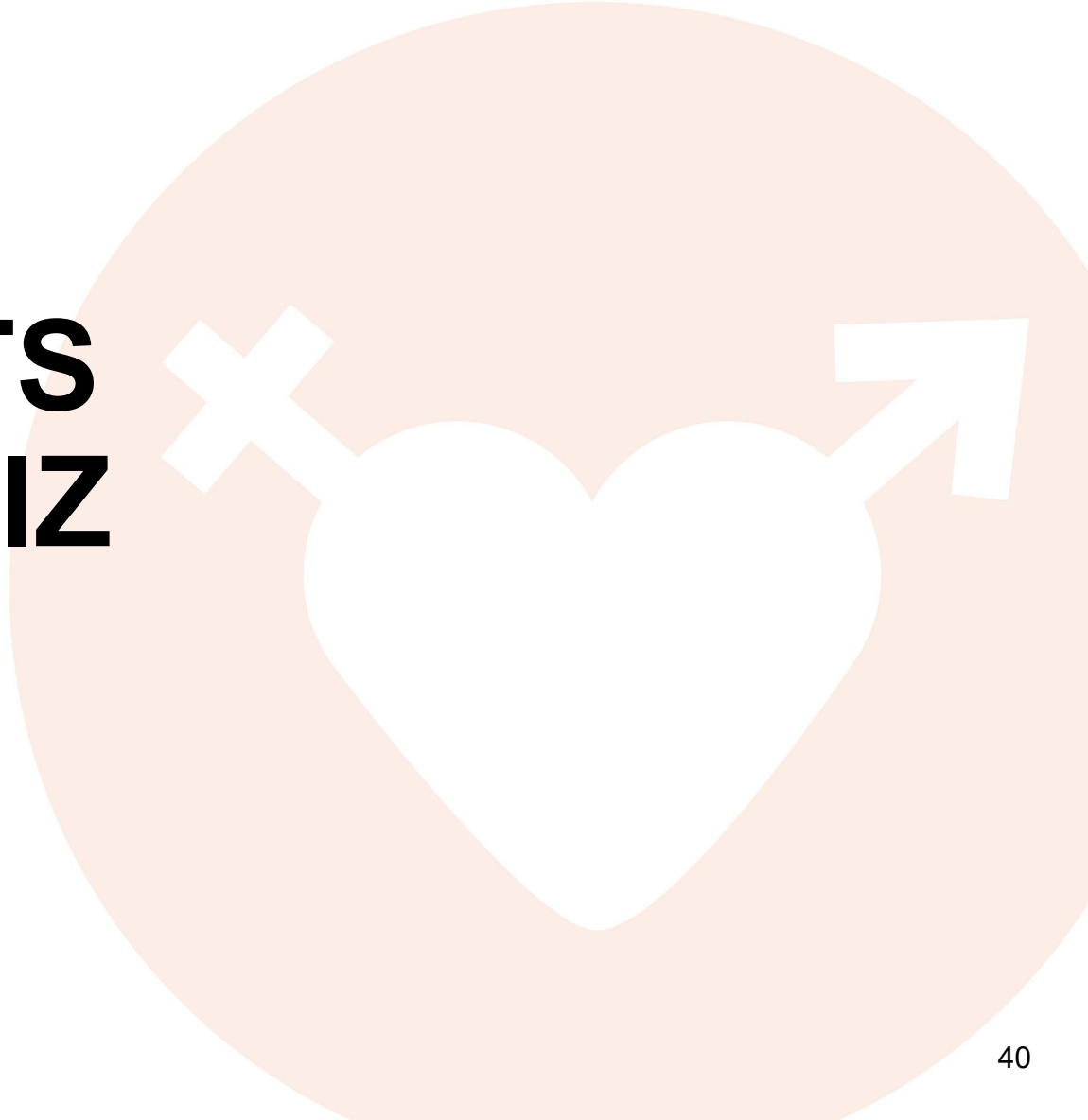
- In one study in India, only 22% of women with physical disabilities reported having had regular gynecologic visits.

ACTIVITY 2A: KEY MESSAGES

- The right to sexual and reproductive health means that people have the right to: Complete physical, mental, and social well-being in all matters relating to their reproductive system; a satisfying and safe sex life; and the freedom to decide if, when, and how often to reproduce (to have children).
- People with disabilities have the same rights to sexual and reproductive health as everyone else. This includes the right to make our own choices about our bodies, intimate relationships, how we express our sexuality, and whether to have children.
- Sexual and reproductive health and rights includes the right to access information and services necessary to exercise this right.

ACTIVITY 2B

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS KEY CONCEPTS QUIZ



1. Sexual and reproductive health includes which of the following?

A. Complete physical, mental, and social wellbeing in all matters related to reproductive system.

B. Satisfying and safe sex life.

C. Freedom to decide if, when, and how often to reproduce.

D. All of the above.

ANSWER – D
ALL OF THE ABOVE

The World Health Organization defines sexual and reproductive health to include all of these facets:

- Complete physical, mental, and social well-being and not merely the absence of disease, dysfunction, or infirmity.
- A safe and satisfying sex life, including the ability to develop healthy relationships.
- The freedom to decide if, when, and how often to reproduce, including the information and means to do so.

ANSWER – D
ALL OF THE ABOVE

To ensure that this last point, a person must be free to make self-determined decisions through:

- Legal capacity around reproductive decision-making must be respected—including decisions to retain fertility and/or become a parent (and necessary safeguards against forced sterilization, forced pregnancy, forced abortion, and forced contraception).
- Information related to sexual and reproductive health—including information on a range of contraceptive methods—must be available in alternative forms and formats.

2. Sexual and reproductive rights are explicitly recognized in which of the following treaties?

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

B. Convention on the Rights of Persons with Disabilities (CRPD)

C. International Covenant on Civil and Political Rights (ICCPR)

D. International Covenant on Economic, Social, and Cultural Rights (ICESCR)

ANSWER – B
CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES (CRPD)

The CRPD is the only international treaty that expressly mentions sexual and reproductive health.

Article 25 requires that States:

“Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.”

3. True or False?
Women with disabilities have the same rights as women without disabilities to become parents.

A. True
B. False

ANSWER – A, TRUE

True. Women with disabilities have the same rights as women without disabilities to decide if they want to become parents and to have access to the information and means to determine the number and spacing of their children.

Despite this right, stereotypes that women with disabilities should not become parents can contribute to substandard care, including discrimination, abusive treatment, and heightened rates of medically unnecessary cesarean sections, for women with disabilities who try to access maternal and newborn health services.

Such negative treatment can deter them from seeking prenatal health care. Materials about maternal and newborn health are not regularly available in accessible formats.

4. True or False?

A parent can give permission for a medical procedure for their 45-year-old child with a disability without consulting their child.

A. True

B. False

ANSWER – B, FALSE

Every patient has the right to provide informed consent before receiving medical services. Informed consent is a process of communication between a healthcare provider and a patient.

For consent to be considered informed, it must be given freely and voluntarily, without threats, coercion, or inducements, and after the patient has received information and counseling on the risks and benefits of the procedure—and any alternatives—in a form and format that the person can understand.

Informed consent cannot be given by a third party—it is the right of the individual who is undertaking a healthcare procedure.

5. True or False?
Teaching young people with disabilities sexuality education promotes sexual activity among young people.

A. True
B. False

ANSWER – B, FALSE

Comprehensive Sexuality Education (known as CSE) actually contributes to delayed onset of sex, increased use of contraceptives, fewer sexual partners, and a reduction in adolescent pregnancy and STIs/HIV.

Women and young people with disabilities have the same rights as women and young people without disabilities to access CSE. Yet harmful stereotypes about disability and sexuality can prevent women and young people with disabilities from accessing this important information.

6. Bodily autonomy means:

A. Being able to utilize all of your limbs without the use of assistive devices.

B. The medical term for a human body.

C. Your body is for you, and your body is your own to have the power to make choices about in a dignified way.

D. An individual body.

ANSWER – C

Bodily autonomy means being able to determine one's life and future, and having the information, services, and means to do so free from discrimination, coercion and violence. It is the power to make basic decisions about one's own body and health, such as whether to have sex, use contraception or seek health care.

The power to make decisions about sexuality and reproduction is fundamental to women's and people with disabilities' empowerment overall. When societies do not equip persons with disabilities with the means to control whether, when or with whom to have sex and whether, when, or how often to become pregnant, they are denying large numbers of people of their right to bodily autonomy.

ACTIVITY 2B: KEY MESSAGES

- The topics we discussed in this game represent the range of subjects covered by the term Sexual and Reproductive Health and Rights.
- In many communities around the world, the topic of sexuality is thought to be a private subject and talking about it in the open like this can be hard. This is especially true for people with disabilities. However, sexuality and sexual health are a key part of being human and there is nothing to be ashamed about. When we have access to accurate, unbiased, and evidence-based information about sexuality and sexual health, we can feel empowered, make healthy decisions, and enjoy healthy intimate relationships.

ACTIVITY 2B: KEY MESSAGES

In this activity we have learned about some concepts that may be new to you.

- **Self-determination** means having the freedom and support to make choices about one's own life and requires the knowledge and skills to advocate for oneself.
- **Reproductive** health is a state of complete physical, mental, and social well-being and not merely the absence of illness, in all matters relating to the reproductive system and to its functions and processes.

ACTIVITY 2B: KEY MESSAGES

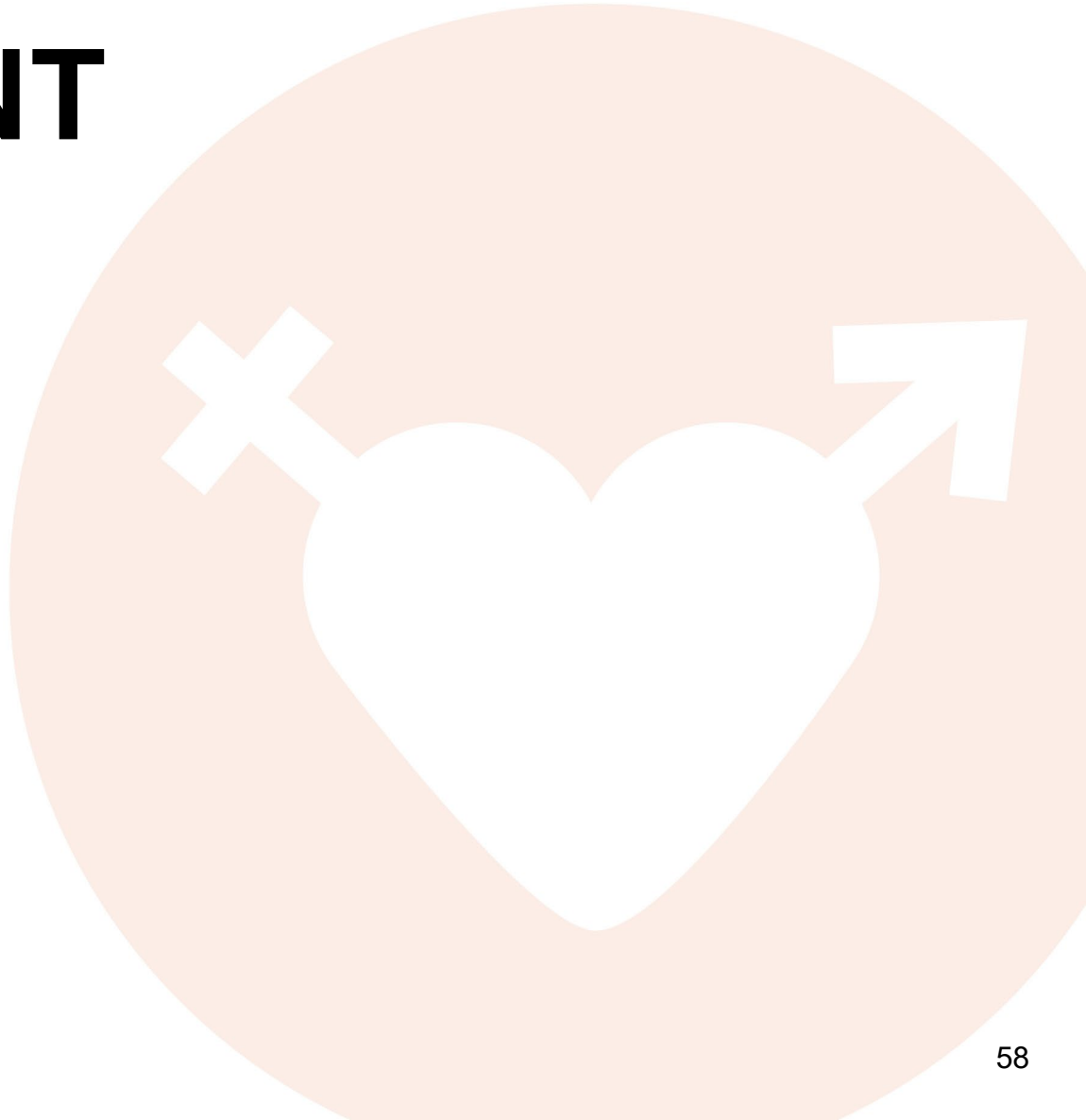
- **Reproductive rights** are the right of all people to decide freely and responsibly on the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.
- **Sexual health** is a state of complete physical, mental, and social wellbeing in relation to sexuality, not merely the absence of illness. It requires a positive and respectful approach to sexuality and sexual relationships, as well as pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.

ACTIVITY 2B: KEY MESSAGES

- **Sexual rights** are the rights of all people to attain the highest attainable standard of sexual health free of coercion, violence, and discrimination of any kind; to pursue a satisfying, safe, and pleasurable sexual life; to have control over and decide freely and consensually, on matters related to sexuality, reproduction, bodily integrity, choice, and gender identity; and to accessible services, education, and information, necessary to do so.
- **Bodily autonomy** means being able to determine one's life and future, and having the information, services, and means to do so free from discrimination, coercion, and violence. It is the power to make basic decisions about one's own body and health, such as whether to have sex, use contraception or seek health care.

ACTIVITY 2C

INFORMED CONSENT



ACTIVITY 2C: KEY MESSAGE

- **Informed consent** is the process of communication between a service provider and a service recipient that results in the service recipient providing consent voluntarily and without threats, intimidation, or inducements for a service, referral, or dissemination of the person's private information.
- The service recipient must receive information and counseling about the services available, benefits, risks, and potential alternatives in a language and form that is understandable to the service recipient, with support as requested and directed by the recipient.
- People with disabilities are often denied these rights.

SESSION 3

ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

ACTIVITY 3A

SEXUAL AND REPRODUCTIVE HEALTH SERVICES

ACTIVITY 3A: SEXUAL AND REPRODUCTIVE HEALTH KEY SERVICES

- Comprehensive sexuality education and information: understanding anatomy, sexual orientation, healthy relationships, and more!
- Information, counseling, and services for a range of modern contraceptives.
- Prenatal, childbirth, and postnatal care, including emergency obstetric and newborn care.
- Safe abortion services (where legal) and treatment of the complications of unsafe abortion.
- Information, prevention, testing, and treatment of HIV infection and other STIs.

ACTIVITY 3A: SEXUAL AND REPRODUCTIVE HEALTH KEY SERVICES

- Prevention of, detection of, immediate services for, and referrals for cases of sexual and gender-based violence.
- Prevention, detection, and management of reproductive cancers, like cervical cancer.
- Information, counselling, and services for subfertility and infertility.
- Information, counselling, and services for sexual health and wellbeing, including routine health services: pelvic exams, pap smears, mammograms, cancer screenings.
- Adolescent and youth-tailored services.

ACTIVITY 3A: ELSA'S STORY

Elsa is a 35-year-old Deaf woman. She lives in a rural community and is married. She knows sign language, but sign language interpreters are not common in her community. She has never visited a health clinic and has never received sexual or reproductive health services. She recently found out she is pregnant and is excited to have the baby. The Ministry of Health has designed a community reproductive healthcare outreach program for Elsa's area, but they did not consider people with disabilities.

The ministry comes to you as the representative of an organization of people with disabilities and asks: How can we make our outreach program more accessible to Deaf women like Elsa?

ACTIVITY 3A: BRAINSTORMING QUESTION

How can a community reproductive healthcare outreach program be made accessible to Deaf women?

ACTIVITY 3A: SEXUAL AND REPRODUCTIVE HEALTH KEY SERVICES

The twin-track approach means:

1. Systematic mainstreaming of the interests of people with disabilities across all plans, strategies, and policies.

   AND

2. Taking targeted and monitored action specifically for people with disabilities.

ACTIVITY 3A: KEY MESSAGES

Fundamental SRHR services people with disabilities should have access to include:

- Comprehensive sexuality education and information.
- Contraception information, goods, and services.
- Maternal and newborn health information and services.
- Safe abortion information and services (where legal) and treatment following unsafe abortion.
- Sexually Transmitted Infections (STIs, including HIV) information, prevention, testing, and treatment services.

ACTIVITY 3A: KEY MESSAGES

- Prevention, detection, services, and referrals for cases of sexual violence and GBV.
- Prevention, detection, and management of reproductive cancers.
- Fertility and conception information and services.
- Routine health services: pelvic exams, mammograms, cancer screenings.
- Adolescent and youth-tailored services.

ACTIVITY 3A: KEY MESSAGES

- You have the right to access services that are available to the rest of the community and people without disabilities. You also have the right to have your disability-related needs met. This is sometimes referred to as the twin-track approach.

ACTIVITY 3B

ENSURING SERVICES ARE AVAILABLE, ACCESSIBLE, ACCEPTABLE, AND OF GOOD QUALITY

ACTIVITY 3B: REFLECTION QUESTION

Think of a time that you or a friend wanted to access contraceptive (or family planning) services in your community.

Did you or your friend face any barriers?

If not, what made these services accessible?

ACTIVITY 3B: KEY CONCEPTS AAAQ FRAMEWORK:

The obligation to ensure that health-related information, goods, and services be:

- **available**
- **accessible**
- **acceptable**
- **and of good quality**

ACTIVITY 3B: AAAQ-AVAILABLE

- Services that are based in communities, not concentrated in larger towns or cities.
- Mobile, accessible outreach services by trained staff, including people with and without disabilities.
- A wide variety of modern contraceptive methods are available and in sufficient supply.

ACTIVITY 3B: AAAQ-ACCESSIBLE

- Information about services and communication with service providers is available in a wide variety of accessible formats.
- There are no barriers to entering healthcare facilities or accessing different floors of the facilities.
- Subsidized or free transportation, goods, and services.

ACTIVITY 3B: AAAQ-ACCEPTABLE

- Providers and staff are trained on the rights of persons with disabilities, including regarding informed consent.
- Service providers speak directly to the person with a disability.
- Intercultural approaches to the provision of sexual and reproductive health services are promoted and used.

ACTIVITY 3B: AAAQ-QUALITY

- Health information, goods, and services are scientifically, ethically, and medically appropriate.
- Feedback mechanisms collect information from service users regarding the quality of services.

ACTIVITY 3B: OUTREACH SERVICES IN PRACTICE

Community-Based Sexual and Reproductive Health in Fiji

Under the program, OPDs hire women and young people with disabilities as sexual and reproductive health outreach officers.

They also train service providers on disability rights and disability inclusion. The outreach officers and service providers travel to different communities across Fiji, including remote areas, to conduct educational sessions for women and young people with and without disabilities.

They cover SRHR and explain which SRH and GBV services are available as well as how to access these services, from an intersectional and disability-inclusive approach.

ACTIVITY 3B: BRAINSTORMING QUESTION

Using the AAAQ framework to guide you, how can you improve the contraceptive service in your community that you reflected on earlier?

ACTIVITY 3B: KEY MESSAGES

Sexual and reproductive health services should be:

- **Available** where you can reach them
- They should be **accessible** to you no matter where you live, your disability, or how much money you have
- They should be provided in an **acceptable** way, which means they are respectful and confidential
- And they should be of **good quality**.

This is referred to as the AAAQ or “triple A Q” framework.

SESSION 4

GENDER-BASED VIOLENCE (GBV) – WHAT IS IT?

ACTIVITY 4A

CHALLENGING MYTHS

ACTIVITY 4A: KEY TERMS: SEX AND GENDER

- **Biological sex** is the physical body a person is born with (internal and/ or external anatomical sexual characteristics). Some people are born with male characteristics, some with female characteristics, and some are born with unclear or mixed male and female characteristics (referred to as ‘intersex’).

- **Gender** refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

ACTIVITY 4A: KEY MESSAGES

- Sex is biological, and gender is created by society and can vary across cultures or change over time.
- Gender norms lead to myths about what is and is not possible for people.
- Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth.
- These myths can fuel harm and violence.
- We can work together to challenge these myths.

ACTIVITY 4B

POWER STATION

ACTIVITY 4B: KEY MESSAGES

- Power can be used for good purposes or bad. We can use the kind of power we have to make positive changes in our communities.
- Gender-based power relations within society put many women, girls, and people who don't fit into community gender norms at risk of violence.
- Disability-related power imbalances can place people with disabilities at risk of violence.
- Gender equality requires the empowerment of women and people from marginalized genders, with a focus on identifying and redressing power imbalances and giving every person autonomy to manage their own lives.

ACTIVITY 4C

WHAT IS GENDER-BASED VIOLENCE (GBV)?

ACTIVITY 4C: WHAT IS GENDER-BASED VIOLENCE (GBV)?

- **Gender-based violence (GBV)** is an umbrella term for any harmful act that is perpetrated against people on the basis of their gender or their perceived gender. It disproportionately impacts women, girls, and gender non-conforming people.

- People with disabilities must be able to **live their lives free from gender-based violence (GBV)**.

ACTIVITY 4C: WHAT IS GENDER-BASED VIOLENCE (GBV)?

- Gender-based violence takes several forms—physical, emotional, sexual, economic.
- These acts can occur in public or in private.
- Perpetrators can be intimate partners but also strangers, caretakers, family members, support staff.
- GBV also used to describe violence against men or gender minorities.

ACTIVITY 4C: CASE STUDY

Maria is a woman with disabilities. Her partner refuses to allow her to see the specialist nurse for her condition or to have handrails installed in their home. He stops Maria from using a walking stick, and when Maria tries to walk without it, he mocks her walking and tells her to stand up straight, knowing she will fall and hurt herself. Her partner has pushed and shoved Maria but never hit her. The falls Maria has had over many years were put down as ‘accidents’ due to her impairment. Maria’s partner controls her money, and Maria cannot leave the house without her partner’s help, as accessibility in their community is poor.

ACTIVITY 4C: KEY MESSAGES

- Gender-based violence is violence that targets people on the basis of their gender. It is rooted in gender inequality, the abuse of power, and harmful norms.
- It can affect anyone, including people with disabilities.
- We can work to stop gender-based violence by learning to identify it in all its forms. This includes recognizing that GBV happens to people with disabilities. Naming it as a wrong action can be the first step in efforts to prevent or respond appropriately to the problem.

ACTIVITY 4C: KEY MESSAGES

- Gender-based violence can take several forms such as physical, emotional, sexual, and economic forms. It can take place in private, in public, online, or at work.
- Perpetrators can be intimate partners but also strangers, caretakers, family members, support staff, and health workers.
- The term gender-based violence is also used to describe any form of gendered violence, including violence against men or gender minorities, when the violence is driven by gender roles and stereotypes.

SESSION 5

GENDER-BASED VIOLENCE AND DISABILITY: DEEPENING OUR UNDERSTANDING AND ACCESS TO SERVICES

ACTIVITY 5A

GENDER-BASED VIOLENCE AND DISABILITY: DEEPENING OUR UNDERSTANDING AND ACCESS TO SERVICES

ACTIVITY 5A: GENDER-BASED VIOLENCE AGAINST WOMEN AND YOUNG PEOPLE WITH DISABILITIES

- People with disabilities have similar experiences of gender-based violence as people without disabilities. Sometimes a person's disability may not be an influential factor in a person's experience.
- People with disabilities also experience unique forms of gender-based violence due to their disabilities.
- Other characteristics (race, indigeneity, sexual orientation or gender identity, age, immigration or refugee status) can make it even more likely for people with disabilities to experience gender-based violence.

ACTIVITY 5A: GENDER-BASED VIOLENCE AGAINST WOMEN AND YOUNG PEOPLE WITH DISABILITIES

- People with disabilities seldom receive information about gender-based violence, which can make it harder to identify such violence and recognize it as a rights violation.
- These factors, combined with inaccessible services and other barriers, can make it hard for people with disabilities to get help or stop the violence.
- Because of harmful stereotypes, people with disabilities are often excluded from GBV-related advocacy discussions.

ACTIVITY 5A: GENDER-BASED VIOLENCE DATA AND EVIDENCE

- People with disabilities are three times more likely to experience physical violence, sexual violence, and emotional violence than people without disabilities.
- Women with disabilities are estimated to be up to 10 times more likely to experience sexual violence.
- Boys and men with disabilities are twice as likely as boys and men without disabilities to be sexually abused in their lifetime.

ACTIVITY 5A: GROUP DISCUSSION

What are examples of violence that women/young people with disabilities experience?

(For example, physical, verbal, emotional/psychological, or sexual)

ACTIVITY 5A: GROUP DISCUSSION - EXAMPLES

General Examples

Disability-Specific Examples

ACTIVITY 5A: GROUP DISCUSSION

In what areas of our lives does this violence occur?

(For example, family, community, health systems, institutions)

ACTIVITY 5A: GROUP DISCUSSION - AREAS

Private

Public

ACTIVITY 5A: GROUP DISCUSSION

What are some of the factors that increase the risk of GBV for people with disabilities?

ACTIVITY 5A: GROUP DISCUSSION - RISK FACTORS

Disability-Related

Non-Disability Related

ACTIVITY 5A: KEY MESSAGES

- People with disabilities face an increased risk of all forms of gender-based violence.
- People with disabilities face the same forms of gender-based violence as people without disabilities, as well as unique forms of GBV due to their disabilities.
- Gender-based violence against people with disabilities can take place in private and in public, including in facilities that are responsible for the care of people with disabilities.

ACTIVITY 5A: KEY MESSAGES

- People with disabilities who also have additional marginalized characteristics (race, indigeneity, sexual orientation or gender identity, age, immigration or refugee status) can face an increased risk of gender-based violence.

- People with disabilities seldom receive information about gender-based violence.

- Because of harmful stereotypes, people with disabilities are often excluded from GBV-related advocacy discussions.

ACTIVITY 5A: KEY MESSAGES

- These factors, combined with inaccessible services and other barriers, can make it hard for people with disabilities to get help or stop the violence.

- People with disabilities face heightened barriers to seeking out GBV services.

- Learning from the experiences of people with disabilities who have sought services is essential to improving access to services.

ACTIVITY 5A: KEY MESSAGES

- Gender-based violence services should be available to everyone, including people with all different forms of disabilities.

- When required, disability-specific services are important and should also be available in addition to mainstream services (recall the twin-track approach).

ACTIVITY 5B

THE SURVIVOR'S JOURNEY – BARRIERS TO ACCESSING SERVICES

ACTIVITY 5B: KEY MESSAGES

- People with disabilities face heightened barriers to seeking out GBV services.
- Learning from the experiences of people with disabilities who have sought services is essential to improving access to services.
- Gender-based violence services should be available to everyone, including people with all different forms of disabilities.
- When required, disability-specific services are important and should also be available in addition to mainstream services (recall the twin-track approach).

ACTIVITY 5C

IMPROVING ACCESS TO GENDER-BASED VIOLENCE (GBV) SERVICES

ACTIVITY 5C: GENDER-BASED VIOLENCE SERVICES EXAMPLES

- **Prevention services:** Programs to support, educate, and provide respite care for families and caregivers

- **Health services:** Medical services and documentation of violence for medico-legal evidence

- **Justice mechanisms:** Accessible investigative procedures and judicial proceeding

ACTIVITY 5C: GENDER-BASED VIOLENCE SERVICES EXAMPLES

- **Policing:** Accessible police stations and victim-centered approaches

- **Social services:** Help lines, safe accommodations, legal rights information, help recovering or replacing identity documents

ACTIVITY 5C: ACCESSIBLE GBV SERVICES

Disability-Related

Emergency number is not accessible to deaf women

Non-Disability Related

Speech-to-text or video line; text line; written reporting

ACTIVITY 5C: KEY MESSAGES

- People with disabilities have all the same rights as persons without disabilities to be free from violence and to access GBV services needed to realize this right.

- People with disabilities are often denied access to GBV services because of legal and policy barriers; programmatic barriers; and access barriers (physical, social, economic and cultural).

ACTIVITY 5C: KEY MESSAGES

- People with disabilities have a right to be free from violence. Fulfilling this right includes access to comprehensive GBV services that address both their general and disability specific needs.

- You are the experts on how best to dismantle current barriers to services in the community.

CHOOSE ONE STATEMENT TO COMPLETE AND SHARE WITH THE GROUP AS A CLOSING REFLECTION.

1. One thing I have appreciated about this workshop has been:
2. One question I still really want answered is:
3. This workshop has helped me to:
4. As a result of this workshop, I will:

WOMEN ENABLED INTERNATIONAL

WE DECIDE

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THANK YOU!